

Elderly in India

- Problems & Prospects

Editor

K.Sathyamurthi



**Department of Social Work (Aided)
MADRAS SCHOOL OF SOCIAL WORK
CHENNAI**

Elderly in India

- *Problems & Prospects*

*Edited by
K.Sathyamurthi*

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Elderly in India
- Problems & Prospects

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FOREWORD

Greetings!

We are delighted to present this collection of articles on issues and concerns related to Elderly in India. Situation of elderly and the care services available to them have been a matter of concern in the recent years. With a burgeoning population of citizens above 60 years of age of whom many are productive, the country is yet to recognize the potential of the elderly. Most elderly are left to fend for themselves after their productive years, which is the situation in even rural and tribal areas. There is a marked absence of elderly in some tribal areas. However, the State and civil society organizations have come up with solutions as per their own reading of the situation. Maintenance and Welfare of Parents and Senior Citizens Act of 2007 was a landmark in the State's response to elder abuse and neglect. Civil society has come up with several models of care and intervention with elderly worth scaling up and replicating. Several papers in this book speak about such intervention models. It is heartening to note that more interventions for elderly are coming up in the "gerontological" domain in a space dominated by the "geriatric" domain. This has to move further to a rights perspective to enable elderly to gain their due place in the society.

We express our sincere gratitude to National Institute of Social Defence for supporting the seminar in which these papers were presented. We appreciate the authors who presented the papers and made them suitable for publication. The Department of Social Work (Aided) has always been in the forefront in academic publications. This adds another feather in their cap.

Dr. S. Raja Samuel, PhD.,

Principal cum Secretary

Message

Ageing in India is exponentially increasing due to the impressive gains that medical advancement has made in today's world leading to increased life expectancy. According to a WHO report the geriatric population is expected to be 840 million in the developing countries. It is projected that the proportion of the elderly population in India is expected to reach 158.7 million in 2025. This hike in the aging population will add up the care giving burden and the resources of the country. Care of the elderly brings to the forefront a lot of social issues. The needs and problems of the elderly vary according to their age, socio economic status, health and other conditions.

The challenges the elderly face today are multidimensional like the factors of lack of physical infrastructure that may provide comfort both in their homes and public spaces, changing family structure, lack of social security, economic dependency etc.

Hence there is a need to initiate more appropriate social welfare programmes to ensure a dignified life for the elderly in India. Additionally we need to develop an integrated and responsive system to meet the care giving needs and the challenges of the elderly in India.

This book would hence provide a glimpse of varied opinions and suggestions by a plethora of researchers and workers in the field of the elderly and would be of immense help to unravel the puzzle to solve the issues the current and future generation are facing and would face in order to give a dignified life to the elderly population, who have provided all their love and support to nurture and care for their offsprings.

Dr. Shakeela Basheer Ph.D

Head of the department

Department of Social Work, MSSW

Acknowledgement

Creating a book is essentially a team effort. I am indebted to many people who helped me from start to finish with this publication. First and foremost, I express my gratefulness to National Institute of Social Defence (NISD), Ministry of Social Justice and Empowerment, Government of India for sponsoring the 'National Conference on Emerging Challenges of Elderly: Implementation of Programme and Policy Making'. I am overwhelmed at the interest and involvement put in by the participants to bring out papers and to present them to achieve the objectives of the conference and to make it a grand success. I am thankful to all the authors who have graciously consented to share their professional knowledge and experience with the readers.

I wish to place on record my sincere thanks to Dr. S. Raja Samuel, the Principal cum Secretary, Madras School of Social Work, Chennai for his dynamic leadership and professional support. I thank all my colleagues, conference secretariat members, editorial committee members, ASTRA- Social Work Forum, scholars, students and all other well-wishers for their encouragement, co-operation and co-ordination. Of course, we cannot have a book without a publisher, and I wish to express our thanks to Publishers for their skilful work and support in publishing this book with professional enthusiasm and excellence. Last but far from least, I owe a huge gratitude to the Almighty to bring this publication on time.

Dr. K. Sathyamurthi Ph.D.

Preface

The 21st century is generally being considered as ‘century of the elderly’ and population ageing is one of the most important global trends of the period. The problems arising out of it have varied implications for developing and developed countries. In India, as a result of the change in the age composition of the population over time, there has been a progressive increase in both the number and proportion of aged people. The proportion of the population aged 60 years or more has been increasing consistently over the last century, particularly after 1951. According to official population projections, the number of elderly persons will rise to approximately 140 million by 2021.

As a development concern, the projected increase of the elderly population in India may pose mounting pressures on various socio-economic fronts. Also, elderly population faces a myriad of challenges - social, physical, psychological and economic which are unique to them. It warrants greater attention to ageing-related issues and for economic and social policies to become elderly friendly. To create opportunities for positive aging, there is a need for understanding elderly persons on various aspects and to initiate policy and programme debates about ageing in India. In this context, a national conference on ‘Emerging Challenges of Elderly: Implementation of Programme and Policy Making’ was organized by the Department of Social Work (Aided), Madras School of Social Work, Chennai in collaboration with ASTRA- Social Work Forum of the Department. The conference was sponsored by the National Institute of Social Defence (NISD), Ministry of Social Justice and Empowerment, Government of India.

This edited volume of book, published as the outcome of the conference, contains empirical papers, case studies and conceptual papers. These are included in five different domains namely Ageing: Issues and Challenges, Ill Health and Well Being of Elderly, Aging in Institutions, Social Policies and Programmes for Elderly,

and Positive Ageing: Outlook and Approaches. The book will help to identify the emerging areas of key concern in elderly care and protection. It has high relevance to government departments, policy planners, educationists, researchers, social workers, parents, children and especially for those elderly who fight for their rights and privileges.

Dr. K. Sathyamurthi Ph.D.

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PREVALENCE OF ELDERLY ABUSE AND RISK FACTORS FOR ELDERLY ABUSE AMONG ELDERLY PATIENTS IN A TERTIARY CARE HOSPITAL IN SOUTH INDIA

NIDHI M, DR. GOPINATH K.G AND DR. SUREKHA V

ABSTRACT

Background: *Elderly are an integral part of a population of any country who owe respect and attention equally like any other section. Elder abuse and neglect are increasingly acknowledged as a social problem internationally and India is no exception. The abusive behaviour towards elderly is a serious issue which needs to be addressed; as it can irreversibly harm the physical, mental and emotional condition of elderly.*

Materials and Methods: *The study was done on 100 randomly selected patients attending geriatric OPD in Christian Medical College and Hospital, Vellore. American medical association- screen (AMA-SVAN) was used to collect data. Data entry was done using Epi data version 3.1 and analysis was done using SPSS statistics 17.0.*

Results: *We found that 82% reported psychological abuse, 48% reported physical abuse while 39% reported other types of abuse. We found that elderly suffering from more diseases and on more medications seemed to be subjected to more abuse (p value= 0.00).*

Conclusion: *The study reveals that abuse and neglect of elderly exists in our patient population. Appropriate disease management and efforts to reduce the number of medications may help in reducing elderly abuse.*

Key words: Elderly abuse, Risk factors, Diseases and Medications.

Introduction

Human resource is considered as an asset for a country. It plays an important role in economic development and growth. The global demographic trend, however, shows that, with the passage of time, the countries have experienced ageing of population. The population ageing that started in the last century in developed countries, is now encompassing developing countries too and India, by no means, is an exception to this phenomenon. Over the years, structure of the population has changed and will further change in the time to come. The proportion of older persons in the population will increase.

Population ageing has profound social, economic and political implications for a country. The increasing number of older persons puts a strain on health care and social care systems in the country. Old age comes with lot of ailment and diseases.

Very old people, due to their reduced mobility and debilitating disabilities, need other people to do things for them. With the increasing trend of nuclear families in the society and with fewer children in the family, the care of older persons in the families gets increasingly difficult. ¹

The abuse of older people by family members dates back to ancient times. Until the advent of initiatives to address child abuse and domestic violence in the last quarter of the 20th century, it remained a private matter, hidden from public view. Initially seen as a social welfare issue and subsequently a problem of ageing, abuse of the elderly, like other forms of family violence, has developed into a public health and criminal justice concern. These two fields – public health and criminal justice – have therefore dictated to a large extent how abuse of the elderly is viewed, how it is analyzed, and how it is dealt with. Mistreatment of older people – referred to as “elder abuse” – was first described in British scientific journals in 1975 under the term “granny battering”. As a social and political issue, though, it was the United States Congress that first identified the problem, followed later by researchers and practitioners.

Although elder abuse was first identified in developed countries, where most of the existing research has been conducted, anecdotal evidence and other reports from some developing countries have shown that it is an universal phenomenon ²

One of the striking features of demographic transition in the world has been the substantial increase in the absolute and relative numbers of elderly people.³

India has around 100 million elderly at present and the number is expected to increase to 324 million, constituting 20 % of the total population, by 2050.⁴

As a matter of concern, the country is grappling with the elderly population, a non working and population at risk for ill health which is the second highest in the world.³

Elder abuse and neglect are increasingly acknowledged as a social problem internationally and India is no exception. The responsibility of caring for elderly in India is traditionally borne by the immediate family and most often by sons. However, with a trend towards nuclear family setup, the vulnerability of elderly is considerably increasing. The younger generation has little or no time for the aged because they are trying to make both ends meet. The elderly expect more time and much support from the younger family members but most often this does not happen. As a result, this leads to friction within the family which often results in abuse and neglect of elderly.⁵

Elder abuse can be defined as "a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person". Elder abuse can take various forms such as financial, physical, psychological and sexual. It can also be the result of intentional or unintentional neglect.⁶

Based on available evidence, WHO estimates that 15.7% of people 60 years and older are subjected to abuse. These prevalence rates are likely to be underestimates as many cases of elder abuse are not reported. Globally the numbers of people affected are predicted to increase as many countries are experiencing rapidly ageing populations.⁶

The National Center on Elder Abuse distinguishes between seven different types of elder abuse. These include physical abuse, sexual abuse, emotional abuse, financial/material exploitation, neglect, abandonment, and self-neglect.

- **Physical abuse.** Use of physical force that may result in bodily injury, physical pain, or impairment.
- **Sexual abuse.** Non-consensual sexual contact of any kind with an elderly person.
- **Emotional abuse.** Infliction of anguish, pain, or distress through verbal or non-verbal acts.
- **Financial/material exploitation.** Illegal or improper use of an elder's funds, property, or assets.
- **Neglect.** Refusal, or failure, to fulfill any part of a person's obligations or duties to an elderly person.
- **Abandonment.** Desertion of an elderly person by an individual who has physical custody of the elder or by a person who has assumed responsibility for providing care to the elder.
- **Self-neglect.** Behaviors of an elderly person that threaten the elder's health or safety.⁷

As a result of the current ageing scenario, there is pressure on all aspects of care for the older persons namely, financial, health and shelter. With older people living longer, the households are getting smaller and congested, causing stress in joint and extended families.⁴

According to a survey done by Help Age India, half of the elderly (50%) reported experiencing abuse. 48% males and 53% females reported personal experience of abuse.⁴

Verbal Abuse (41%), Disrespect (33%) and Neglect (29%) are ranked as the most common types of abuse experienced by the elderly.⁴

Almost half the elders (44%) surveyed for a study said they were treated badly in public, while at 53%, said they believed that Indian society discriminates against elders.

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Elder abuse has serious consequences for individuals and society including serious physical injuries and long-term psychological consequences, increased risk of nursing home placement, use of emergency services, hospitalization and death.

Elder abuse is being taken far more seriously now reflects the growing worldwide concern about human rights and gender equality, as well as about domestic violence and population ageing.²

This study was conducted to assess the prevalence of elderly abuse among the patients attending the geriatric OPD in the Christian Medical College and Hospital Vellore, India.

Materials and Methods

The study was conducted on 100 randomly selected patients attending Geriatric OPD in Christian Medical College and Hospital Vellore. The respondents were asked about the demographic details, their functional assessment and activities of daily living.

American medical association- screen (AMA-SVAN) was used to assess various types of abuse or neglect. The collected data was entered using Epi data version 3.1 and analysis was done using SPSS statistics 17.0.

Results

Table 1: Baseline characteristics of the respondents

Characteristics	Percentage
Age group (mean age 67)	N=100
60-70	76%
71-80	19%
above 80	5%
Gender	N=100
Male	59%
Female	41%
Residential status	N=100
Lives alone	4%
With spouse	18%
With spouse and children	57%
With children	21%
Old age home	0%
Education	N=100
No education	10%
Primary	15%
Secondary	13%
Higher secondary	33%
Graduate	19%
Post graduate	10%
Financial Status	N=100
Dependent	56%
Partially dependent	11%
Independent	33%
Number of diseases	N=100
Less than 2	69%
More than 2	31%
Functional assessment	
Vision	N=100
Normal	90%
Decreased	10%
Hearing	N=100
Normal	87%
Decreased	13%
Activities of Daily living	
	N=100
Independent	76%
Dependent	24%

59% of the respondents were male. 76% of the respondents were between 60 and 70 years, (mean age 67 years) and 42% of respondents were from Tamil Nadu. 69% of the respondents had less than two diseases while 41% of the respondents were on 3 to 5 medicines. 57% of the respondents resided with their spouse and children. 56% of the respondents were financially dependent. 76% of the respondents were independent for their activities of daily living.

Table 2: Types of abuse

Types of abuse	Percentage
Psychological	82%
Physical	48%
Any other abuse	39%

We found that 82% reported psychological abuse, 48% reported physical abuse while 39% reported other types of abuse. Elderly suffering from more diseases and on higher number of medications were subjected to more abuse (p value= 0.00).

Discussion

Our study has analyzed the extent of abuse being experienced by the elderly. We found that 83% of the respondents experience some form of abuse or neglect from their family. There was no significant relation between their activities of daily living and the abuse they faced. The incidence of psychological abuse was found to be higher than physical and other types of abuses. The possible reason for this may be the loneliness they experience because they do not have anyone to spend enough time with them. 56% of the respondents were financially dependent on children and therefore may feel burdened and may not be attended properly by their children. 48% of the respondents reported physical abuse. 41% of the respondents were females and a few of them had revealed that they were being beaten up by their husband and did not want to

disclose to anyone, especially if they had a son as he would also do the same. This implies that women are subjected to more physical abuse and this may be hidden unless they are repeatedly questioned.

41% of the respondents were on 3 to 5 medications and they found it difficult to recollect timings of their medications and a significant association was found between number of diseases and money spent on medications. Both these factors can play a possible role in elderly being subjected to physical, financial and psychological abuse.

Table 3

Average money spent on medications (Rs)	N=100
0 to 500	33%
600 to 1000	31%
More than 1000	36%
Number of medications at present	N=100
0 to 2	32%
3 to 5	41%
More than 5	27%
Number of disease or condition	N=100
Less than 2	69%
More than 2	31%

According to study done by Sebastian et al on abuse and neglect of elderly in Indian families in Kerala which reported 49% of their respondents experienced some form of abuse and neglect from their family.⁵ Another study done by Catherine nisha et.al on study and abuse and neglect among patients in a medical college hospital, Bangalore, reported 1.5% of physical abuse.⁸ Our study revealed a greater percentage of abuse probably because they came from multiple social and ethnic backgrounds and in a hospital setting, the respondents also may have felt more confident to express their problems.

This study reveals that abuse and neglect of elderly exists in our patient population and also supports the survey done by Help age India where they had reported that 50% of the Elderly reported experiencing abuse. The elderly are vulnerable to abuse and much of it happens in their own families which may go unnoticed Elder abuse requires a high index of suspicion and prompt actions.

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**DEMOGRAPHIC PROFILE OF OLDER WOMEN
AND CHALLENGES FACED
WITH SPECIAL REFERENCE TO
OLD AGE HOMES IN KARNATAKA**

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ABSTRACT

According to Population Census 2011, there are nearly 104 million older persons in India; 53 million females and 51 million males. It is interesting to note that up to Population Census 1991, the number of older males exceeded the number of females. In the last two decades, however, the trend has been reversed and the older females outnumbered the older males. This is also a major concern for policy makers as older women are more vulnerable on all fronts compared to older men. In this background, the present paper was undertaken to determine the demographic profile and challenges faced by older women living in old age homes. The research paper is based on empirical data. The sample consists of 205 older women living in old age homes of Karnataka, India. Data were collected through structured interview schedule. After analysing the data by using percentage analysis and chi-square test, results show that the economic status of older women is very low.

Key words: *Older Women, Demography, Socio-economic status, old age homes*

Introduction

Increasing life expectancy in recent past makes older people more vulnerable especially older women. The sex ratio of 60+ older people is 1033 older females per 1000 older males according to Census data of 2011. The life expectancy at birth during 2009-13 was 69.3 for females as against 65.8 years for males. At the age of 60 years

average remaining length of life was found to be about 18 years (16.9 for males and 19.0 for females) and that at age 70 was less than 12 years (10.9 for males and 12.3 for females). The old-age dependency ratio climbed from 10.9% in 1961 to 14.2% in 2011 for India as a whole. For females and males, the value of the ratio was 14.9% and 13.6% in 2011. The above data shows that women have more life-expectancy, sex ratio and dependency rate leading to more vulnerability (GoI, 2016).

Table: 1 Percentage share of older population in total population

Source	Persons	Female	Male	Rural	Urban
Census 1961	5.6	5.8	5.5	5.8	4.7
Census 1971	6.0	6.0	5.9	6.2	5.0
Census 1981	6.5	6.6	6.4	6.8	5.4
Census 1991	6.8	6.8	6.7	7.1	5.7
Census 2000	7.4	7.8	7.1	7.7	6.7
Census 2011	8.6	9.0	8.2	8.8	8.1

Source: Population Census Data (GoI, 2016)

As per the National Sample Survey conducted in 2004, in rural areas 50% of older persons had monthly per capita consumer expenditure (MPCE) less than Rs.470. In urban areas, 53% older persons had MPCE less than Rs.915.

Table:2 Percent distribution of older population by status of economic independence

Population subgroup		% of older persons			
		Not dependent on others	Partially dependent on others	Fully dependent on others	Total
Survey	Year-2004				
Rural	Male	51	15	32	100
	Female	14	12	72	100
Urban	Male	56	13	30	100
	Female	17	10	72	100

Source: National Sample Survey, Sixtieth Round, (January - June 2004) (GoI, 2016)

Statement of the problem

The human families as an association have their own traditions that differ from culture to culture. The oriental families especially Indian have a unique traditions, Despite wide range of diversities, the uniqueness is the noble institutional arrangement

that ensure welfare, security and development of all the members of the family right from birth to death. The family, therefore has enormous potentials to take care of all the vulnerable including older persons. As a result there were no old age homes in India in the past.

Ironically, in the modern period due to several factors, the structure, institutions and functions of the families are getting altered affecting the members especially the older women who are forced to live in old age homes. The objective of the present paper, therefore, is to ascertain the demographic profile of older women and challenges faced by them.

The Sample Survey conducted by National Sample Survey Office in 2004 reveals that 65 per cent of the aged persons had to depend on others for their day-to-day maintenance. The situation was worse for older females with about only 14% and 17% being economically independent in rural and urban areas respectively while the remaining are dependent on others - either partially or fully. The older males were much better off as majority of them as 51 and 56 per cent among them in rural and urban areas respectively did not depend on others for their livelihood. This disparity is due to lack of education among older women. With this backdrop, the present research paper helps to find out the socio-economic status of older women admitting to old age homes in Karnataka.

Objectives of the Study

- To know the demographic profile of older women.
- To know the economic status of older women.

Scope of the Study: The study covers old age homes of Karnataka State especially on demographic status of older women. This research helps to plan for secure old age for women and other stake holders in policy and programmes.

Limitations of the study: The study is confined to Karnataka State covering female older persons of 60years and above living in old age. Hence, no generalizations could be made.

Review of Literature

Census reports on India reveals that nearly forty percent of the old population face financial constraints and are living in poor status; of these, around ninety percent belong to households engaged in the unorganized sector with no sustainable economic security. Available literatures on aged have also highlighted the economic insecurity as one of the major issues that the older persons face in the country. For instance, (Nandal, 1987) contends that economic insecurity is the main problem of old persons and that financial worries constitute a major dimension of suffering in their lives. Economic security includes ownership of income and property and participation in farm household activities while the lack of any of these can cause a sense of insecurity feeling among old people (Singh, 2013). A similar view point was put forth by (Nair, 1989) arguing that as Indian society is characterized by low income levels, it was no wonder that many people would not have any independent source of income during their old age and hence would suffer from financial constraints. Economic insecurity therefore compels many to remain engaged economically even in later years. Therefore, most of the old, especially in rural areas, never formally retire from active work, (Heslop, 2002)

According to the U.S. Census Bureau (2015), women's poverty rates were once again substantially above the poverty rates for men. More than 1 in 7 women (nearly 18.4 million) lived in poverty in 2014 (Americian Psychological Association, 2016).

The older adult population is projected to double between 2012 and 2060, from 43.1 to 92.0 million (U.S. Census Bureau, 2012). As the percentage of older Americans rises, so does concern for their economic stability (Americian Psychological Association, 2016).

According to 2011 census of India, the percent of literates among older persons increased from 27% in 1991 to 44% in 2011. The literacy rates among older females (28%) is less than half of the literacy rate among older males (59%). In rural areas, 66% of older men and 28% of older women were working, while in urban areas only 46% of older men and about 11% of older women were working. Above data shows that lack of literacy and working rate among older women leads to economic dependency.

According to Phumzile Mlambo-Ngcuka (UN Under-Secretary-General and Executive Director, UN Women) 2017, the goals are deliberately universal and inclusive, explicitly covering “all ages.” It is important, however, that we recognize and differentiate between the challenges faced by women at different stages of their lives. Over the first half of the current century, the global population ages 60 years and older is projected to double, reaching 2 billion by 2050. Women will continue to make up a larger share of this population and will outlive men in nearly all countries. In the developed world, women outlive men by a margin of 4 to 10 years; in the developing world, 58 percent of older people are women. Although life expectancy is higher for women, many are unable to enjoy their later years because they struggle to meet their basic needs. A lifetime of inequalities has led to older women experiencing some of the world’s lowest literacy rates. Many older women suffer significant health inequities, enjoy fewer human rights, and have less financial security, with fewer savings and assets to support an adequate standard of living in older age (Phumzile Mlambo-Ngcuka, 2017)

Conceptual Framework

Aging is a complex process, and an attempt was made in the research to explore the demographic profile and complexities that determine the present condition of the older and the challenges they face in the present socio-cultural and political context and in a more holistic framework. Activity theory sets background for the present study.

Activity Theory

The activity theory of successful ageing suggests that retired individuals prefer to remain productive and active. In contrast to the theory of disengagement, this view point suggests that the aged prefer to resist preoccupation with the self and psychological distance from society. Activity theory suggests that adults that remain active, physically and mentally, throughout their lives will age successfully. Older adults whose continued participation in social activities, part-time work, travel, and/or hobbies find greater satisfaction throughout their later years. The activity theory disregards the physical and cognitive limitations, disabilities, disease, cultural diversity, and socio-economic status of the older.

The activity theory stresses that older people seek to maintain their socio-economic status in later life. This view reflects the worth-through-work norm of the society into which the theorists have been socialized; people should be busy accumulating things such as wealth and property and using their time productively. Losing any of these is evidence of decline. Voluntarily giving those up would be seen as a contradiction of activity theory.

In the traditional Indian families, there is no question of disengagement of older persons from activities, as the system made them engaged in spending time with grand children and guiding children in various activities. In the case of disengagement due to trio-psychological made constraints. The care and protection is rested with male children majorly. If the male children are not able to take care of older persons then the challenges are inevitable. Within these two broad theoretical frameworks, demographic variables have been identified and studied the status of older persons with special reference to women living in older homes in Karnataka State in India.

Operational definitions

Old Age: The study adopted “old age” definition given by to Phelps and Henderson (1952), According to Phelps and Henderson “Old age is a natural and

normal condition. Its pathologies are the same as those that occur at any other age period, but they are intensified by illness, family disorganization, unemployability, reduced income and dependency.

Older Person: In this study "Older person" defined as those men and women aged 60 years and above. Older People, Older Parents and Senior citizens synonymously used in the present study.

Demographic data/profile: It represents the **Socio-economic Status (SES)** in the present paper. Its hierarchical ranking of the older persons in old age home, based on education, occupation, present income along with moveable and non-moveable assets.

Sub-nuclear family: Sub-nuclear family is defined as a fragment of a former nuclear family, for instance a widow/ widower with her/his unmarried children or siblings (unmarried or widowed or separated or divorced) living together.

Old age homes: In this study old age homes are those institutions which were funded by the Central, the State governments and the voluntary organizations that provide multi residence housing facility for the older persons who cannot take care of themselves or who are destitute.

Method

The present study is based on a **descriptive** research design. The unit of analysis was individual older persons who were living in old age homes in Karnataka. The universe or population of the study included all older women aged 60 and above. The universe constitutes 210 units.

The Area of the present study was conducted in Dakshina Kannada and in Belgaum districts in Karnataka. Under **sampling design**, the study was conducted in Karnataka based on the four divisions. They were Mysore, Bangalore, Belgaum, and Gulbarga. In Karnataka, there are 275 old age homes at present. In that, the total number of inmates in old age homes in Karnataka was 8435. Out of that 5,845 were older women. Based on the revenue divisions of Karnataka and with the base of total population of Karnataka, the highest concentration older

inmates (both male and female) in old age homes i.e. Dhakishna Kannada with 48.33% (1,025) and the least old inmates in old age homes i.e. Belgaum with 3.24% (154) were selected. Out of that 785 in Dhakishna Kannada and 103 Belagum were older women respectively. The researcher identified old age homes in each selected district based on highest and lowest concentration of inmates. The grand total of sample of older female is 210. Researcher applied the census method for the present study.

Name of the District	Paid Highest	Paid Lowest	Unpaid Highest	Unpaid Lowest	Total
Dakshina Kannda	56	06	72	09	143
Belgaum	28	05	27	07	67
Total	84	11	99	16	210

Sources of Data: The process of data collection was based on primary and secondary data. The Primary data were collected from individual older person through structured interview schedule and observation method. Secondary data were collected through old age homes, Government organizations, academic institutions, books, journals, previous studies, suggestions and discussions with the guide, and experts.

Procedure of data collection: The present study was based on primary data and data were collected through well designed structured interview schedule. Researcher visited each old age home in person to gather data for the study. Researcher visited two old age homes in Dakshina kannada and Belgaum districts respectively during June – September 2016. Permission was obtained from the concern authorities of the selected old age home. Prior to data collection, the respondents were discussed data collection to eliminate interviewer bias. Informed consent was taken from the respondents to ensure confidentiality. While interviewing the respondent, researcher introduced herself, explained about study and purpose of the interview. Researcher also gathered data from concerned authorities of the organizations through structured interview schedule.

Tools and Technique: The interview schedule was developed based on theoretical framework and objectives. Well designed and structured interview schedule was used to gather

data from respondents. Pre-testing of tools was carried out on 15 respondents in an old age home in Mysore. The tool was validated using reliability test- spilt half method which gave a positive sign of .840.

Application of Statistics and Analysis of data: Data entry and analysis was done by using SPSS. The data collected were statistically analyzed using chi-square test. For the analysis of the data, tabular techniques were applied to work out the averages and percentages. Analysis of the data was presented through tables and graphical presentations.

Major Findings

In table-3, Majority of older women were under the age group of 70-79 years. 36.7% had a primary/middle school education followed by secondary/diploma 35.2%. As far marital status is concerned, 78.1% of older women were widows, 1.4% was married, and 0.5% was separated and 20% were remaining unmarried. The older women belong to single headed family (24.8%) followed by nuclear family (24.3%). Little more than half of the older women (54.3%) older women were coming from urban areas.

Socio-Demographic Characteristics

Table:3 Socio-demographic Profile of the respondents		
Socio Demographic Characteristics	Respondents(n:210)	Percentage (100%)
Age		
60-69 Years	26	12.4
70-79 Years	108	51.4
80-89 Years	71	33.8
90+Years	05	2.4
Education		
Illiterate	51	24.3
Primary /Middle	77	36.7
Secondary / Diploma	74	35.2
Graduate+	08	3.8
Marital Status		
Unmarried/ Single	03	1.4
Married	164	78.1
Widow/ Widower	01	0.5
Separated		

Religion	143	68.1
Hindu	67	31.9
Christian		
Category	51	24.3
OBC	66	31.4
Minority(Christians)	93	44.3
GM		
Mother Tongue	20	9.5
Kannada	01	.5
Malayalam	01	.5
Tamil	87	41.4
Konkani	44	21.0
Marathi	57	27.1
Tulu		
Type of Family	52	24.8
Single headed	51	24.3
Nuclear Family	13	6.2
Extended Family	4	1.9
Joint Family	56	26.7
Sub nuclear family	34	16.2
Others		
Origin of Stay	96	45.7
Rural	114	54.3
Urban/Suburban		
Source: Primary data		

Economic Characteristics

Table:4 Results on Economic Dimensions			
Economic Characteristics	Female (n:210)	Percent (100%)	Statistical Inference (at 0.05)
Present Income			
No Income	118	56.2	df= 3 x ² =178.648 P< 0.000 Significant at p<0.05
Below 3,000	80	38.1	
3,001-6,000	08	3.8	
6,001-9,000	00	00	
9,000 and above	04	1.9	
Source of Income			
Not Applicable	118	56.2	df= 3 x ² =131.867 P< 0.000 Significant at p<0.05
FD/Savings	12	5.7	
EPF/Pension	10	4.8	
old age pension	70	33.3	
Occupation before retirement			

Home Maker/household activities	112	53.3	
Daily wage earner	67	31.9	df= 6
Professional	03	1.4	$\chi^2=160.733$
Self employed	10	4.8	P< 0.000
Govt. Employee	06	2.9	Significant at p<0.05
Private employee	12	5.7	
Type of Ownership of the house			
No own house	98	46.7	df= 4
Owned by children	60	28.6	$\chi^2=151.429$
Self-owned	44	21.0	P< 0.000
Lease/rent	06	2.9	Significant at p<0.05
Sold out	02	1.0	
Financial contribution towards family after 60yrs			
Always			
Often	15	7.1	df= 4
Sometimes	23	11.0	$\chi^2=318.190$
Rarely	18	8.6	P< 0.000
Never	09	4.3	Significant at p<0.05
	145	69.0	
Moveable and Non Moveable assets			
No Assets			
Transferred to children	156	74.3	df= 5
Rent/Lease	21	10.0	$\chi^2=517.714$
With self	03	1.4	P< 0.000
Sold out	26	12.4	Significant at p<0.05
Transferred to relatives	02	1.0	
	02	1.0	
Medical and Health Insurance			
No Insurance			
PM Bhima Yojana	201	95.7	df= 3
IOB bank Health Card	05	2.4	$\chi^2=560.171$
Others	02	1.0	P< 0.000
	02	1.0	Significant at p<0.05

Source: Primary data

According to table-4, 56.2% older women did not have any form of income while 38.1% had income below 3,000 followed by 42.9% were received old age pension. Majority of older women, 31.9% were worked as daily wage earners followed by 29.5% Home Maker/household activities. 46.7% older women did not have ownership of authority on their house followed by 28.6% respondents' children had the ownership authority. Notably 21% women have ownership authority. 74.3% older women did not have any moveable and non-moveable assets. 95.7% respondents did

not have medical/health insurance. All the selected economic dimensions were statically significant.

Challenges Faced By Older Women

Gender, aging, and poverty are interrelated. Throughout a woman's lifetime, her socioeconomic status is rooted in a division of labour that assumes her primary involvement in society to be in reproductive labour, unpaid household work, and care giving. This perpetuates unequal power relations in the home and means that women earn less and save less for their older years. The cumulative effects of this disparity across a woman's life render her particularly vulnerable to poverty, discrimination, violence, and marginalization in old age. Globally, only about half of people above the retirement age enjoy access to a pension. In most countries, women are less likely than men to receive one, and where they do, their benefit levels are usually lower than those of their male counterparts. Widows can be faced with social exclusion, have no rights, and lack social protection. In societies where a woman's identity and economic worth are seen as inextricably tied to those of her husband, the experience of domestic violence and neglect can continue even once women become widows, Phumzile Mlambo-Ngcuka, 2016 (UN Under-Secretary-General and Executive Director, UN Women) (Phumzile Mlambo-Ngcuka, 2017).

In table-4, we can observe that majority (56.2%) of older women did not have any form of income followed by 33.3% were receiving old age pension and 38.1% were have income below Rs. 3000. Regarding occupation, majority of the older women (53.1%) were involved in household activities followed by 31.9% were involved in daily wage earners during their working period. Data shows that older women have little or no chance for savings for their old age. And it also shows that majority of the older women were economically vulnerable and dependent on others.

Conclusion

The problems are faced by the older women are severe. The research reviewed in this paper provides an empirical justification for innovative policy development to address the socio-economic issues of older women. The overall conclusion is that lack

of education, occupation, widowhood; lack of awareness about old age financial security leads older women to face economic issues in old age. Moreover, it is clear from the research that solutions to these potential problems must address at individual, family, community and at society level. From this research it is understood that older women faced several challenges such as economic insecurity which makes them dependent on spouse/children/grandchildren or relatives during old age. Both private and public sector has to reframe the policies on order to address the socioeconomic problems of older women.

Suggestions

- Policy makers need to analyse the underlying causes of socio- economic inequalities among older people with a view to clarifying who (stake holders) should take responsibility for what.
- Policy makers must develop a clear framework of principles for the deployment of public resources that addresses socio- economic issues of older women.
- Create ways for older people's voices to be heard on their socio-economic issues
- Sensitize the people especially belong to the age group of 51-60 years to secure themselves financially for old age.
- Print and electronic media can play key role in creating awareness not only on welfare programmes but also on worth and dignity of older individuals.
- Support older women are recognizing their unpaid household work. This means enacting policies to extend social protection, especially social pensions, to everyone who does not qualify for a contributory pension whether because they have worked in the informal economy.

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UNDERSTANDING PSYCHOSOCIAL CHALLENGES OF ELDERLY DESTITUTES –A Qualitative Study

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ABSTRACT

The population of the senior citizens constituted 7.5% of the total population in 2001. However, as per the Technical Group on Population Projections (2006), constituted by the National Commission on Population, this figure is projected to go up to 12.40% of the population by 2026. Indian society values providing care and protection for parents and elderly. But withering joint family system, migration, transfer of landholding and assets and the changing demands of life have contributed to the challenges faced by elderly. Of late, they are forced to live alone and still worse abandon their homes during the twilight of their lives. Though abandonment may sound pathetic, the researchers are conscious of the resilience and defiance by these senior citizens on the streets, and in the face of abandonment by their biological children. On the streets they remain exposed to various kinds of challenges such as lack of physical, social, emotional and financial support. In addition they encounter numerous health problems that bestraddle old age. The purpose of the study is to identify the various challenges encountered by abandoned elderly persons continuously staying on the road side.

The study is qualitative in nature and attempts a case study of a select four elderly persons in the streets. The study intends to highlight the special challenges posed, and explores possible ways and means ameliorate their plight especially in the context of the existing legislative framework.

Keywords: Abandonment, senior citizens, legislative framework, population.

Introduction

Aging is the process of becoming older, a process that is genetically determined and environmentally modulated. Abandonment is a purposeful and permanent desertion of an elderly person. The abandoning person feels overburdened, or believes that she or he lacks the resources to care for the victim. The victim only feels confusion and despair.

During ageing, the elderly persons undergo mental and physical changes. While these change happens they become more and more weak, both mentally and physically. Thus, the children of the ageing parents perceive their aged parents to be a burden. They abandon the parents and other elderly citizens as they do not see the elderly parents of 'much use' to them.

Destitution is popularly understood to mean a state of poverty so severe that, the individual concerned is dependent for their survival on the goodwill of others, including charity from the public or welfare support from the state or non-governmental agencies. These situations most commonly encountered by the elderly when they are abandoned by their off-springs or on the people they depend.

There can be various causes for abandoning leading to destitution. During ageing the biophysical systems weaken-the organs - internal and external as well as their bones become weak. Their mental strength also gets affected when they become old. They tend to forget things more often. This causes disputes between the parents and the children. Children start admonishing their parents over their mistakes; here comes the element of psychological abuse. The parents in turn start getting sensitive and they become more stubborn. This culminates in adjustmental problems occurs between the parents and the children, which finally ends in them parting. In the socio-cultural dimension, children now a days are so busy with their work that they are not able to give time to their parents , which ultimately leads to confusion and despair to the elderly and finally they feel lonely in their own place.

Different legislations have been legislated from time to time intended at the protection of elderly. Article 41, a Directive Principle of State Policy, provides a constitutional mandate ensuring that the State “shall, within the limits of its economic capacity and development, make effective provision for old age, sickness and disablement and in other cases of underserved want.” The Section 125(1)(2) of (Chapter IX) of the Code of Criminal Procedure, requires persons ‘having sufficient monetary means’ to take care of their parents if the latter are unable to take care for themselves. Section 20 of the Hindu Adoption and Maintenance Act, 1956 requires Hindu sons and daughters to maintain their elderly parents when parents are unable to maintain themselves. The most progressive attempt was made first by the Ministry of Social Justice and Empowerment, Government of India in the form of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 that leaves no stone unturned in ensuring protection and care of the elderly population by their biological children.

Statement of the Problem

There are 81 million elderly persons in India. According to an estimate, nearly 40% of senior citizens living with their families are reportedly facing abuse of one kind or another. Although the Maintenance and Welfare of Parents and Senior Citizens Act that offers to punish children who abandon parents with a prison term of three months or a fine, the situation of those elderly affected, still remains grim in India.

After being abused and abandoned they face various psychological, biophysical and socio-cultural problems. For instance, they experience physical health related issues, mental traumas and abuse from others as well as their family members. Abandoned by their family and with no other place to go than the streets, they are exposed to dust and the vagaries of nature causing breathing difficulties as well as arthritic conditions. They are deprived of their hard earned land, lack of shelter, psychological depression, absence of care and support. The hazards they face being on the streets include robbery, motor vehicle accidents, and sometimes even sexual abuse.

Continuously pondering about their abandonment, they feel traumatized, which disconnects them from the rest of the society. Most important problem of all problems that they cannot get over is the feeling of being abandoned by those hands that they once fed.

The present study titled “Understanding Psychosocial Challenges of Elderly Destitute: A Qualitative Study” explores the biological, psychological and socio-cultural challenges faced by the abandoned elderly. It also examines the reason for abandonment, as well as the issues and limitations pertaining to the legislation that hinder its effective implementation.

Literature Review

Sarah Harper & George Leeson in their study (2009) stated that most western style countries have aged continuously over the past century, the measure of ageing being an increase in the percentage of those over 60 years, and a decrease in those under 15 years. Europe reached maturity at the turn of the millennium, with older people than younger. By 2030 half the population of Western Europe will be over 50, 25% over 65, and 15% over 75. By 2030 one quarter of the population of the developed world will be over 65, and by the middle of the century this will have risen to one third. Yet while most interest has focused on the ageing of Europe, it is the Asian/Pacific region that is ageing most rapidly. By 2030 one quarter of the population of Asia will be over 60, and by 2040 Asia will be demographically mature, with more older than younger people. If we move from structural ageing to consider absolute numbers of older people, the dominance of the less developed regions, and in particular Asia, becomes even more apparent. Already two thirds of the world’s older population live in less developed regions with the absolute numbers of older people in these regions doubling to reach some 900 million within 25 years. By 2050 two-thirds of the world’s elders will live in Asia alone.

The study by Sif Heide-Ottosen and companions in their study “The Ageing Of Rural Populations; Evidence On Old Farmers In Low And Middle Income Countries” (2015) stated that, rural populations in low- and middle-income countries are ageing. There has been a universal trend of an increase in the proportion of older people and a decrease in younger people residing in rural areas. Asia is experiencing rapid rural population ageing. From 1990-2015, there was an increase of 2.2 per cent in the proportion of people over 65 living in rural areas, and a 9.6 per cent decrease in the proportion of children (under ten years). In sub-Saharan Africa, the same trend is evident, though less pronounced. Over the same 25-year period, the region saw a marginal increase of 0.5 per cent in the proportion of people over 55 years living in rural areas, and a decrease of 3.4 per cent in the proportion of children. Finally, Latin America has seen an increase of 2.7 per cent in the proportion of older people living in rural areas, and an 8.2 per cent decrease in the proportion of children.

According to “The Telegraph”(2014) Kerala has the highest proportion of elderly people (60 and above) in the country. People in the state are living longer the average life expectancy in Kerala is 70 years as against the national average of 62 and for the most part, living alone, or seeking assisted living. In the next few years, Kerala will undergo a huge demographic shift. According to a study titled Situation of Elderly in Kerala: Evidences from Kerala Ageing Survey 2014, released by the Centre for Development Studies (CDS) in September, the state has added one million elderly people every year since the census of 1981. Currently, the elderly comprise 14 per cent of the total population in Kerala. By 2030 their number will stand two per cent above the population of children. By 2061, it is expected to touch 40 per cent of the population double the national average.

Dr. Lekshmi V Nair and Dr. Sonny Jose in their study” Long Term Living In Institutions – A Study Of Old Age Care In Selected Institutions Of Kerala” referred that in the new family culture accepts only the immediate members as members of the family and all the others are considered as members outside the family. The main reason for this is that economic recession and the economic orientation of the families

which force them to keep the needs of the elderly at peripheral. It is calculated that average expenditure for middle class elderly will be around Rs.5000 a month excluding the rent and clothing. Of this amount major expenses are for food and medicine. The dependent category of the elderly are denied appropriate food and medicine. From the point of elderly this trend is an alien one which is shocking as they have grown up in a different environment and unable to adjust to pressure environment.

According to Dr. Prafull Babanrao Chavate in his study “CRITICAL ANALYSIS OF THE MAINTENANCE AND WELFARE OF PARENTS AND SENIOR CITIZENS ACT”, 2007” (2015) he points out some of the limitations of the act. The definition of senior citizen includes both Indian citizens aged above 60 years and all parents irrespective of age. It also includes all parents with children above age of 18 years. This definition differs from that in the National Policy on Older People which is now repealed. Persons from Revenue Department who may not be having the knowledge of law will be the presiding Officer the Tribunal . Revenue Department is already overburdened and assigning job of adjudicating issues/cases of the senior citizens which require to be decided on priority would not be given that much attention. If this happens then very object of enacting this special legislation would frustrate. In this circumstance senior citizens will suffer double injustice. Since jurisdiction of other courts are also barred by this legislation. There is no facility available to childless senior citizens. This Act is silent regarding management and administration of such Old Age Home. The provision of the Act directing the government to provide medical support to the senior citizens, shall provide beds to senior citizens and such hospital shall be headed by a medical officer having experience in Geriatric care found to be ornamental only. Very few hospitals have Geriatric Care and medicine Experts in India. In absence of expertise how senior citizens will get proper treatment and care is the important question. In that event senior citizen will have to approach such hospitals having expertise in Geriatric care and will have to pay exorbitant fees for the same. This again frustrates the provisions of the Act

WHO has described abuse of older people is either an act of commission or of omission (in which case it is usually described as “neglect”), and that it may be either intentional or unintentional. The abuse may be of a physical nature, it may be psychological (involving emotional or verbal aggression), or it may involve financial or other material maltreatment. Regardless of the type of abuse, it will certainly result in unnecessary suffering, injury or pain, the loss or violation of human rights, and a decreased quality of life for the older person.

The various types of abuse the elderly get exposed to include: *physical abuse* – the infliction of pain or injury, physical coercion, or physical or drug-induced restraint; *psychological or emotional abuse* – the infliction of mental anguish; *financial or material abuse* – the illegal or improper exploitation or use of funds or resources of the older person; *sexual abuse* – non-consensual sexual contact of any kind with the older person; and neglect – the refusal or failure to fulfill the care giving obligation; this may or may not involve a conscious and intentional attempt to inflict physical or emotional distress on the older person.

There are numerous theories that attempt to explain the transition from middle age into old. The most popular among theories on aging as a global phenomena are the Social Theories on Aging. The first among these is the social disengagement theory by Cumming and Henry. They explain aging "(as) an inevitable, mutual withdrawal or disengagement, resulting in decreased interaction between the aging person and others in the social system, that the individual belongs to". This theory claims that it is natural and acceptable for older adults to withdraw from society. Robert proposed the Activity Theory that suggests that “successful ageing occurs when older adults stay active and maintain social interactions.” It takes the view that the ageing process is ‘delayed and the quality of life is enhanced when old people remain socially active.’ The theory assumes that a positive relationship between activity and life satisfaction. On the other hand, when the individual either by social force or personal choice to reduce her activity level or disengages from society, it results in dissatisfaction, which subsequently translates into aging and death. Psychologist Bernice Neugarten proposed

the social clock theory describes how major life changes are expected to take place at a certain time during a person's lifetime. Societal expectations regarding when these changes should occur make up the social clock timeline. This clock provides a way of determining a person's progress within his particular age range. Those who have accomplished the expected tasks by a certain age are considered well-adjusted within society's framework, whereas those who are ahead or behind schedule are viewed as either ahead of the pack or lagging behind. eg: timetable determined by culture or social structure, specifies a proper time for marriage, graduation, employment, retirement and compiling the will.

The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 was a legislation enacted in 2007, initiated by Ministry of Social Justice and Empowerment, Government of India, to provide more effective provision for maintenance and welfare of *parents* and *senior citizens*; it *legally obligates* children and heirs to provide a *monthly allowance* towards maintenance of senior citizens and parents; and finally It also provides simple, speedy and inexpensive mechanism for the *protection of life and property* of the older persons.

Methodology

The research is by nature qualitative study. The researchers undertook case studies by both means of interviewing in-depth as well as engaging in Focus Group Discussions (FGDs), three elderly destitute living in very difficult and challenging circumstances on the streets. The elderly destitute selected for the Case Study included only elderly destitute above the age of 60 years living on the streets protesting before the secretariat for their rights, after being abandoned by family members, and without any other place for shelter. The main themes taken up for discussion included: cause for abandonment by biological children; the biophysical, psychological and socio-cultural challenges of the elderly destitute; lacunae of The Maintenance and Welfare of Parents and Senior Citizens Act, 2007, as a legislation in addressing need of elderly destitute.

The greatest limitation was the high degree of subjectivity given that that each of the subjects hailed from different parts of state; this resulted in the absence of collateral information ruling out the possibility of triangulation.

Their *biophysical* problems: means those diseases and disease proneness which they encounter as a result of lack of care and existence in unhealthy environment. The *psychological* problems: include their present diseased psychological state which is the direct result of the trauma they had experienced in the past and are continuing to experience. The *socio-cultural* problems: are those which arise due to response from the various social systems - peers, family, community, society at large.

The study also looks into the Welfare Policies and Acts which are formed and enacted by the government in order for the protection of the elderly, especially the weaker section among them.

The primary data in this qualitative study was gathered by way of Focus Group Discussion (FGD) based on an interview guide with definite predetermined themes. All of the elderly met were the ones who were

Case Vignettes

For the purpose of this research paper, the researcher interviewed three elderly destitute from very difficult circumstance on the streets. The Cases are described below:

Case 1 - 'S'

S is an elderly lady, aged 65. She was on the streets for the past three years to protest over her land rightfully owned by her but embroiled in a dispute with an individual who seems to be holding it illegally. She appears to be very fragile and it appeared that her health had deteriorated substantially due to the unavailability of quality food. She was also suffering with cataract disease.

She had two children- a boy and another girl, both of whom were married. Both of them simply refused to take her into their respective households. The daughter excused herself claiming to be living on 'a very meager salary', and hence, could not afford to take up the mother's expense. Her son lives in his wife's house. Once, when taken there, her son's mother-in-law verbally and emotionally abused her for staying in their house. Her only son too, treated her as 'S' as a liability.

After such experiences, and these prickly comments, 'S' preferred not to stay in that house. She soon came to the Government Secretariat, in heart of the City to protest for her rights. She continues to receive limited support from a nearby restaurant that provided with free snacks for her once a day. These tribulations she encountered in the sunset of her life have clearly left a psychological scar on her mind. This was quite evident while interacting with 'S'. The rejection by her own children as well as the in-laws continues to haunt her and make her feel each moment she lived. This sums up the psychological and social hurdles she had to pass through.

When asked about the legal formalities, she explained that she has complained about the land issue but not about her children. 'S' also informed the researchers that the response from the legal authorities was initially positive; but several weeks have passed by with literally no action being taken. She also experienced mixed experiences while sleeping on the streets. She claimed that during a mass agitation and scuffle that ensued around the Secretariat, the women police officers took away her possessions,

resulting in the loss of many documents. But many a time these police women, gave her protection when there arose any scuffle; others, bought her food.

Case 2 - 'R'

R is an elderly woman aged sixty two years. She may be regarded as one of the remaining, lone fortress in the long drawn Chengara Land Struggle. 'R' suffers from asthma problems and breathing difficulty as a result of living on the streets. Other than this she also suffers from arthritis mainly caused due to the extreme cold that she encounters during night and early morning on the street. She is also suffers from hypertension.

R had had a miserable life although. The worst came when she lost her home at the later stage of her life. Being alone left in her family, and being one among the very few, who are still fighting for justice to claim their 'rightful land' she feels forlorn. Loosing of her home, built out of her own sweat, and having to sleep on the footpath, where people from all walks of life tread everyday leaves her without dignity.

She was treated in a very rude manner during the strike. She and her fellow protestors were laying on the road and the police had beaten them up in order to lift them from there. Her only console is two of her fellow protesters for the same cause. When asked whether she had any help from the Government, 'R' responded that the Government had promised compensate their land. She had witnessed two governments from two ideologies come and go. But nothing has happened even after change in Government. No benefits have accrued to these elderly destitute.

Case 3 - 'V'

V is an elderly man just over sixty years of age. He is on protest against his sister-in-laws, whom he claims, have taken possession of his share of property. He had a wife and a son, who since then has grown up into an adult. V and his wife separated due to irreconcilable difference in opinion and on account of adjustment issues. The

person claims that he does not have any physical or psychological problem. He appeared to be unkempt and emanated a foul smell as he had not bathed for days together. The unavailability of amenities such as water may be a cause for the lack of hygiene and in turn result in generation of diseases like dehydration, insulin-dependent diabetes, Parkinson's disease etc.

On the psychological dimension, 'V' appeared to be not normal. He was talking too much during the interview with the researcher and even refused to stop to provide adequate explanations. The researcher could understand that the person had had no one to talk for days, perhaps months if not years. V had perhaps experienced transference with the Researcher and was ventilating. Besides, V was also too excited, bordering on the point of being not normal. The researcher noticed the absence of coherent thinking and the absence of context in the conversation that ensued. This perhaps could be because the person had undergone some trauma that led him to this psychological situation.

Talking about the man's his family; he had been abandoned by his own family, betrayed by his own brothers. All his property was all edgily written in name of his brothers. He is not in contact with his wife, nor his only child. The man was totally isolated and tortured by his own family members, and had got no one to share his thoughts with. He seized the opportunity to share with the worker non-stop for nearly thirty minutes about his family and plight. The unhygienic appearance and poor self-care, all depicts the extent of negligence by the society towards him.

'V' has approached court for the transfer of properties and the proceedings are going on. During the first meeting it was told all his problems would be solved within a week itself. But when visited two weeks later, 'V' was to be seen there at the same place. This is perhaps, could be accounted by two possibilities - the apathy and lack of speed of the grievance redressal system. A vying explanation is perhaps his state of mental illness as illustrated by the delusional thinking he harbours.

Discussion

The researcher undertook interviews with three cases and the following are the summary of the major findings from these case studies:

All the three cases considered had biophysical issues that accompanied ageing. All of them live in very unhygienic conditions that resulted in complications ranging to asthma, hypertension and arthritis. All of them appeared to be pale and weak as neither proper care nor food have been accessed to. The open spaces where they slept, left them exposed to extreme vagaries of nature - humidity and cold; this exposure exposed them to symptoms of arthritis.

Three of them had gone through very challenging situations in their life, which has caused them psychological trauma. Being abandoned for life by the family members, and tricked by others, they had lost their home in an unjust manner, and continued to be fighting for it. All of them are battling it alone. They experienced lack of context and coherence in thinking perhaps indicative of the stress they are being through. They also have been subject to domestic violence, financial exploitation as well as psychological abuse by their own family members. All of them were neglected by the society and thrown into the peripheries of human existence during the sunset phase of their lives. However, one needs to appreciate the brighter side of life, especially when a nearby restaurant offers the humanitarian gesture of ensuring a meal a day free of cost.

Considering the policies by the Government, the major problem remaining with the elderly destitute is that they are unaware of their rights and policies. Major objectives of the Act meant for the elderly are not fulfilled in these cases. Two of the major deviations from objectives are the fact that children are 'not being obliged' to take care of their parents or grandparents. Although the act provides the right for protection of property of the elderly, there is no awareness regarding the manner in which it can be implemented. One of the major lacunae with the Act is the limitation on

its implementation. This may be ascribed in the following contexts: the Act in itself appears to be too idealistic and prescriptive and hence is not easy to implement. The Act does not mandate on the State Government the responsibility to establish old age homes. Further there are no specific concrete provisions for old age pensions. The definitions too reflect on this idealism and remain too confusing.

Some of the suggestions included organizing the elderly groups, regions wise, at places according to their convenience, in order to educate them about their rights and policies. It would be advisable to provide palliative care by bringing in medicines within the reach of those resurgent elderly, who remain adamant about moving away from the Secretariat. Given the changing demographics, the more retirement homes or old age homes may be started. The government could consider building more old homes so that more elderly do not suffer on the streets. The Government and the Social Justice Department may collaborate with hotels nearby to provide food to the destitute, free off cost or even paying the hotel for the fool in a subsidized manner. Mobile Clinics may be organized and Caser History Records be maintained to enable follow-up. Legal Counsel must be provided and legal recourse may be provided to the victims of domestic violence and property disputes.

Conclusion

The study was conducted on the topic” UNDERSTANDING PSYCHOLOGICAL CHALLENGES OF ELDERLY DESTITUTES”. The study mainly conducted by using the tool focus group discussion. And the study also contains three different case studies. The study reveal that that the elderly destitute in our country suffer from biophysical, psychological and socio –cultural problems. Sometimes they are even denies the benefits of the law of the land. Their family, community and the society neglects them and are even not aware of their rights. Their family members take it as a chance to fool them as they do not raise their voice higher as they are unaware and are weakening day by day.

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CHALLENGES TO AGING GRACEFULLY

A CASE STUDY OF KERALA

KAVYA KUMAR. K , AMRITHA SURESH AND SONNY JOSE

ABSTRACT

*Old age is a worldwide phenomenon and is regarded as the final phase of human life cycle. Although most developed countries accept 60-62 years as the age of retirement and the beginning of old age many in developing countries, especially those working in the unorganized sector continue to work until the last day of their life. The Government of India adopted 'National Policy on Older Persons' in January, 1999; the policy defines 'senior citizen' or 'elderly' as a person who **ages 60 years and above**. The change in demographic scenario indicates that there is a rapid growth rate in the number of old age in India. At present, older adults constitute 7.6% of total population. Within the next three decades, the number has doubled again i.e. from 43 million in 1981 to 92 million in 2011. This is expected to triple in the next four decades (2011, census). Low birth rates coupled with longer life expectancies push the population to an ageing one. This clearly reveals that the growth of Indian older adults is comparatively faster than in other regions of the World. As a result, the aged are likely to suffer with problems related to health and health care. Ageing process is not only affected by the physiological changes in the body but also by changes in the psychosocial conditions. Being mentally healthy not only means absence of any psychological disorder, but the optimum use of our cognitive functions and an optimistic thought process. The major problems of elderly include failing health, economic insecurity, isolation, abuse, lowered self-esteem, loss of control, fear, lack of preparedness for old age etc. The study was conducted among the elderly people in old age home of Trivandrum*

district. The purpose of the study is to understand the mental health issues and problems of elderly and also focuses on the issues faced by the care takers, their special roles in handling different cases. The study is qualitative in nature and adopts the case study design. In-depth interview method is used in this study to understand the problem from various perspectives.

Key Words: Old Age, Elderly, Case Study, Old Age Home, Mental Health

INTRODUCTION

“Beautiful young people are accidents of nature, but beautiful old people are works of art”

-Eleanor Roosevelt-

Old age refers to ages nearing the life expectancy of human beings, and merely it's the last phase of human life cycle. Terms like “elderly”, elders, older adults, seniors, and senior citizens are the alternative words used in different cultures of the world for denoting the old age people. Most developed-world countries have accepted the chronological age of 50 years as a definition of 'elderly' or older person. The United Nations has agreed that 65 plus years may be usually denoted as old age and this is the first attempt at an international definition of old age. However, for its study of old age in Africa, the World Health Organization (WHO) set 55 as the beginning of old age. At the same time, the WHO recognized that the developing world often defines old age, not by years, but by new roles, loss of previous roles, or inability to make active contributions to society. Although most developed countries accept 60-62 years as the age of retirement and the beginning of old age many in developing countries, especially those working in the unorganized sector continue to work until the last day of their life. The Government of India adopted ‘National Policy on Older Persons’ in January, 1999; the policy defines senior citizen's or ‘elderly’ as a person who ages 60 years and above. In humans, ageing represents the accumulation of changes in human beings over time, encompassing physical, psychological and social changes. Ageing is among the greatest known risk factors for most human diseases: about 150,000 people who die each day across the globe and among them about two thirds die from age-related causes.

Statement of the problem

According to Population Census 2011 there are nearly 104 million elderly persons (aged 60 years or above) in India; 53 million females and 51 million males. A

report released by the United Nations Population Fund and Help Age India suggests that the number of elderly persons is expected to grow to 173 million by 2026. Elderly population divulge that Kerala has maximum proportion of elderly people in its population (12.6 per cent).

The increase of the old age population in Kerala also had an impact on the ageing health issues which includes both physical and psychological issues. The problems related to social issues are another challenging area for the elderly. Some of the major issues found in the elderly include failing health, economic insecurity, isolation, abuse, lowered self-esteem, loss of control, fear, lack of preparedness for old age etc. some of the elderly who are suffering from severe health issues will be admitted in various institutions including elderly care centers ,old age homes etc.

Challenges to Aging Gracefully: A Case Study of Keralaites the study which mainly focuses to understand the mental health issues and problems of elderly and also focuses on the issues faced by the care takers, their special roles in handling different cases.

METHODOLOGY

The research is qualitative in nature and adopts a case study design. In-depth interview method was used in this study to understand the problem from various perspectives. 5 caregivers in the old age home of Trivandrum district were interviewed. The main theme taken up was to explore the mental health issues and problems of elderly; the study also focuses on the issues faced by the care takers, their special roles in handling different cases.

Profile of the resident Senior citizens

Case study: 1

“S” is at her 65, she is suffering from psychosis and other symptoms such as incoherent talk, and hallucinations. She was collected by the police while she was wandering in the railway station and was admitted in mental health Care Centre at

Oolampara, Thiruvananthapuram. Her body was burnt, yet nobody knows how it happened she still suffers severe health issues due to that. She was brought to the old age home as she had no idea of her background by a doctor in mental health care centre. In all possibility she was completely abandoned. It has been now 3 yrs since she has been in old age home. She refuses to take food as well as medicines. Poor personal hygiene is another issue.

Case Study: 2

“L” is at her 60s, and hails from Tamil Nadu. A religious sister collected her from Varkala, two years before, where she was found wandering here and there. She was diagnosed with psychosis and other symptoms like incoherent speech, severe delusions, grandiose etc. She is married, and living with her husband and son, both of whom are working. Nobody knew how she reached Varkala. Once when her illness got reduced she had stopped taking medicines and the situation got worsened again finally, she was taken back to the old age home, since then they took care of her. Her family too had stopped the responsibility towards her, since her husband is too aged and he suffers from aged related health issues and also he could not tolerate her illness. Her son who is working far cannot take care of her. She refuses to take medicines and food; it is forcefully given by the care takers.

Case Study: 3

“A” is in her late 60s, and hails from Bhopal. Her husband died, and there was nobody to look after her. She was brought by a doctor of mental health care centre to the old age home. She is suffering from schizophrenia and mood disorders. At times she used to burst out in anger and has decreased participation in the daily activities, disorganized speech etc is seen.

Case Study: 4

“P” is 60, and is suffering from schizophrenia; she was brought by a doctor of mental health care centre to the old age home. She was from Orissa but nobody knows

how she reached the mental health care centre. Nobody in the old age home understand what she is speaking due to her peculiar or nonsensical way of speaking, poor personal hygiene, inappropriate or bizarre behavior. She refuses to take medicine as well as food and forcefully it is given by the care givers

Case Study: 5

“M” is 65; she was brought by the police who was found her abandoned in shabby clothes at the railway station. She is suffering from psychosis, besides, she is having hallucinations. She neither likes to take medicine nor to eat. So the sisters who attended her used to be with her while she eats. Poor personal hygiene is another issue.

DISCUSSIONS

When interviewed with five residents in the old age home, it was understood that they don't talk with the inmates as they are stigmatized and it increases when they had known the fact that they are from mental health care centre. When interacted with the in charge of the old age home, it was understood that the mentally ill ones always need the help of someone for their daily living activities and they also have to address with issues like anger outburst, giving medicines etc.. They are also provided with recreational activities in order to use their time productively. The main challenge faced by the researcher was that, they restricted themselves by providing the adequate information.

FINDINGS

- 30 out of 35 residents in the old age home are suffering from mental health disorders.
- Other than the mental health disorders they have, all of them are affected with the aged related health issues.
- Even though there are 5 care givers the 5th one is the resident of old age home (male) so 4 care givers for 30 patients is a challenge.

- Majority are abandoned by their family members because of their mental illness and stigmatization
- Majority in the old age home are from the mental health care centre
- The only financial support they are receiving through donations and the support from the volunteers.
- Only one or two families used to visit
- A stigma was seen from the part of other senior citizens towards those with mental illness
- Based on the abilities of the residents at the old age home, they are provided with the recreational activities and no special methods are adopted by them for the special care.
- Most of the residents were found wandering in railway stations and are brought by the police
- There are only 38 beds in the old age home and if the no: of residents increases it will be difficult for them to accommodate and provide adequate care.
- Most of the residents refuses to take food and medicines properly and they too hesitates to do the personal hygiene , these are forcefully given by the care givers
- Not only the senior citizens from Kerala but also the senior citizens from outside states like Bhopal, Orissa etc are also present in this old age home.
- The proper history or the details of the residents from outside state was known to them.
- Schizophrenia and psychosis was the most common mental health disorders seen

CONCLUSION

Old age is a stage of life where people need care from the family in their whole dimensions. It may be from the family members, the society, the community that he belongs to etc... But as there is no time for anyone to take care of such people makes

they feel like a burden and it doubles when they are affected with mental illness which eventually ends up in old age homes. So From the study it is clear that the old age people is facing mental health disorders like schizophrenia, psychosis etc along with the age based physical problems which makes them more vulnerable and increases the need of a caretaker to look after them.

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CHALLENGES FACED BY ELDERLY IN INDIA

PAVITRA R ALUR

ABSTRACT

Ageing in India is exponentially increasing due to the impressive gains that society has made in terms of increased life expectancy. The elderly Indian population is one of the fastest growing in the world. At 110 million, India has the second largest global population of ageing citizens. By 2050, this number will probably increase to 240 million. However, India lacks the basic infrastructure and expertise to support the health and welfare of the elderly. According to multiple surveys across the country, for most Indian senior citizens, the biggest concerns are: healthcare costs, lack of financial support and isolation. Additionally, most of the aged are not accorded the dignity of care they deserve.

The challenges faced by an elderly are:

- a. Lack of physical infrastructure is a major deterrent to providing comfort to the aged.*
- b. Rapid socio-economic change, including more nuclear families, is also making elder care management difficult,*
- c. Most senior citizens who live alone suffer due to lack of companionship,*
- d. Another common problem in old age is bed-wetting or incontinence.*
- e. Very little information and knowledge exists about specific geriatric diseases.*

Key Words: Challenges, elderly

Introduction

Ageing in India is exponentially increasing due to the impressive gains that society has made in terms of increased life expectancy. The elderly population suffers high rates of morbidity and mortality due to infectious diseases. The demographic transition in India shows unevenness and complexities within different states. This has been attributed to the different levels of socio-economic development, cultural norms, and political contexts. Hence it will be a herculean task for policy makers to address the geriatric care that will take into account all these determinants. Care for the elderly is fast emerging as a critical element of both the public and private concern. Given the trend of population ageing in India, the elderly face a number of problems and adjust to them in varying degrees. These problems range from absence of ensured and sufficient income to support themselves and their dependents, to ill-health, absence of social security, loss of social role and recognition, and the non-availability of opportunities for creative use of free time. For a developing country like India, the rapid growth in the number of older population present issues, barely perceived as yet, that must be addressed if social and economic development is to proceed effectively.

Health Conditions of the Elderly

It is obvious that people become more and more susceptible to chronic diseases, physical disabilities and mental incapacities in their old age. As age advances, due to deteriorating physiological conditions, the body becomes more prone to illness. The illness of the elderly are multiple and chronic in nature. In the later years of life, arthritis, rheumatism, heart problems and high blood pressure are the most prevalent chronic diseases affecting the people. Some of the health problems of the elderly can be attributed to social values also. The idea that old age is an age of ailments and physical infirmities is deeply rooted in the Indian mind, and many of the sufferings and physical troubles within curable limitations are accepted as natural and inevitable by the elderly. Regarding the health problems of the elderly, having different socio-economic status, it

was found (Siva Raju, 2002) that while the poor elderly largely attribute their health problems, on the basis of easily identifiable symptoms, like chest pain, shortness of breath, prolonged cough, breathlessness / asthma, eye problems, difficulty in movements, tiredness and teeth problems; the upper class elderly, in view of their greater knowledge of illnesses, mentioned blood pressure, heart attacks, and diabetes which are largely diagnosed through clinical examination. Gore (1990), by analyzing the social factors affecting the health of the elderly.

Gupta and Vohra (1987) observed that only a few elderly with psychiatric disorders were being cared for in the inpatient-wards in hospitals or as residents of homes. A more recently conducted medico-social study of the urban elderly.

Challenges faced by elderly: Lack of Infrastructure

With increasing longevity and debilitating chronic diseases, many elder citizens will need better access to physical infrastructure in the coming years. Lack of physical infrastructure is a major deterrent to providing comfort to the aged. Many elder citizens need better access to physical infrastructure, both in their own homes and in public spaces. Unattended chronic disease, unaffordable medicines and treatment and malnutrition are part of old age life in India as there is no system of affordable health care. Emphasis on geriatrics in the public health system is limited with few dedicated geriatric services. The other issues of the public health system are lack of infrastructure, limited manpower, poor quality of care and overcrowding of facilities due to insufficient focus on elderly care.

Changing Family Structure

The traditional Indian society with an age-old joint family system has been instrumental in safeguarding the social and economic security of the elderly people. The traditional norms and values of Indian society also laid stress on showing respect and providing care for the elderly. However with the emerging prevalence of nuclear family set-ups in recent years, the elderly are likely to be exposed to emotional, physical and financial insecurity in the years to come.

Lack of Social Support

The elderly in India are much more vulnerable because of the less government spending on social security system. The elderly in urban area rely primarily on hired domestic help to meet their basic needs in an increasingly-chaotic and crowded city. Social isolation and loneliness has increased. Insurance cover that is elderly sensitive is virtually non-existent in India. In addition, the preexisting illnesses are usually not covered making insurance policies unviable for the elders. Pension and social security is also restricted to those who have worked in the public sector or the organized sector of industry.

Social Inequality

Elderly are a heterogeneous section with an urban and rural divide. They are less vulnerable in rural areas as compared to their urban counterparts, due to the still holding values of the joint family system. All the elderly are not seen in the same view as the needs and problems of elderly are rejected to a vast extent as government classifies these people based on caste and other socio cultural dimensions.

Availability, Accessibility and Affordability of Health Care

Due to the ever increasing trend of nuclear families, elder care management is getting more difficult, especially for working adult children who find themselves responsible for their parents' well-being. Managing home care for the elderly is a massive challenge as multiple service providers – nursing agencies, physiotherapists and medical suppliers – are small, unorganized players who extend sub-optimal care. In India, health insurance coverage is essentially limited to hospitalization. The concept of geriatric care has remained a neglected area of medicine in the country. Despite an aging population, geriatric care is relatively new in many developing countries like India with many practicing physicians having little knowledge of the clinical and functional implications of aging.

Economic Dependency

As per the 52nd round of National Sample Survey Organization, nearly half of the elderly are fully dependent on others, while another 20 percent are partially dependent for their economic needs. About 85% of the aged had to depend on others for their day to day maintenance. The situation was even worse for elderly females. The elders living with their families are largely contingent on the economic capacity of the family unit for their economic security and well being. Elderly often do not have financial protection such as sufficient pension and other form of social security in India. The single most pressing challenge to the welfare of older person is poverty, which is a multiplier of risk for abuse. Also due to their financial dependence, elderly persons though are most vulnerable to infections have low priority for own health. Migration of younger generation, lack of proper care in the family, insufficient housing, economic hardship and break-up of joint family have made the old age homes seem more relevant even in the Indian context.

Retirement

Retirement may seem like something to strive for - a goal - not a challenge to face. It's nice to imagine not having to go to work every day, traveling and living a life of leisure. However, retirement like this doesn't happen too often anymore. In our current economy, more and more individuals have no choice but to work well past the age of 65. The harsh reality is that most of those who cannot work - and even some of those who can - live in or close to poverty.

Money aside, another part of the challenge of retirement is adjusting to retired life. Work provides us not only with income but also with social interaction and a sense of purpose. So, our job is often an important part of our identity. When it ends, it's common to struggle with the loss of that identity.

Ageism

Another challenge of aging that may seem more obvious than retirement is **ageism**. Although it can target any age group, ageism generally refers to prejudice

and/or discrimination against older people. Ageism can be blatant or subtle. For example, it involves anything from refusing to hire an elderly worker to assuming an older woman needs help crossing the road.

The elderly are often given a negative stereotype: slow, confused, helpless, resistant to change, and/or generally unhappy. Like racism and sexism, discrimination can happen when unfair generalizations like this are made. Although the stereotype is not true of every older individual, age-related bias, unfortunately, exists in practically every setting.

Social Isolation

The final challenge of aging we'll discuss in this lesson is that of social isolation. Being alone can be extremely unpleasant at any age. It's something that many people fear about growing old because, unfortunately, social isolation is common amongst the elderly.

Mental health problems

Elderly people are highly prone to mental morbidities due to ageing of the brain, problems associated with physical health, cerebral pathology, socio-economic factors such as breakdown of the family support systems, and decrease in economic independence. The mental disorders that are frequently encountered include dementia and mood disorders. Other disorders include neurotic and personality disorders, drug and alcohol abuse, delirium, and mental psychosis.

It is important to understand the social aspects concerning aged in the country as they go through the process of ageing. Increased life expectancy, rapid urbanization and lifestyle changes have led to an emergence of varied problems for the elderly in India. It must be remembered that comprehensive care to the elderly is possible only with the involvement and collaboration of family, community and the Government. India should prepare to meet the growing challenge of caring for its elderly population. All social service institutions in the country need to address the social challenges to elderly care

in order to improve their quality of life. There is a need to initiate requisite and more appropriate social welfare programmes to ensure life with dignity for the elderly. In addition, there is also a need to develop an integrated and responsive system to meet the care needs and challenges of elderly in India.

Conclusion

The trend in the size and growth rate of the elderly population in the country reveals that aging will become a major social challenge in the future when vast resources will need to be directed towards the support, care and treatment of the old. Therefore, it is high time suitable policy measures to minimize the problems of elderly in the country were adopted.

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DISABILITY AND AGING
- A DOUBLE DISADVANTAGE
TO SENIOR CITIZENS WITH LEPROSY

NATARAJAN B & S. RAJA SAMUEL

ABSTRACT

This paper covers the life of the senior citizens aged above 60 years who had leprosy, treated and living with their families and in community. It also covers their suitable occupation, income generation, medical treatment and their Psycho-Socio-Economic status. This paper concentrates on how they manage their every day personal needs such as, cleaning, bathing, dressing and eating; and their major activities during a day. Their source of income, their dependence and independence, their day today cares and problems, their attitude towards religions, gods and goddesses, their beliefs and values are taken into consideration. This paper covers the attitude of the general community, their relatives, friends, and siblings, how they treat them and make them to participate in the festivals, various family occasions Also it finds out their own attitude towards their life ends. This paper includes two case studies, namely, Miss. Panchalai aged 85, an illiterate, single woman; and Mr. Chinnappan (70) and Mrs. Rosemary Chinnappan(60); and one group discussion with the senior citizens with leprosy who lived in the Shanthigramam Leprosarium at Vellore. The Leprosy affected senior citizens have double challenges one daily life struggles like any other senior citizens, secondly the stigma of Leprosy and thirdly handling themselves of their own daily cares.

Key Words: Senior Citizens, Leprosy, Living Challenges, Community Response

INTRODUCTION

The Leprosy affected senior citizens have double challenges, such as, Physical and Social disability and ageing. This paper covers on the lives of senior citizens who had leprosy, treated, cured and living with their families and Leprosarium. It mentions their occupation, income, medical treatment and Psycho-Socio-Economic status. Also concentrates on how they manage everyday cleaning, bathing, dressing and eating; and their attitude towards religions. Further the attitude of relatives, friends, siblings and community towards them are highlighted. This paper includes two in-depth case studies, and one group discussion.

LITERATURE REVIEW

Leprosy: It's also known as Hansen's disease, chronic infectious disease caused by mycobacterium Leprae(M. Leprae), affects skin, peripheral nerves and produces deformities. Leprosy is communicable, and two main types (paucibacillary and multibacillary), based on the presence of number of poorly pigmented numb skin patches, i.e., the paucibacillary has five or few whereas the multibacillary has more than five. Amy affirms that women in India are having double jeopardy if they have affected by Leprosy, because of cultural, religious beliefs and values. Only job offered to them was begging. (Amy Morrison, 2000)

Senior Citizen: Senior citizen commonly referred to old person, retired and/or a pensioner, over the age of 60. 'Maintenance and Welfare of Parents and Senior Citizens Act, 2007' was enacted by Government of India as initiated by Ministry of Social Justice and Empowerment to provide more care and protection to senior citizens(Mathew Cherian, 2016). The Constitution of India has given strong provision in Article 41 and Entry 24, schedule VII,9,20,23,24 related to well being of senior Citizens, especially on their pension, social security, social insurance, economic and social planning, are reaffirmed.

The aged persons in India has tripled in last 50 years and will increase more in future. According to 2001 census, older people were 7.7.% of Population, it increased to 8.14% in 2011 and expected to increase more in 2021 (Ramesh V and Pardeep K,

2013). The National Program for health-care for elderly(NPHCE) was an outcome of UN Convention on the rights of Persons with disabilities, brought by the Indian Government in 1999. The Vision of the NPHCE are:”(1) To provide accessible, affordable, high-quality long-term, comprehensive and dedicated care services to an ageing population; (2) Creating a new “architecture” for Ageing; (3) To build a framework to create an enabling environment for “a Society for all Ages;” (4) To promote the concept of Active and Healthy Ageing” (Ramesh V and Pardeep K, 2013). Ageing has five related problems in life: Physiological, Psychological, Emotional, social and Financial problems. However the *Key Concepts in Social Gerontology* listed four dimensions of aging, such as, chronological, biological, psychological, and social.

The usual health problems of seniors are joint pains, nervous disorders, weaknesses, heart complaints, Asthama, Tuberculosis, skin diseases, urinary Problems(Balsubramaniam&Ramamithram,2012), eye-related problems, body pains, hypertension and arthritis(Mathew Cherian, 2014). In India, aged persons suffer both with communicable and non-communicable diseases. It is found that the elderly people who belong to middle and higher income groups are prone to develop obesity due to sedentary lifestyle and decreased physical activity (Gopal K Ingle and Anita Nath, 2008). The aged has poor health due to insufficient food, negligence of family, and improper medical treatment (Mathew Cherian, 2014).

Leprosy and Society: In India though the Leprosy has been officially eliminated but still 130,000 new cases are diagnosed every year, further there are 1000 leprosy colonies in India and Leprosy affected persons are usually facing the lifelong rejection by own people and community, they live with stigma openly identified by all, and discrimination in the functions and programs. (Richard Cookson and Seyi Rhodes,2018). A study conducted by Arole .S (2002) and team with leprosy patients and their communities in 15 villages in India, found that there was virtual existence of high level self-stigmatization among leprosy patients and high level social stigma among communities. The National Policy on Older Persons(NPOP) ensures quality life and well being of aged persons, mainly food, shelter, financial securities, health care,

protection against abuse and exploitation(Mathew Cherian, 2016). Chen, S. (2008), brings out the truth that living standards of leprosarium were low, medical were not satisfactory, stigma exists between ex-leprosy patients, medical staff and government officials.

OBJECTIVES:

- To know the demographic details of the senior Citizens affected with Leprosy
- To know the Physical, Social disabilities and their effect on them
- To know the attitude of the society, relatives and friends towards their life

METHODOLOGY

The researcher used the ‘descriptive design’ for this study. The non-probability sampling method was used. The data was collected from the respondents through in-depth case studies with the beggars, a house wife and focused group discussion with the Shanthigramam Leprosarium. The qualitative data were analyzed and interpreted with the objectives of this study.

Case Study I : Miss. Panchalai aged 85, an illiterate woman.

Demographic details: Panchalai a Leper, lived in Brahmapuram Village, Vellore District. She belongs to Most Backward Community(MBC). She had a brother and a sister. Her parents died when she was at her twenties. She was an agricultural laborer before affected by leprosy. She remained spinster. She lived with her sister’s family.

Physical Disability: Leprosy and Treatment : When she was very young and found with patches of Leprosy on her skin, but due to ignorance and lack of knowledge on aftereffects of leprosy, her father never allowed to take treatment in Chengalpet Leprosy hospital. Later she took treatment at Christian Medical College(CMC),Vellore. Then she was referred to Schieffelin Leprosy Research and Training Centre(SLR &TC), Karigiri, Vellore. She was treated, and cured. She narrated tearfully her journey with leprosy. Her dreams were spoiled by deformity.

Social Disability: Psycho – Socio - Economical Condition: Panchalai lived in a mud house with thatched roof, without basic amenities and sanitary facilities. She had

sleepless nights during rainy days because of leakage. She owned 3 cents of land. None of the villagers, relatives friends helped her. With ration materials and old age pension she managed her life needs. She used to attend all functions such as, marriages, death, religious festivals till her hands and legs were normal but not after deformity, she was treated differently. So she stopped going for any functions.

Ageing Disability: Panchalai couldn't take care of herself due to deformities, her sister gave her bath, washed her clothes. She had back pain and other health related issues. She cursed God for her troubles and accepted it as her fate. She felt that she was an un-useful being on earth, a burden to her sister and to society. Her sister expressed that it would be better for Panchalai to die.

Case Study II : Mr. Chinnappan(70) and Mrs. Rosemary(60)

Demographic Details: Both hailed from Gopi, Erode District of Tamil Nadu. Chinnappan was 70 years and Rosemary was 60 years. Their only daughter also married to a leper. Chinnappan and Rosemary were beggars at Vellore City. He was a stone cutter. She was a house wife. Because of the disease his brothers sent them away and took their property. Chinnappan was able to take care of his daily basic works but not Rosemary.

Physical Disability: Leprosy and Treatment : Chinnappan and Rosemary were leprosy affected, treated persons. Chinnappan, a Hindu, at 20 years and Rosemary, a Christian, at 15 years came to know their leprosy. They were treatment at Karigiri Hospital where they married. Rosemary had cancer in her legs and amputated, her hands had severe deformity. Chinnappan had deformity in face and legs and correctable deformity in hands.

Social Disability: Psycho – Socio - Economical Condition: Both Chinnappan and Rosemary lost their due respect in their villages. The relatives and friends kept them aloof never invited for religious and family functions. They sleep on platforms. Since they can't do another work, they became beggars. Through begging, they earned around Rs.250 per day. They received old age pension too. Chinnappan took care of his daily activities like bathing, cleaning, and helped his wife.

Ageing Disability: Chinnappan and Rosemary are growing older, they are depended upon begging. Rosemary felt that she was becoming burdensome to her husband. Their daily challenges were getting worst.

FOCUSED GROUP DISCUSSION

A Group discussion was conducted with inmates of Shanthigramam(village of peace) at Karigiri, Vellore District. It is a home for the aged, disabled and destitute lepers. There were 22 residents but 11 had participated.

Table

Showing age, sex, education, marital status of the sample

Age Group		Sex		Education		Marital Status	
Age	No.	Male / Female		illiterate	10 th Std	Married/ Single	
60-69	7	3	4	5	2	4	1
70-79	2	1	1	1	1	1	3
80-90	2	2		1	1	1	1
Total	11	6	5	7	4	6	5
Total	11	11		11		11	

MAIN FINDINGS THROUGH CASE STUDIES:

1. Three of them were severely affected by leprosy and face daily living challenges.
2. Relatives have rejected them and kept them aloof from social functions.
3. Ignorance was main reason for their development of their disease.
4. All of them were victims of social disability, physical disability and Ageing disability.

MAJOR FINDINGS FROM GROUP DISCUSSIONS:

1. They felt that they were burden to society
2. Their disease shattered their dreams in life, deformed their physical beauty and appearance.

3. They were thrown out from their own houses and family circles.
4. They were not informed, not invited to any family functions, treated like untouchables.
5. Some of them became lepers after they were married and got children, so they felt their pain of separation from their houses, friends and children.
6. Though Leprosarium met their physical, medical needs but their psychological needs are to be addressed with care and concern.
7. They lost their friendship, alienated from close circle

INTERVENTION

1. Government can give good shelter, livelihood, then begging by Lepers on road sides, Bus stands and Railways stations could be avoided.
2. NGOs can give some counseling, help lepers to live more respectful and useful.
3. Both Government Social welfare department and NGOs can plan some income generative programs and enterprise them for their well being.

RECOMMENDATIONS:

1. Government and NGOs can work out some programs to take care of senior citizens affected by leprosy, they can't move around and become seriously sick.
2. They have to be allowed for a peaceful living and death.
3. Government/NGO can give remuneration to caregivers of senior citizens with leprosy will benefit both the seniors and caregivers.
4. The senior citizens must be taught that they are also worthy human beings from the perspective of research to future generations.

CONCLUSION:

Life is a gift of the nature or God, ageing is unavoidable. The senior citizens with leprosy are doubly disadvantaged. The society must show concerns towards them. Their disabilities of physical, social and aging need to be addressed by Government and responsible citizens. Life is precious and valuable. Growing and Ageing are part of life circle, so every stage must be highly valued and appreciated.

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COMPARATIVE STUDY ON LONELINESS AND HAPPINESS OF ELDERLY PEOPLE LIVING IN OLD AGE HOME & FAMILY

JAYASHREE, BINDYA AND S. THENMOZHI

ABSTRACT

*Old age is the terminating period of the life span. In Indian Culture, Old age home does not promote a happy living and happy ending of post retirement life (Adhikari, 2016). It is a generalized concept that elderly people who live in old age home would feel more lonelier and less happier compared to elderly people who live in their family. Old age home makes elderly rootless and it could not be an ultimate alternative for happy ending of this most respectful section of the society. **Aims:** The present study aims to find the impact of loneliness on happiness in elderly people who live in old age home in comparison with people who live in family. **Tools:** Using Purposive sampling design, 80 elderly people (40 each from old age home and from family) were assessed using Oxford happiness questionnaire developed by Hills & Argyle (2002) and UCLA loneliness scale developed by Russell (1996). Independent 't' test was used for comparing the two groups. Pearson product moment correlation was used to find relationship between the variables. **Results:** The findings reveals that there was a significant difference in Happiness and Loneliness among elderly people who live in old age home and family. Also positive correlation was found between the variables, Happiness and Loneliness. This study indicate that elderly people who live in old age home are found more happier and more lonelier compared to the people who live in family. On the other way elderly people who live in family found to be less happier and less lonelier compared to the people living in old age home.*

Key Words: *Elderly people, Old age home, Family, Happiness and Loneliness.*

INTRODUCTION

Old age is called "dark" not because the light fails to shine but because people refuse to see it. Eric Erikson in his theory of personality has rightly named the old age, the last stage in the life span of man, as the stage of maturity, as it involves certain physical and psychological changes which in turn ^{lead} to personal, interpersonal and other social adjustments. Old age refers to phase of human life known for reduced physical ability, declining mental ability, the gradual giving up of role playing in socio economic activities, and a shift to a status of economic dependence. The term old age brings to mind, the end of one's productive and fulfilling life. According to the internationally accepted definition; an aged is one who is sixty five years of age or above. In India however, all persons who are sixty years or above are considered included among the aged. It is terminal stage of the one's life cycle with decreasing energy and the body resources with infirmities due to decaying and weakening of one's bodily organs. According to human growth and developmental chart, old age starts from sixty years till death. The usual thinking is that old age is the negative and final segment of human life and living in an institution would be even worse but awareness and acceptance of the fact that ageing has physiological, psychological and social determinants would make the ageing process acceptable, cheerful perhaps even desirable by making living meaningful.

In India, the family is culturally the best place for the elderly people. They prefer the living arrangement with children and grandchildren which is significant for happiness. But due to the effect of socio economy and political condition the elderly population ceases to be functional, they are considered as burden upon the family and ending up in old age home. But for older elderly people who have nowhere to go and no one to support them, old age homes provide a safe heaven. These home also create a family like atmosphere among the residents. Senior citizens experience a sense of security and friendship when they share their joys and sorrows with each other.

Happiness

Every individual has their own definition of what makes them happy. But extensive research on happiness have shown that there are certain needs that must be satisfied in order to achieve this emotional state. Happiness is the experience of joy, contentment, or positive well-being, combined with a sense that one's life is good, meaningful and worthwhile (Lyubomirsky, 2007). The state of happiness or unhappiness colors everything. Happy elderly people perceive the world as safer and feel more confident. They make decisions, cooperate more easily, more tolerant and are more socially connected. They live healthier and more energized and satisfied lives (Brinol et al., 2007; Liberman et al., 2009; Mauss et al., 2011). Happiness is an emotional or affective state that is characterized by feelings of enjoyment and satisfaction, in this instance related to aging; it is often equated with morale, contentment, well-being, life satisfaction, successful aging, quality of life, and the good life (Miller, 2004). Bearon (1996) mentioned that happiness is one of the indicators of subjective well-being, which is a general indicator of successful aging. Researches have shown that happiness level are quite high in 20s then dip through the 30s and reach their lowest point in the mid-40s. But after 50, they start to rise and continue rising through the 60s, when they become even higher than young elderly people's. Similarly a recent worldwide survey found that, so long as they are in fairly good health, 70 year olds throughout the world are on average as happy and mentally healthy as 20 year olds. Old is always associated with decay, illness and loss – loss of health, loved ones and even life itself. But the factors that makes them happier could be less stress, free of the struggles to succeed in their careers, emotional& financial struggles of parenthood. Elderly people who lives in their own family could be happy as they are staying with their children and grandchildren under one roof. Whereas staying and interacting with same age groups, could make elderly people happy who stays in old age home.

Loneliness

Loneliness can be described as feeling, normally unpleasant when a person experience a strong sense of emptiness and solitude that results from having inadequate levels of interpersonal relationships. Loneliness can also be described as a psychological mechanism that the brain uses when the individual has reached a level of too much isolation and is used as a motivation mechanism to force that person to find new social connection. Loneliness may lead to serious health related consequences. It is the one of the 3 main factors leading to depression (Green et al., 1992), and an important cause of suicide and suicide attempt. A study carried out by Hansson et al., (1987) revealed that loneliness was related to poor psychological adjustment, dissatisfaction with family and social relationships. As elderly people grow old, the likelihood of experiencing age related losses increases. Such losses may impede the maintenance or acquisition of desired relationship resulting in a higher incidence of loneliness. Many elderly people experience loneliness either as a result of living alone, a lack of close family ties, reduced connection with their culture of origin or an inability to actively participate in local community activities. The negative effect of loneliness on health in old age has been reported by researches (Heikkinen et al., 1995). Perceived loneliness contributed strongly the effect of depression on mortality (Max et al., 2005). Basically elderly people in both family and old age home would feel lonely if they lack support, healthy interpersonal relationship between the members.

Need for the Study:

If many of the processes and problems of ageing are to be understood, elderly people must be studied as members of families and if this is true, those should be concerned with health and social administration, at every stage, treating elderly people as an inseparable part of a family group, which is more than just a residential unit. They are members of families and they should be treated in such a way that elderly people should feel security, healthy and happiness. But due to the increased change in family size, divorce rate in family, changing family structure made elderly people

institutionalized. In India, Old age home does not promote a happy living and happy ending of post retirement life (Adhikari, 2016). It is a generalized concept that elderly people who live in old age home would feel more lonely and less happy compared to elderly people who live in their family. Old age home makes elderly rootless and it could not be an ultimate alternative for happy ending of this most respectful section of the society. On the other hand there is a contradictory finding that individuals living in old age homes actually report higher level of happiness than those who are living in family (böckerman, johansson & saarni, 2011). Hence the present study aims to find the impact of loneliness on happiness in elderly people who live in old age home in comparison with elderly people who live in family.

REVIEW OF LITERATURE:

In Indian culture, old age home does not promote a happy living and happy ending of post retirement life (Adhikari, 2016). General feelings of the elderly women living in the families had better position than that of the elderly women of the institution (Dubey, 2011). Studies found that older age, females, weaker family ties, economic maladies, poorer self-perception of health status, chronic ailments, absence of recreational activities, lack of prayers, impaired sleep, history of addiction emerged as predictors of depression in both families and old age institution (Dipeshkumar, Zalavadiya, Banerjee, Ankit, Sheth, 2017).

Studies shows that about one-third of older elderly people with age 65 above feel loneliness in their life and the outcome was even more in age over 80 (Hauge, Solveig & Kirkevold, Marit 2012).

According to Prince Harwood, Blizard, Thomas, and Mann (1997b), loneliness was more common among elderly people living alone; lacking supportive neighbor's, or contact with friends; upset with their relation with a child; in women, and older than 82 years. Better quality housing was associated with less loneliness.”(Constanca, Paulet al. 2006).

Research in Cyprus, 2014 found that elderly living in their own home are significantly happier than the elderly living in nursing homes. Older, poorer, single, and less healthy individuals are more likely to be institutionalized. Individuals living in elderly people's homes actually report higher levels of happiness than those living at home (böckerman, johansson & saarni, 2011)

Why those living with a spouse are less likely to be institutionalized (Nihtilä & Martikainen, 2008). They study found that among men, it was found that those living alone had a 70% higher probability of becoming institutionalized, independent of age and region of residence. The corresponding figure for women was 29%. The lower risk of institutionalization was partly explained by higher educational level, occupation-based social class, household income, house ownership, house type, better housing conditions, and lower likelihood of having depressive symptoms. However, having a spouse still seemed to have a major independent role in preventing and delaying institutionalization among older men and women.

Today family support for the elderly and co residence may be eroding due to socio demographic changes such as the trend towards delayed and no marriage, shrinking family size, outmigration of the children, increased female labour force participation. This makes elderly people to choose institution to run the rest part of life.

Most informal care for older elderly people is provided by partners and adult children. Changes in family structure, whether it may be from having fewer children and starting families later, increased levels of marital disruption and more complex family relationships or greater geographical separation of families, may have an effect on the availability of elderly care (CPA review, 2014).

Objectives:

1. To find out the relationship between happiness and loneliness among the elderly people living in old age home and family.

2. To find out the impact of loneliness on happiness in elderly people who live in old age home in comparison with elderly people who live in family.

Hypothesis:

1. There would be significant difference in Happiness among elderly people who live in old age home and family.
2. There would be significant difference in Loneliness between elderly people who live in old age home and family.
3. There would be no significant relationship between happiness and loneliness among elderly people who live in old age home and family.

METHODOLOGY

Sample:

The sample for the current study was taken from Chennai city. Totally 80 samples were selected. Out of these elderly people, 40 elderly people were from old age home and 40 of them were residing with family. Their age ranges from 60 and above. The samples were chosen by Purposive sampling method.

Inclusion criteria:

1. Should be elderly people.
2. Should belong to the age group 60 and above.
3. Can be male or female.
4. Should be from Chennai city.

Exclusion criteria:

1. Should not be below the age of 60.
2. Should not have serious psychological illness.

Tools Used:

1. Oxford happiness questionnaire (Hills and Argyle, 2002): Happiness was assessed with 29-items using Oxford happiness questionnaire (Hills and Argyle, 2002). Responses were measured with a 6 point scale ranging from 1(strongly disagree), 2 (moderately disagree), 3 (slightly disagree), 4 (slightly agree), 5 (moderately agree), 6 (strongly agree).

2. The revised UCLA (University of California, Los Angeles) loneliness scale (Russell et al., 1980): The UCLA Loneliness Scale includes 10 negatively worded and 10 positively worded items that have the highest correlations with a set of questions that are explicitly related with loneliness. The revised version of the scale has high discriminative validity. The revised loneliness scale also has a high internal consistency, with a coefficient alpha of 0.94.

Procedure:

The researcher was familiar with the aims and objectives of the study, methods and ethical protocols. The researcher used a standardized protocol to communicate and interact and build rapport with the old age people. Then researcher has explained the importance of research work and collected the data after ensuring the confidentiality of them. Each subject was given a questionnaire of Happiness and Loneliness. All were requested to read all statements one after the other and give their response for each statement, which they felt correct and appropriate. If they were illiterate or unable to read the statement, researcher dictated each statement and marked their response.

Scoring:

In the present study, scoring of the obtained data was done with help of respective manuals available for the tests. The data have been arranged in the following respective tables.

RESULTS & DISCUSSION:

Table 01: Showing Mean, SD and 't' values for the level of happiness in elderly people living in old age home and residing in family

Variable	Group	N	Mean	SD	't'	Level of Significance
Happiness	Old age home	40	119.30	7.63	24.88	Significant
	Family	40	76.93	7.60		

The above table shows that mean score of happiness in elderly people living in old age home is 119.30 (SD= 7.63) and mean score of elderly people residing in family is 76.93(SD= 3.84) respectively. There is a significant mean difference in the level of happiness among elderly people living in old age home and people residing in family. The result indicate that level of happiness is higher among elderly people living in old age home as compared to elderly people residing in family. Thus, H01 (there would be a significant difference in happiness among elderly people living in old age home and family) is accepted. From the finding it might be interpreted that level of happiness among elderly people living in old age home are comparatively high to the elderly people residing in family. This might be because elderly people who live in old age home have an opportunities to engage in various recreational activities, interact with their own age group. Also management of old age home are provided with good medical facilities, yoga classes, provision of well-balanced meals, healthy atmosphere and with the supportive staffs. That's why they may feel high level of happiness among elderly people living in old age home compared to people who lives in family.

Table 02: Showing Mean, SD and ‘t’ values for the level of loneliness in elderly people living in old age home and residing in family

Variable	Group	N	Mean	SD	‘t’	Level of Significance
Loneliness	Old age home	40	31.45	3.054	16.22	Significant
	Family	40	21.77	2.21		

The above table shows that mean score of loneliness in elderly people living in old age home is 31.45 (SD= 3.05) and mean score of loneliness in elderly people residing in family is 21.77 (SD= 2.21) respectively. There is a significant difference in the level of loneliness among elderly people living in old age home and people residing in family. The result shows that the level of loneliness is higher among elderly people living in old age home as compared to elderly people residing in family. Thus, H02 (there would be a significant difference in loneliness among elderly people residing in family) is accepted. From the findings it is interpreted that level of loneliness among elderly people living in old age home are comparatively high to the elderly people residing in family. From this it is evident that loneliness doesn’t contributes for happiness. Hence it is discussed that elderly people who lives in old age home feels more lonelier when compared to the elderly people living with their family setting. This might be because elderly people living in old age home were missing their grandchildren very much and they reminiscence their association with their family members often. Also sometimes they were less interested to be associated with their fellow inmates due to differences in their attitude and behavior in old age home which make them more lonely compared to the elderly people who lives in family.

On the other hand, elderly people who live in family doesn’t feel lonely when compared to the people living in old age home. It is reported that elderly people who were at their own family were mentally in better position. They shared that they were

happy to live under one roof. The family network of relationship also supported Psychological well-being of elderly whose living space was their family.

Table 03: Showing correlation between happiness and loneliness in elderly people living in old age home and residing in family

Variable	N	Mean	S.D	r	Level of Significance
Happiness	80	98.11	22.62	.837**	Significant
Loneliness	80	26.61	5.54		

** . Correlation is significant at the 0.01 level

The above table 03 shows that there is a correlation of .0837 between happiness and loneliness among elderly people who live in old age home and family. From the table 03, it is evident that there is a positive correlation between happiness and loneliness among elderly people who live in old age home and people who live in family. Thus H03, (there would be no significant relationship between happiness and loneliness) is rejected. The results shows that people who live in old age home may feel lonelier but found to be happier. This is because elderly people who lives in old age home have more environmental support to communicate and interact with same age group, engage in the activities they prefer and found more leisure time to spend. On the other hand elderly people who live in family are found to be less lonely and less happy. Elderly people who lives in family found to be less lonely as they are with their own family members under one roof but level of happiness decreased, may be due to lack of communication, feeling of being left out in the family, impact of family structure, reduced connection with their culture of origin or inability to participate in local community activities.

Limitations:

1. The research sample was collected from one old age home.
2. The research sample could have been larger.
3. Other demographic factor could also been take into account.

CONCLUSION:

This study is based on Purposive research design to find the impact of loneliness on happiness among elderly people who lives in old age home and who lives in family. The findings of the study indicate that elderly living in old age home have high level of happiness compared to the people who live in family. Findings also indicate that elderly people who live in old age home felt more lonely when compared to the elderly people who live in family. Positive correlation was found between the happiness and loneliness among elderly people who live in old age home and family. Overall, elderly people living in old age home found to be happy compared to people living with family in spite of their loneliness.

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SPIRITUALITY AND RESILIENCE AMONG OLDER ADULTS

J. INDUMATHY

ABSTRACT

Spirituality includes the journey from non-belief to devotion to surrender oneself to the almighty. It encompasses a search for meaning connected to the sacred. It is also intimately related to the mystical, the supernatural, and to the structured religion. It sometimes ranges beyond the well-structured religion. Resilience is defined to be the ability to bounce back to normality after the experience of a stressful and unacceptable incident. Older adults or the elderly are those in our tradition to believe in god more than the adults or adolescents. They like to visit temple and go on tours to holy places. They trust in god for their happiness and difficulties that they face. The researcher of this study tried to explore the association between spirituality and resilience among the older adults. The research followed the exploratory research design and samples were collected using simple random sampling. Daily Spiritual Experience Scale - Lynn G. Underwood (2002) and Brief Resilience Scale Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008) were the tools used for the study. The sample size was 100 which ranged from 60 – 65 years old. It was hypothesized that there would be a strong association between the spirituality and resilience of the older adults. The data collected will be statistically analysed using Pearson's Product Moment Correlation and Independent sample t – test. The results indicated a strong significant relationship between resilience and spirituality and there were no significant gender differences among the sample.

Keywords: Spirituality, Resilience, Older Adults

INTRODUCTION

Rituals, customs and religious values are the factor that comes as an integral part of spirituality. In India, the faith in god and supreme power is prevalent to a larger extent than the other countries. People pray and believe that god and the faith in god would bring them positivity and success. There are also atheists who are contrary to these views but the dominancy is by spiritual people. The ability to bounce back from the difficulties and trauma faced by an individual is said to be the resilience of an individual. Many believe that every incident happens for a particular reason and people will definitely get what they deserve. Several studies state that when one devotes oneself to the supreme power, they receive all positivity and their will power is high.

Spirituality

Spirituality is a word that puts a living being on the top most pedestal of life. In this area of spirituality one travels and reaches the last leg of cosmic life. In other words it means that we need to give something equivalent or more to the community before we ask the Almighty for material riches to be bestowed. This is the path followed by the most successful entrepreneurs. In terms of Spirituality one is not supposed to receive anything unless they assure to give or do something in return. In the system, the almighty has fair play all throughout.

Spirituality is focussed on the "meanings and deepest values by which people live." It embraces the idea of an alleged immaterial reality or an ultimate. It gives an insight of the inner path rendering a person to find the essence of their being. Spirituality is an umbrella word/concept with room for several perspectives. Generally, it constitutes a sense of relation to something bigger than oneself, and it engages a search for meaning in life. As such, it is a universal experience by every human — something that touches each one of us. Often people confuse between spirituality and religion. One can be both religious as well as spiritual, but it is also possible to be spiritual without being religious or to be religious without being spiritual.

To everyone spirituality means something different. For few, it's about involving in religion practices: going to a synagogue, church, mosque, and so on. For

some, it's very personal and people get in touch with their spirituality through yoga, meditation, private prayer, even long walks, or quiet reflection. Studies exhibit that even skeptics can't conceal the sense that there is something greater than the visible concrete world. When the sensory experiences are processed by the brain, one naturally looks for different patterns and then seek out meaning for them. This phenomenon known as "cognitive dissonance" which notifies that once a person develops a belief in something, they try to explain anything that clashes with it.

It is an interesting phenomenon that is associated with both our experience and how we behave or react to it.

The commonly used words used for representation of spirituality consist of harmony, love, compassion, concern, patience, integrity, unity, piety, religious, connection, alignment, contentment, tolerance and forgiveness. The feel of Spirituality may be felt in both calm and intense ways, inexplicably, both may be felt at the same time. It can also be felt as a deep calmness, a complete harmony experienced when there is lack of tension. Perhaps we can experience greater things, when we lack tensions that distract us.

Resilience

"At the heart of resilience is a belief in oneself—yet also a belief in something larger than oneself". Resilience is the system of fixing nicely inside the face of trouble, distress, tragedy, fears, or maybe considerable sources of stress — inclusive of family and relationship issues, fitness issues, or workplace and financial stressors. It means “bouncing back” from difficult conditions. Resilient people do no longer let hardship outline them. They discover resilience by means of transferring towards a purpose past themselves, exceeding ache and grief by means of seeing bad times as a temporary situation. It is viable to reinforce ones inner self and notion in defining oneself as capable and equipped. It's feasible to strengthen one's psyche. It is possible to advance a feel of mastery."

Those who grasp resilience have a tendency to be skilful in getting ready for emotional crises and adept at accepting what comes at them with flexibility instead of

firmness. The vintage metaphor applies: resilient people are like bamboo in a storm-- they bend as opposed to damage. Or, even if they experience like they're broken for a time, there's still part of them deep inner that knows they won't be broken forever.

A resilient character prepares through demanding situations by means of the use of private resources, strengths and different positive abilities of psychological capital together with desire, optimism, and self-efficacy. Overcoming a disaster with the aid of resiliency is often described as "bouncing back" to a regular kingdom of functioning. Being resilient is also definitely associated with happiness.

Being resilient does now not imply that a person doesn't enjoy distress. Emotional misery and unhappiness are common in human beings who've gone through primary adversity or trauma in their lives. In truth, the street to resilience is in all likelihood to involve huge emotional distress. Resilience is not a trait that people both have or do no longer have. It entails behaviours, thoughts, and moves that can be learned and advanced in all people.

Factors in Resilience

A mixture of components contributes to resilience. Many studies illustrates that the primary element in resilience is having caring and supportive relationships inside and out of doors the own family. Relationships that create love and believe provide role models, and offer encouragement and reassurance assist bolster a person's resilience.

Numerous aspects are associated with resilience, inclusive of:

- The capacity to make realistic plans and take steps to hold them out
- A wonderful view of oneself and confidence in strengths and skills
- Skills in verbal exchange and fixing problem
- The capability to manage robust emotions and impulses

All of these are elements that humans can broaden in them.

Strategies for constructing Resilience

Growing resilience is an individual journey. People do now not all respond the identical to traumatic and disturbing existence events. An approach to developing resilience that works for one person might not work for another. Humans use various

strategies. A few differences may additionally reflect cultural differences. Someone's lifestyle might have an influence on how she or he communicates emotions and deals with adversity — for example, whether and how a person connects with significant others, including extended family members and community resources. With growing cultural range, the public has greater access to a number of techniques to constructing resilience.

Need for the Study

To be resilient is very important for any individual irrespective of their age and nature of living. Everyone come across some trauma or stressful events that affect the person psychologically, thus the need for coping with it and getting back to normalcy is very crucial and a tedious process. Having faith in spiritual power promotes positivity and functioning in a person. The older adults generally face many difficulties and stress due to those, like economic conditions, deterioration of health, loneliness, chronic illness, retirement, dependency on children, issues with in – laws, loss of spouse etc., these conditions are very natural for every individual but the capacity to overcome from it and get back to normal daily living is very important for every individual. Several researchers have examined that people who are very spiritual are stronger and healthier. Thus this study tries to explore the association between resilience and spirituality among the elders.

LITERATURE REVIEW

Koenig (1998) investigated the prevalence of religious beliefs and practices among hospitalized medically ill elderly and connected them to psychological social, and health factors. Consecutive patients age 60 and above from Duke University Medical Center admitted to neurology, cardiology and general medicine services of were evaluated for a depression study. As part of the assessment, the religious affiliation information, private religious activities, religious attendance, religious coping and intrinsic religiosity was also gathered. Demographic, physical health, psychological and social factors were also measured. Among 542 patients assessed, information on religious beliefs and behaviors was gathered from 455 patients who

were cognitively unimpaired. Religious variables were systematically and independently associated to race, higher social support, lower education, and greater life stressors, and religious attendance was connected with less medical illness burden. Religious attendance was also associated to lower depressive symptoms, though the correlation weakened when other covariates were controlled.

The present empirical research studies spirituality as a protective process that elevates resilience among American Indian youth, particularly under contrary life conditions. The role of spirituality was examined in a school sample of 54 American Indian youth and aimed on school-based competence. Associations between spirituality, adversity, enculturation, and well-being were also evaluated. The outcomes exhibited that spirituality told by students was associated to competence in the context of school as given by teachers and peer social competence as said by the students. Spirituality was associated strongly to enculturation, consistent with the broadly held theoretical declaration that spiritual beliefs are an inbuilt part of American Indian culture. Gender differences showed that girls had higher academic competence and enculturation scores than boys. Results exhibited that spirituality was correlated with enculturation and competence. **(Graham Barbara Leigh 2001).**

The researchers evaluated the association between spirituality, anger, resilience and health status, and posttraumatic signs of severity in trauma survivors. A community sample of 1,200 finished an online survey that included assessment of spirituality, resilience, anger, hatred, and forgiveness. In 648 survivors of violent trauma, these assessments were measured with regard to their association to mental and physical health, distress related to trauma, and posttraumatic symptom severity. Analyses of multivariate regression models, spiritual beliefs and anger emerged in relationship with each outcome, whereas resilience was connected with health status and posttraumatic symptom severity only. Forgiveness, hatred, and beliefs in reincarnation were not correlated with results. **(Connor, Davidson and Lee 2003).**

The way an individual process the stressors is captious in evaluating if trauma will be experienced or not. Some clinical and neuroimaging results indicated that

patients affected by posttraumatic stress experience difficulty in processing the experience of trauma in a comprehensive manner. Devoutness and spirituality are strongly based on a personal pursuit for understanding the life questions and meaning. Building narratives depending on healthy perspectives may alleviate the incorporation of traumatic sensorial parts in a new cognitive process that works in decreasing post-traumatic symptoms. Given the potential impacts of religious and spiritual beliefs on managing with events of trauma, the learning of the role of spirituality in promoting resilience in survivors of trauma may move forward the understanding of adaptation to trauma by humans (**Peres, Almeida, Nasello and Koenig 2007**).

Vahia, Depp, Palmer, Fellows, Golshan, Thompson, Allison and Jeste (2011) explored the relationship between spirituality and a wide range of variables connected with successful emotional and cognitive aging, including depression, resilience, optimism, and quality of life. A cross-sectional survey assessment on successful aging was administered to 1973 elderly women. It involved multiple self-reported measures of positive psychological capital, as well as depression and quality of life. Spirituality was assessed using a five-item self-report scale constructed using three items of Hoge's Intrinsic Religious Motivation Scale and two items of the Brief Multidimensional Measure of Religiosity/Spirituality. From the statistical analyses of the data it was found that various variables were associated significantly to spirituality in bivariate correlations, spirituality was significantly correlated only with high resilience, low income, education, and likelihood of being in a committed relationship.

Udhayakumar and Ilango (2012) assessed the level of stress and wellbeing among the older adults practising spirituality and found out the connection between socio-demographic variables and spirituality among older adults. The study followed the Descriptive research design. Totally 30 older adults both male and female who were practising spiritual meditation at Braham Kumaris in Trichy were drawn through simple random sampling technique. The tool used for assessing was Depression, Anxiety and Stress Scale by P. F. Lovibond & S. H. Lovibond (1995) and Spiritual Well-being scale by Paloutzian and Ellison (1982). The results of the study supported the empirical

evidence for a positive association between spirituality, stress and wellbeing. Spirituality is correlated with a central philosophy of life, deep values, and inner resources of older adults. It also implied inner freedom, a sense of harmony, and peace in relationships to God and environment. The researchers also indicated that spirituality grows as mutual, continual process when people choose to actualize potentials which reflect a sense of meaning in life, awareness of a transcendent dimension or being, and interrelationships with all living things. In addition it exhibited that spirituality plays a crucial role in the health of elderly. Thus the elderly with a high spirituality were capable of managing their health better than the others.

Psychological resilience is encompassed of an adaptive functioning standard before the current and accumulated risks of life. In addition, it has a wide range of psychological resources that are necessary to cope with adversities, such as self-beliefs, personal competences and interpersonal control that interact with the social networks. The main purpose is to exhibit the concepts of psychological resilience in older adults, relative to dominant models of theory and the important data about psychological resilience in aging, found in an international and Brazilian review from 2007 to 2013. The descriptors "resilience, psychological resilience and aging", were used in Psych Info, PubMed, SciELO and Pepsic databases. 53 international and eleven national articles were chosen for the purpose. The reviewed international articles were divided in four groups: emotional regulation before stressing experiences, successful resilience and aging and correlates, psychological and social coping resources, and resilience measures. The Brazilian articles were categorised in three: psychological and social resources, resilience in carers and theory review. Articles on psychological resources and on emotional regulation prevailed as key factors related with psychological resilience in aging. **(Fontes and Neri 2015).**

MacLeod, Musich, Hawkins, Alsgaard and Wicker (2016) did a review analysis to provide an overview of resilience for the need of informing potential intervention designs that can benefit the elderly. Several reviews have focused on several specific aspects of resilience; but none have given the necessary information

needed to design an effective resilience intervention. Some studies that examined resilience suggest that elderly are capable of high resilience irrespective of their socioeconomic status, declining health, and personal experiences. Researchers also identified the common physical, social and mental characteristics connected with resilience. High resilience has also been related significantly with positive outcomes, including successful lower depression, aging, and longevity. Interventions to improve resilience among elderly are warranted, but the existence of success is very less.

Faisal and Mathai (2017) intended to investigate whether resilience and spirituality has an association of psychological well-being. Samples of 64 adolescents were selected for the study. The tools used for the study were Brief Resilience Scale by B.W Smith et al. (2008), Spiritual Health Inventory by Beach & Chappel (1992), and Scales of Psychological Well-being by C.D Ryff et al. (1999). The findings of the study show that, there is a positive significant association between spirituality and resilience, and resilience and psychological well-being. It also shows a significant gender difference in resilience. Thus, implications suggested that an effort must be made at an earlier age to enhance resilience, so that individuals may experience a good psychological wellbeing.

METHOD OF INVESTIGATION

Objectives

- To measure spirituality and resilience among the selected sample.
- To find the relationship between Spirituality and Resilience.
- To identify the gender differences in Spirituality and Resilience.

Hypotheses

1. There will be a significant relationship between Spirituality and Resilience.
2. There will be no significant gender difference in Spirituality.
3. There will be no significant gender difference in Resilience.

Research design and Sample

Exploratory research design was carried out in the study. 100 elderly persons of both genders were chosen for the study. The age group of the sample ranged from 60 – 65 years. The data was collected using simple random sampling technique.

Tools

To collect information from the respondents, the methods of Interview, Case Study Schedule and Psychological Inventories were used. The tools used were as follows:

✓ Daily Spiritual Experience Scale - Lynn G. Underwood (2002)

It is a 6-item self-report measure of spiritual experience. It aims to measure ordinary, or daily, spiritual experiences – not mystical experiences and how they are an everyday part of the individual's life. The items are measured on a 6-point Likert-type scale with alternatives namely: many times a day, every day, most days, some days, once in a while, and never or almost never. The items are scored together as a full scale score and are kept continuous. The total DSES scores were categorized into three levels based on the dispersion of responses [high (6–10), medium (11–14), and low (15–36)]. The tool has a good reliability and validity value. Cronbach's alpha's for the tool in English as well as translation in for both the 16-item version and the adapted 6-item version, is consistently high, 0.89 and above.

✓ Brief Resilience Sales (BRS) - Bruce W. Smith, Jeanne Dalen, Kathryn Wiggins, Erin Tooley, Paulette Christopher and Jennifer Bernard (2008).

The BRS consists of six items; three negative items and three positive items. According to Smith et al., items 1, 3 and 5 are positively worded and items 2, 4, and 6 are negatively worded. Respondents were asked to answer each question by indicating their agreement with each statement by using the following scale: 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree. Smith, et al. (2008) also reported the reliability and validity of the instrument. The BRS demonstrated good internal constancy with the value of Cronbach's alpha ranging from .80-.91.

Convergent validity and discriminant predictive validity were also reported by Smith et al. (2008) as part of the validation analysis.

Statistical Analysis

- Coefficient of correlation - Pearson product Moment Correlation between Spirituality and Resilience among Elderly.
- Independent Sample t test - Difference in Spirituality and Resilience among males and females

RESULTS AND DISCUSSION

Data was analysed for optimism, and psychological well – being among young adults. Pearson product Moment Correlation and t – test were used for analysis.

Table 1

Correlation between Spirituality and Resilience

Variables	Spirituality	Resilience
Spirituality	1	0.832**
Resilience		1

** p> 0.01 level of significance

Product moment correlation was computed to study the relationship between spirituality and resilience among older adults. There was a positive correlation between the two variables among the sample. In other words, the variables either increased together or decreased together. They are interdependent on each other.

Faisal and Mathai (2017) in their research findings indicated that, there is a positive significant association between spirituality and resilience, and resilience and psychological well-being. Thus, implications suggested that an effort must be made at an earlier age to enhance resilience, so that individuals may experience a good psychological wellbeing.

Vahia, Depp, Palmer, Fellows, Golshan, Thompson, Allison and Jeste (2011) explored the relationship between spirituality and a wide range of variables connected with successful emotional and cognitive aging, including depression, resilience, optimism, and quality of life. From the statistical analyses of the data it was

found that various variables were associated significantly to spirituality in bivariate correlations, spirituality was significantly correlated only with high resilience, low income, education, and likelihood of being in a committed relationship.

All the above studies and several other studies are supporting to the findings of this current study. It is found that individual who are highly spiritual are more likely to have a better well-being and cope up with stressors, than the others. There are also studies which quote that spiritual people are more optimistic, forgiving and resilient than atheists. The reason for this might be the faith and trust that the individuals have on the supreme power. Many spiritual learners tell that every happiness and difficulties are for a reason and will help us grow stronger and healthier.

Generally when compared to other developmental groups, the older adults are more spiritual and they have more faith in god. They many times share everything with god rather than with people, thus this faith may be a strong reason for them to be more resilient. And also the life experiences and difficulties, obstacles that they faced all over these years also add on to their resiliency.

Thus the hypothesis stating that “There will be a significant relationship between Spirituality and Resilience” is accepted.

Table – II

Mean scores and the level of significance of the variables on the basis of gender

Variables	Gender	N	Mean	SD	t value
Spirituality	Female	48	24.42	7.909	0.283 ^{NS}
	Male	52	23.94	8.797	
Resilience	Female	48	17.88	4.541	0.095 ^{NS}
	Male	52	17.96	4.529	

NS - Not Significant

Independent sample ‘t’ test was performed to compare the differences between females and males in all the variables. The analyses indicated that there are no significant gender differences in resilience and spirituality among the older adults.

Faisal and Mathai (2017) in their research findings indicated that, there is a positive significant association between spirituality and resilience, and resilience and psychological well-being. Their findings showed a significant gender difference in resilience. This study is a contradicting the findings of the current study. Thus further exploration and investigation is needed on this view.

The base for the findings might be the experience that the older adults gain in their 50 – 60 years of life, the trauma, situations and obstacles that they would have gone through are very wide. Those experiences give them a great will power and strength to bounce back to normalcy and cope up with their circumstances. On the other hand the faith in god and spirituality is a personal factor and may differ with each individual irrespective of their age, gender and religion.

Thus the hypotheses that states “There will be no significant gender difference in Spirituality” and “There will be no significant gender difference in Resilience” are accepted.

Significance of the study

Every human in this earth face difficulties and obstacles, it is not about how they handle it alone, it also about how an individual is able to bounce back to normal life after the stressful event. The study strongly supports that spirituality promotes our well-being, psychological health which includes resilience. Being spiritual is not preaching and involving in sanyasam, it is a pure form of trust and peace within us to experience the power of ourselves given by god. Irrespective of the age and living standard spirituality must be practiced by every individual for their well-being.

Limitations and Suggestions

- The study must be carried out on a larger sample size.
- Elderly at old age homes and who live with their family can be compared and studied.

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OPTIMISM AND RESILIENCE AMONG ELDERS

ASHWINI U.R AND DIVVYALAKSHMI N.N

ABSTRACT

Aging is universal phenomenon and natural biological process of life cycle According to Hurlock old age is the closing period in the life span. It is a period when people 'move away' from previous, more desirable periods or times of 'usefulness'. The meaning of resilience deals with the ability to cope with whatever life throws at. A resilient person works through challenges by using personal resources, strengths and other positive capacities such as optimism, hope, and self-efficacy. Optimism is a popular notion that good, in place of bad will manifest and used to predict proper traits such as happiness, success and health. The current study follows the exploratory research design to explore the association between optimism and resilience among elders. It is hypothesized that there will be a significant association between the variables. The study includes 100 elders consisting of both men and women. The present study examines optimism and resilience among elders. The tools used for the study were Life Orientation Test by Scheier and Carver (1985) and Brief Resilience Scale (BRS) by Smith et al (2008). Product Moment method correlation will be used to analyse the association between optimism and resilience. Gender differences will be used to analyse using independent sample 't' – test. The research findings showed a positive significant relationship between optimism and resilience among elders and there was no significant gender difference in the variables. Further implications and suggestions are discussed in the paper.

Keywords: Optimism, Resilience, Elders

INTRODUCTION

Elderly are the most eldest individual in any family. They are in the last years of their life, a mentally healthy person has a longer life than one who experience stress and sadness. The elders have undergone a lot of experiences both positive and negative, in their early years. They are more experienced than the young people. Though there is a generation gap between the elders and their grandchildren certain habits, cultures, values and customs are always learnt from the elders of the family. At the same time, elders undergo a lot of transitions towards the end, like retirement, empty nest syndrome, loss of spouse, physical illness etc. As positive psychology points out, the need to be optimistic and resilient is more important for these elders. The practice of learning to see the happenings of life in a positive way helps them to cope up better. Thus the illness in them also gradually fades when they learn to be optimistic and resilient.

Optimism

Psychologists have considered optimism or pessimism in most cases as an individual difference variable describing people's general positive or negative expectancies about the future. Human beings range in their degree of optimism or pessimism and those variations are probably important to an extensive assortment of life events and choices. Optimism is a source of motivation. It is much easier to initiate action when one believes actions will lead to positive outcomes. This is especially crucial when one faces boundaries that could tax patience. Within the face of disappointments, optimism energizes continued movement, at the same time as pessimism may additionally lead to giving up. By way of interpreting bad occasions as transient and confined to particular conditions, optimists protect themselves from robust negative emotional reactions that would undermine confidence and intervene with effective coping.

Optimism is a mental attitude, a main stream in positive psychology which basically describes about positive thinking and belief about one's life and future. It is a broad feeling that situations and things are going on well and there is a positive side for

everything that occurs. The level of optimism is unique and differs from individual to individual. Being optimistic is a momentary state, which encompasses acceptance, flexibility and resiliency.

Optimism is more than feeling good; it is about being committed to with a meaningful life, developing resilience and having a feel of control.

All of us have healthy brain circuits of both optimism and pessimism. According to researchers, the optimistic part of the brain consists of structures like nucleus accumbens, which is mainly involved in processing motivation, reinforcement and pleasure; and neurotransmitters like dopamine (needs) and opioids (enjoyment). And this is the reason for optimists to be persistent. They want things and believe that they can get them. Optimists always try to find opportunities in obstacles; they try to see the positive side of any circumstances.

Resilience

Resilience is the system of fixing nicely inside the face of trouble, distress, tragedy, fears, or maybe considerable sources of stress — inclusive of family and relationship issues, fitness issues, or workplace and financial stressors. It means “bouncing back” from difficult conditions. Resilient people do no longer let hardship outline them. They discover resilience by means of transferring towards a purpose past themselves, exceeding ache and grief by means of seeing bad times as a temporary situation. It is viable to reinforce ones inner self and notion in defining oneself as capable and equipped. It’s feasible to strengthen one’s psyche. It is possible to advance a feel of mastery."

Those who grasp resilience have a tendency to be skilful in getting ready for emotional crises and adept at accepting what comes at them with flexibility instead of firmness. The vintage metaphor applies: resilient people are like bamboo in a storm--they bend as opposed to damage. Or, even if they experience like they’re broken for a time, there’s still part of them deep inner that knows they won’t be broken forever.

A resilient character prepares through demanding situations by means of the use of private resources, strengths and different positive abilities of psychological capital

together with desire, optimism, and self-efficacy. Overcoming a disaster with the aid of resiliency is often described as “bouncing back” to a regular kingdom of functioning. Being resilient is also definitely associated with happiness.

Being resilient does not imply that a person doesn't enjoy distress. Emotional misery and unhappiness are common in human beings who've gone through primary adversity or trauma in their lives. In truth, the street to resilience is in all likelihood to involve huge emotional distress. Resilience is not a trait that people both have or do no longer have. It entails behaviours, thoughts, and moves that can be learned and advanced in all people.

Factors in Resilience

A mixture of components contributes to resilience. Many studies illustrates that the primary element in resilience is having caring and supportive relationships inside and out of doors the own family. Relationships that create love and believe provide role models, and offer encouragement and reassurance assist bolster a person's resilience.

Numerous aspects are associated with resilience, inclusive of:

- The capacity to make realistic plans and take steps to hold them out
- A wonderful view of oneself and confidence in strengths and skills
- skills in verbal exchange and fixing problem
- The capability to manage robust emotions and impulses

Strategies for constructing Resilience

Growing resilience is an individual journey. People do not all respond the identical to traumatic and disturbing existence events. An approach to developing resilience that works for one person might not work for another. Humans use various strategies. A few differences may additionally reflect cultural differences. Someone's lifestyle might have an influence on how she or he communicates emotions and deals with adversity — for example, whether and how a person connects with significant others, including extended family members and community resources. With growing cultural range, the public has greater access to a number of techniques to constructing resilience.

Elderly

Elderly is marked by physical and mental changes, as is the end. At sixty, there is usually a decline in physical vigour, often accompanied by a lessening of mental alertness. Although many adults experience these changes later now than in the past, the traditional boundary lines are still recognized. The increasing trend toward voluntary or involuntary retirement at age sixty rather than age sixty-five also justifies considering sixty to be the boundary line between middle and old age. It is recognized that, next to old age, it is the most dreaded period in the total life span and adults will not admit they have reached until the calendar and the mirror forced them to do so. Elderly is the time when men and women leave behind the physical and behavioural characteristics of adulthood and enter a period of life when new physical and behavioural characteristics will prevail. It has been said that men undergo a change in virility and women a change in fertility. Elderly is characterised by the mental and physical decline, and also the elderly have a minority group status. That is a status which excludes them to some extent from interaction with other groups in the population and which gives them little or no power. The minority status is the result of the unfavourable social attitudes towards the aged that have been fostered by the stereotypes of them.

Need for study

This study was undertaken to fill in some continuing gaps in empirical research on resilience and optimism on older populations. That is, it was to expand our understanding of the construct of resilience and optimism within the context of positive psychology and to contribute to the data available on older adults. It is hoped that findings would contribute to the positive psychology movement and would help fill in the gaps in research identified above related to resilience, optimism, and aging. This study was set out to explore the concept of Resilience and Optimism.

REVIEW OF LITERATURE

Research examined 102 students in their first year of high school responded to questionnaires assessed their levels of dispositional optimism and pessimism,

explanatory style and anger in relation to the school setting. Male students with helpless explanatory styles were more likely to experience higher levels of anger intensity and were more likely to resort to destructive school behaviour. Male students with a pessimistic disposition were also more likely to report higher levels of school hostility and destructive school behaviour. For females, helpless explanatory style and dispositional pessimism were related but the overall level of anger intensity did not appear to relate to destructive and aggressive behaviour. **(Boman, Smith and Curtis 2003)**

In this study a new self-report questionnaire, the Empathy Quotient (EQ), was used with adults of normal intelligence. The Study 1 employed the EQ with n = 90 adults (65 males, 25 females) with Asperger Syndrome (AS) or high-functioning autism (HFA), who are reported clinically to have difficulties in empathy. The adults with AS/HFA scored significantly lower on the EQ than n = 90 (65 males, 25 females) age-matched controls. Of the adults with AS/HFA, 81% scored equal to or fewer than 30 points out of 80, compared with only 12% of controls. In Study 2 we carried out a study of n = 197 adults from a general population, to test for previously reported sex differences (female superiority) in empathy. This confirmed that women scored significantly higher than men. The EQ reveals both a sex difference in empathy in the general population and an empathy deficit in AS/HFA. **(Baron-Cohen and Wheelwright 2004).**

Comparative optimism was studied extensively in adults and was a significant component of social- cognitive models about health. In contrast, little is known about comparative optimism in children or about the wider social- cognitive processes that underpin their health-related behavior. The study investigated comparative optimism for health- and nonhealth-related topics in 101 children 8 or 9 years of age, the youngest ages that was investigated so far. Children were shown to be unrealistically optimistic for health and nonhealth events. **(Albery and Messer 2005).**

Research focused on the development and validation of a brief parent-report measure of child empathy targeted at the formative years for the development of

empathic skills, through to adolescence. The Griffith Empathy Measure, adapted from the Bryant Index of Empathy was used. Consistent with theoretical accounts of empathy, it was found to include affective and cognitive components that showed divergent associations with other aspects of child functioning (**Dadds, Hunter, Hawes, Frost, Vassallo, Bunn, Merz and Masry 2008**)

The study focused on individuals with autism spectrum is generally believed to lack empathy. The study used a new, photo-based measure, the Multifaceted Empathy Test (MET), which assessed empathy multidimensional in a group of 17 individuals with Asperger syndrome (AS) and 18 well-matched controls. Results suggested that individuals with AS are impaired in cognitive empathy, they do not differ from controls in emotional empathy. (**Dziobek, Roger, Fleck, Bahnemann, Heekeren, Wolf and Convit 2008**)

The purpose of the study was to examine a new measure of children's dispositional positive empathy (i.e., reactions to others' positive emotions) and its concurrent and longitudinal relations with positive emotion, social competence, and empathy/sympathy with negative emotions. At Time 1, 192 3.5-year-olds (88 girls) participated; at Time 2, 1 year later, 168 4.5-year-olds (79 girls) participated. Children's positive emotion was observed at both assessments. There was evidence of reliability of the new reported measure of positive empathy. Additionally, there were numerous positive relations between positive empathy and social competence and between positive empathy and empathy/sympathy with negative emotions. This study provided unique insight into children's positive empathy and relations to socio-emotional functioning. (**Sallquist Eisenberg Eisenberg, Eggum and Gaertner 2009**)

The study examined the measurement equivalence of the Youth Life Orientation Test (YLOT) in children with cancer (N = 199) and healthy controls (N = 108), and to examine optimism and pessimism as predictors of children's health-related quality of life (HRQL). Results indicated that there were no differences in mean levels of optimism and pessimism between cancer patients and controls after controlling for race/ethnicity. Higher optimism was associated with lower self-reports of pain and

better emotional/behavioural functioning, whereas pessimism was related to poorer mental health and general behaviour, and greater impact on the family. **(Williams, Davis, Hancock and Phipp 2010).**

The present study examined psychosocial factors, such as dispositional personality and social relationships, and investigated their influence on the well-being of 160 older adults with OA (80% women). Results showed that, both cross-sectionally and longitudinally, pessimism was related to lower social support and higher social strain. In addition, pessimism was mediated by social support in its relationship to life satisfaction. **(Luger, Cotter and Sherman 2010),**

The study tested the relationship of objectively measured sleep quantity and quality with positive characteristics of the child. Sleep duration, sleep latency and sleep efficiency were measured by actigraph. Children's optimism, self-esteem and social competence were rated by parents and/or teachers. Children with sleep duration in the middle of the distribution scored higher in optimism compared with children who slept relatively little. Shorter sleep latency was related to higher optimism. The associations remained when adjusting for child's age, sex, body mass index, and parental level of education and optimism. In conclusion, sufficient sleep quantity and good sleep quality are related to children's positive characteristics **(Lemola, Räikkönen, Scheier, Matthews, Pesonen, Heinonen, Lahti, Komsu, Paavonen, and Kajantie, 2011).**

The goal of the study was to validate a French version of the Interpersonal Reactivity Index (IRI), a self-report questionnaire comprised of four subscales assessing affective (empathic concern and personal distress) and cognitive (fantasy and perspective taking) components of empathy. To accomplish this, 322 adults (18 to 89 years) completed the French version of the IRI (F-IRI). The findings confirmed the reliability and validity of the F-IRI and suggest that the F-IRI is a useful instrument to measure self-reported empathy. In addition, we observed sex and age differences consistent with findings in the literature. Women reported higher scores in empathic concern and fantasy than men. Older adults reported less personal distress and less fantasy. **(Gilet, Mella, Studer, Grünh, Gisela 2013).**

METHOD OF INVESTIGATION

Objectives

- To assess Optimism and Resilience among elderly
- To identify the association between Optimism and Resilience among elderly
- To find the gender differences in optimism and resilience among elderly

Hypotheses

- There will be a significant relationship between Optimism and Resilience among elderly
- There will be no significant gender difference in Optimism among elderly
- There will be no significant difference in Resilience among elderly

Research design

Exploratory research design was used to gain insight about the association between the variables.

Sample

The sample of elders was selected using simple random sampling method. The sample was 100 and includes both male and female students in the age range above 60 years.

Tools

1. **The Life Orientation Test. Scheier, M. F., Carver, C. S., & Bridges, M. W. (1994).**

Description: The test is a 10-item measure of optimism versus pessimism. Of the 10 items, 3 items measure optimism, 3 items measure pessimism, and 4 items serve as fillers. Respondents rate each item on a 4-point scale: 0 = strongly disagree, 1 = disagree, 2 = neutral, 3 = agree, and 4 = strongly agree. LOT-R is a revised version of the original LOT (Scheier & Carver, 1992). The original LOT had 12 items: 4 worded positively, 4 worded negatively, and 4 fillers. Items 3, 7, and 9 are reverse scored (or scored separately as a pessimism measure). Items 2, 5, 6, and 8 are fillers and should

not be scored. Scoring is kept continuous – there is no benchmark for being an optimist/pessimist.

Psychometric Properties: Test-retest reliability was 0.72, varying across gender, race, ethnicity, education, employment and income. Criterion validity was strong; the LOT-R was significantly negatively correlated with hopelessness ($r = -.65$, $p < .001$) and depression ($r = -.60$, $p < 0.001$).

2. The Brief Resilience Scale (BRS) developed by **Bruce W. Smith, Jeanne Dalen, Kathryn Wiggins, Erin Tooley, Paulette Christopher and Jennifer Bernard** (2008) was used in this study. The BRS consists of six items; three negative items and three positive items. According to Smith et al., items 1, 3 and 5 are positively worded and items 2, 4, and 6 are negatively worded. Respondents were asked to answer each question by indicating their agreement with each statement by using the following scale: 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree. Smith, et al. (2008) also reported the reliability and validity of the instrument. The BRS demonstrated good internal constancy with the value of Cronbach's alpha ranging from .80-.91. Convergent validity and discriminant predictive validity were also reported by Smith et al. (2008) as part of the validation analysis.

Statistical Analysis

- The data was analysed using SPSS 20 version
- Coefficient of correlation - Pearson product Moment Correlation between optimism and resilience among elderly
 - Independent Sample t test - males and females on optimism and resilience among elderly.

RESULTS AND DISCUSSION

Table 1

Correlation between optimism and Resilience

Variables	r
Resilience	.668**
Optimism	

**** p > 0.01 level**

Product moment correlation was computed to study the relationship between optimism and Resilience. Results indicate that there exists a positive correlation between optimism and Resilience. The coefficient of correlation is significant at the level of 0.01

It is safe to say the Elderly have an acute sense of optimism and there is not much they haven't faced in their lives. Almost all the problems have been met and dealt with, which naturally gives them the confidence and the strength to be optimistic. Taking that into consideration it is also noted that the more optimistic they are the more they show resilience in a situation, reason being optimism. Optimism over rules their thought process which helps them deal with all the issues that they may face and that proves to be the strong point for them to show resilience at any given time in any given situation.

Therefore hypothesis stating that "There will be a significant relationship between Optimism and Resilience among elderly" is accepted.

Table – II

Mean scores and the level of significance of the variables

Variables	Gender	N	Mean	SD	t value
Resilience	Female	48	17.88	4.541	.095^{NS}
	Male	52	17.96	4.529	
Optimism	Female	48	10.15	3.144	.143^{NS}
	Male	52	10.25	2.678	

^{NS} Not Significant

Independent Sample 't' test was used to compare the differences between females and males in all the variables. From the table it is evident that there is no significant gender difference among elderly in optimism and Resilience.

There is no gender biased results when it comes to optimism and its co related resilience in nature. It's equally noted in both men and women. There are no differences in these qualities when it comes to the two genders.

Thus the hypothesis stating "There will be no significant gender differences in optimism" is accepted. "There will be no significant gender differences in Resilience" is accepted.

Significance of the study

From the current study it is very clear that optimism and resilience has a strong relationship. They are interdependent on each other. Thus the need for being optimistic and resilient is very important for every individual. When it comes to elderly population the transition and anxiety they undergo is high than the others. Thus when they are optimistic and resilient their well-being and happiness may be improved which in turn can prolong their survival. Being positive and taking the happenings of life in the right way would lead a person to a better quality of life and attain happiness.

Limitations and Suggestions

- A large number of samples can be used for better results.
- Across the ages the study can be done to compare the differences.
- Comparative study between the elders living with family and at home can be studied.
- A intervention can be done for individuals who are less optimistic and resilient.

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EMOTIONAL CARE : A SIGNIFICANT COMPONENT IN THE MANAGEMENT OF OLD AGE PROBLEMS

R. REENA

ABSTRACT

Kerala's social attainments in sectors of health and education are regarded as the best in the country. Nevertheless, the state is witnessing a flipside to this situation. The high standards achieved in public health have indeed given people longer lives, but it has contributed in the growth of greying population. The latest figures show that Kerala's population is estimated to be 34.5 million, of these, 12.6 per cent are aged above 60. The aged population will touch 20 per cent by 2026 due to the demographic transformation. With the surge of aged population, the demand for mental and behavior services has gone up all the more. The changing trends of urbanization and modernization often impact the lives of elderly persons due to the neglect of care givers and economic insecurity. Loneliness from the loss of spouse and difficulty in mobility with hardly any freedom are other factors which very much depress them. The article focuses on the necessity of strengthening emotional care in effectively taking care of the needs of elderly population. Qualitative research was pursued by making use of case study method for the collection of data. The study highlights the following suggestions for building up confidence and emotional care among the aged population.

- 1. Care givers should move with the inmates of Old Age Homes empathetically. Give a good company and talk to them freely.*
- 2. More time should be provided for recreational activities and weekly outing should be arranged.*

3. *Geriatric social workers should find time to interact with them off and on*
4. *Group work should be more effectively and efficiently organized.*
5. *The inmates should be regularly subjected to geriatric counseling*
6. *Create a platform for sharing apprehensions and emotions*
7. *Let there not be any place for rigidity and formality in an Old Age Home. Efforts should be put in to create a homely atmosphere*

Let us bear in mind that the benefits enjoyed by mankind today are the result of the travail and sacrifice of the older generation.

Key words – Graying, Demographic, Empathetically, Recreational, Apprehension

Introduction

Kerala's social attainments in sectors of health and education are regarded as the best in the country. Nevertheless, the state is witnessing a flipside to this situation. The high standards achieved in public health have indeed given people longer lives, but it has contributed in the growth of greying population. The latest figures show that Kerala's population is estimated to be 34.5 million, of these, 12.6 per cent are aged above 60. The aged population will touch 20 per cent by 2026 due to the demographic transformation ("Kerala population ageing fast: survey" 2014). With the surge of aged population, the demand for mental and behavior services has gone up all the more. The changing trends of urbanization and modernization often impact the lives of elderly persons due to the neglect of care givers and economic insecurity. Loneliness from the loss of spouse and difficulty in mobility with hardly any freedom are other factors which very much depress them.

World Population Reports (2017 Revision) state that the number of older persons is set to double by 2050 and will triple in 2100, globally increasing from 920 million in 2017 to 2.1 billion in 2050 and 3.1 billion in 2100. India, in the year 2011, had 98 million individuals who were aged 60 and above. The State wise figures of elder population show that Kerala has the maximum share of elderly population with 12.6 percent. Many studies divulge that the growth of greying population in the State is influenced by the demographic transition components such as life expectancy, migration and fertility rate. With the increasing elderly population, it becomes significant to give emphasis on aging issues for strengthening and improving their lives. The changes that happen in old age make an individual vulnerable and sensitive. There are many cases in our society who are forced to shift in old age homes. This causes them to endure feelings of loneliness, isolation and depression. These emotional distresses are not merely due to physical and mental deterioration, but also the manner in which family and society treat them.

The purpose of this paper is:

- To identify the emotional needs of the elderly people living in old age homes by exploring their past life and looking into the current life experiences.
- To emphasize the role of social work professionals in providing utmost emotional care.

Problems which plague Old Age

A standard age for old age is difficult to describe as it differs from time to time and from country to country. The United Nations labels people aged 65 as elderly. Nevertheless, the World Health Organization also accepts that developing nations define old age, not by years, but by new roles, loss of previous roles, or inability to make active contributions to society. Legally in India it is 60 years while retirement age from the Government institutions are in between 55 and 60 years.

According to Mayor (2006), “Some people use their chronological age as a criterion for their own aging whereas others use such physical symptoms as failing eyesight or hearing, tendency to increase fatigue, decline in sexual potency etc. Still others assess their aging in terms of their capacity for work, their output in relation to standards set in earlier years, their lack of interest in competing with others, lack of motivation to do things or a tendency to reminisce and turn their thoughts to the past rather than dwell on the present or the future.”

In India, the joint family system and the *Guru-Chela* relationship have respected and valued old people. The ancient Indian concept of *Vanaprasth* is a life stage relating to Indian perspective of old age. According to Sage Manu, a *Vanaprasth* is expected to hand over his duties and responsibilities to the next generation and should resort to the forest after renouncing all the luxuries and worldly pleasures and affairs. The changes in recent times due to modernization, household nuclearisations and individualistic

philosophy have eroded traditional values forcing older adults to shift from their own place to old age homes. (Tiwari and Pandey, 2013)

Emotional insecurity is the greatest challenge of the elderly population. Dependence on others makes them fragile all the more, for they have no choice other than putting themselves at the mercy of such people. Whatever problem experienced by the aged, be it ill health, economic insecurity, neglect or anything for that matter, eventually it leads to a state of emotional disturbance, which will have an excruciating impact.

Table: 1 depicts the problems of the elderly

Table:1 - Elderly Issues		Problems of the Elderly
S. No.	Problem	Need
1	Failing Health	Health
2	Economic insecurity	Economic security
3	Isolation	Inclusion
4	Neglect	Care
5	Abuse	Protection
6	Fear	Reassurance
7	Boredom (idleness)	Be usefully occupied
8	Lowered self-esteem	Self Confidence
9	Loss of control	Respect
10	Lack of Preparedness for old age	Preparedness for old age
	Equity Issues are relevant to all the above	

Source: Help Age India

Psychological transition

"He who is of a calm and happy nature will hardly feel the pressure of age, but to him who is of an opposite disposition; youth and age are equally a burden." **Plato (427-346 B.C.)**

Changes in the social, physical, hormonal and psychological conditions accompany aging phenomenon. Old age is a facet when a person takes retirement from daily activities and hands over the responsibilities to the next generation. Withdrawal from daily activities can result in emotional disturbances such as lack of independence and economic insecurity. It is due to accepting the sudden change from productivity to retirement. (Kourkouta , Iliadis and Monious, 2015)

Each stages of life have their own developmental tasks and responsibilities, but those of old age are challenging and demanding since physical strength and mental competency, which are vital to cope up unplanned events of life start deteriorating. According to Robert Havighurst, the developmental task of an elderly is to accept the reality that they are physically weak. The elder is expected to engage in activities that are ideal to their physical and mental capacities. Adjustment to retirement and reduced income is another transition to be accepted in old age. Erik Erikson labeled the old age “integrity or despair” as the developmental task. People in this state are inclined to reflect their lives and attainments. They experience satisfaction if they believe their life was rewarding and purposeful. If, however, they reflect missed chances and unresolved problems, they experience despair. (Ashford J B, LeCroy C W and Lortie K L 1997)

Deterioration of health and widowhood are the most distressing unplanned events of life. An elder individual finds himself/herself vulnerable to minor or major diseases. Body parts and functions become fatigued and frail. The physical changes are commonly because of decreased endocrine functions, circulatory insufficiency and degeneration of cells or tissues in CNS. Some of the changes are- graying and loss of hair, digestive disorders, decreased metabolic rate, thinning and shrinkage of bones and

weakened motor functions. Nevertheless, these changes are considered as normal in this stage, but these can result in emotional disturbances in elders. The disturbances are characterized by symptoms of depression and anxiety. Elders find it difficult in accepting it due to the fear of getting frail and dependency (Pinto, 1982). The adversities get accumulated when one finds left alone with no one to provide social and emotional assistance. It becomes more challenging in case of women, who depend on men for economic support. The physical transition horrendously impacts on the psyche of the individual. Problems start coming up one by one thereafter. The individual will be able to cope up with these problems only if he/she accepts the reality of the frailties of old age.

Life in Old Age Homes

Kerala's Department of Social Welfare states that the State has registered an increase in old age homes since 2011. The number has increased from 391 to 574. Of these, only 228 old age homes receive government support. (Mahadevan, 2015)

Older adults are forced to shift to old age homes because they have experienced abuse, neglect and disrespect from their children and relatives. Nevertheless, they desire to live in their home with their children and relatives. Elder people in old age homes find it difficult to adjust with tight and rigid timetables. Total or almost separation from their family; adjusting to a new environment, declining physical competency and frequent occurrence of ailments make older individuals increasingly sensitive and vulnerable to various psychological and emotional problems. "Older adults have unpleasant experiences as they not only have to deal with change in their living environment but also have to get used to changes in daily life routines and social and support networks. They feel the loss of family and a sense of loneliness due to the loss of social interactions. They also feel a sense of powerlessness and their perceptions and fears had adverse effects on their adapting and settling into a new environment. Often they join the old age home because of the loss of a spouse, deterioration in health

and the inability to look after oneself due to physical illness and disability, which leads to increased financial problems.” (Menezes and Thomas, 2018)

Methodology

The study is based on qualitative research. Three inmates from three Old age homes in and around Thiruvananthapuram were identified for case studies.

Data Analysis

The respondents sometimes struggled to communicate their feelings during interviews. The respondents shared their stories from childhood to current life experiences which are essentially related to old age issues. All the respondents highlighted separation from their family as the source of their emotional distress. One respondent, 79, shared:

“My son and his wife had their own problems. Sometimes I feel I lost everything. I did everything for my son and in return he deserted me.”

Two respondents shared the feelings of loneliness and hopelessness aggravated after shifting to old age homes.

“I just sit here all day, at home I had my grandchildren and neighbor friends.”

Third respondent was feeling less lonely as she “spends time in gardening and I watch TV with my friends.”

During the interview process, the respondents also shared their thoughts about the staff of old age homes.

One respondent shared “they are okay... but sometimes it’s frustrating. They always expect me to follow their timetable”

Another respondent said:

“The caretaker does everything grudgingly”

Findings and suggestions

Feelings of loneliness and isolation were identified as a common problem of the respondents. Their descriptions also reflect a feeling of neglect. One respondent was able to cope up the feelings and she was engaged in activities. At home, elder adults will usually have the company of grandchildren and friends from neighborhood. The respondents shared that after shifting to old age home their social circle limited to other inmates. A sense of connection was lacking as they were not their old friends.

Another finding was that, the services provided by old age home had impact on an individual. The respondent who received better services was able to cope up emotional distress. Respondent who engaged in activities felt more independent and less lonely.

The study highlights the following suggestions for building up confidence and emotional care among the aged population.

1. Care givers should move with the inmates of Old Age Homes empathetically. Give a good company and talk to them freely.
2. More time should be provided for recreational activities and weekly outing should be arranged.
3. Geriatric social workers should find time to interact with them off and on.
4. Group work should be more effectively and efficiently organized.
5. The inmates should be regularly subjected to geriatric counseling.
6. Create a platform for sharing apprehensions and emotions.
7. Let there not be any place for rigidity and formality in an Old Age Home. Efforts should be put in to create a homely atmosphere.

Conclusion

Let us bear in mind that the benefits enjoyed by mankind today are the result of the travail and sacrifice of the older generation. What the elderly population requires today are empathy and emotional empowerment along with physical care. It is the responsibility of the professional social workers to take up the causes of aged people in a big way.

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ASSESSMENT OF ACTIVITY AMONG THE RURAL OLDER WIDOWS

K.MAHESWARI

Abstract

The transitions in joint family system and changing social values have not only caused serious problems for the aged but also for the vulnerable groups such as women and widows. The feminization of ageing has begun in India but this uniformity is not seen throughout the states. Very few studies have been done on the assessment of activity levels among the aged population. Hence, the present study is an empirical attempt to understand the unique variable activity and its contribution on the rural elderly widows residing at Kurumbalur village of Perambalur district. The assessment has been made with reference to the activity levels in different domains such as physical activity, psychological activity and social activity. Descriptive research design was used and purposive sampling method was adopted to select 60 samples. Interview schedule method was adopted to collect the data from the respondents. The major finding of the study revealed that, majority of the respondents (60%) have a moderate level of overall activity.

Key words: Activity, elderly, widows, gerontology.

INTRODUCTION

In India, several transitions like demographic, health, economical, technological and socially are taking place since its independence and the growth rate of aged population is also on rise. India is not the only country facing the problem of population ageing but it has become a global challenge. The average life expectancy has increased considerably in past few decades which have led to rapid ageing. According to Indian census (2011) it is revealed that there were around 104 million older persons, and it is projected to triple in number by 2050. It is observed that ageing is undergoing a phenomenon of feminization in India because the percentage of older women is greater than male older persons (Gupta, 2015). Over the past two decades, a considerable number of empirical researches have been carried out focusing on socioeconomic conditions, psychological health, quality of life, instrumental activities, life satisfaction, spirituality, falls, pain, grief etc.,

Various studies show that older women suffer from diverse problems such as poor physical health, decline in mental functioning, psychological disorders, economic dependency, loneliness, widowhood, lack of accessibility to welfare schemes and basic facilities and chronic morbidity. It is evident from lot of studies that positive association is seen between physical activity, participation and improved health in older persons. Physical and psychosocial activity is the medicine for older adults to expand their life span without disability. The health and quality of life of widows in India is an important aspect where it needs lot of significant development and research, but it is the neglected areas too. Researches on elderly widows elucidate the challenges faced by them and also help to find solutions. Urban older women suffer from chronic diseases compared to rural elderly women and the rural older women suffer financial crisis and physical burden. Several studies concentrate only on physical and instrumental activity and do not include other domains of healthy living. Most of the instruments are constructed only on the daily and physical activities in general and they don't concentrate much on overall activity.

An activity is a focused behavior, an ability a person can perform. Mind and body do not work separately; activity is a unified concept. Activity of a human being comprises of other aspects such as physical, social, and psychological constructs. The study is based on the socio demographic characteristics and activity with three dimensions such as physical, psychological, and social activities. It is hoped that the findings of the present study could provide an empirical basis upon which activity could be improved and enhanced to make the elderly widows a peaceful and hopeful citizen.

REVIEW OF LITERATURE

In a study by Sumanth (2012) showed that a major proportion of the rural elderly women were poorer and are educated up to primary level. It is also recorded that the highest negative affective psychological conditions is seen among elderly widows. They were out of the work force, partially or totally dependent on others, and suffer from health problems with a sense of neglect by their family members. Widowhood is inherently a gendered and cultured experience as the salience of different mechanisms linking widowhood to health may depend on gender and on local norms (Carr, 2009). Mohindra (2012) conducted a study on debt, shame and survival: becoming and living as widows in rural Kerala, India and found that becoming widow is a shock, economic dependency and burden for women. Bennett (2005) found that women been widowed for a long time may be the worst off due to long-term reduced access to resources and poor treatment by their husband's family. Samanta, (2015) examined the health-related outcomes as a function of marital status among older adults in India have found worse health to be associated with widowed status as compared to married status. Kalavar and Jamuna (2011) have found that older women reported higher degree of psychological closeness and contact with daughters than sons. Moschny (2011) explained that participation in sporting activities and domestic activities has reduced among highly educated men and women. Walking and physical health were associated with either sporting activities or domestic activities.

Aim

The aim of the study is to assess the activity levels among the rural elderly widows.

METHODOLOGY

Objectives of the study

1.) To study the socio demographic characteristics of the respondents and to assess the activity levels among the rural elderly widows. 2.) To provide suitable suggestions to improve the psychosocial activities of older women.

Research Design

In the present study, the research has attempted to investigate the level of activity among the rural elderly widows. The effort of this investigation is to provide a descriptive profile of the respondents on the physical, psychological, social activity and familial characteristics of the respondents. Hence, a descriptive research design was used.

Universe

The researcher has collected data from the elderly widows living in Kurumbalur village of Perambalur District. As the list of elderly widows is not available the universe is infinite.

Sampling

The researcher has selected 60 respondents using purposive sampling method and the sample size is 60.

Tools of data collection

Self prepared interview schedule was used to collect the socio demographic information's and a standardized tool on Activity Rating Scale for Older Persons developed by K.Maheswari and P.Ilango in 2010 was used to measure the activity levels on various dimensions such as physical, psychological and social activities. The scale consists of 30 items.

RESULTS AND DISCUSSIONS

It is observed from the study that less than half of the respondents (45%) are in the age group of 60 – 65 years. A sizeable number of the respondents (23%) are in the age group 66 – 70 years and 15 per cent of the respondents are in the age group 76 – 80 years. A sizeable number of the respondents (13.3%) are in the age group of 71 – 75 and very few respondents (3.3%) are above 81 years of age. Cent percent of the respondents (100%) are widows. Majority of the respondents (65%) are illiterate. Vast majority of the respondents (95%) occupation is agriculture. Regarding living arrangement, great majority of the respondents (83.3%) live in nuclear families and a sizeable number of the respondents (16.7%) live in joint families. More than half of the respondents (55%) lived with their spouse for about 31 – 40 years. More than half of the respondents (55%) have 1 – 2 children. A sizeable number of the respondents (26.7%) have 3 – 4 children and the remaining 18.3 per cent do not have children. Childlessness and poor physical health contribute much on low quality of life of elderly women.

As majority of the respondent's does agriculture, their families' members depend on the respondents for their living (63.3%) and only 18.3 per cent of the respondents have no dependents. On exploring the activity levels among the respondents, it is revealed that majority of the respondents (65%) have a moderate level of physical activity, majority of the respondents (68.3%) have a moderate level of psychological activity and majority of the respondents (66.7%) have a moderate level

of social activity. It is also clear that majority of the respondents (60%) have a moderate level of overall activity. Regular exercises and physical activity keeps them healthy throughout their life and it reduces the occurrence of disability and improves their mental health. Social gatherings are decided by their economic and physical conditions along with happy familial support.

From the cross tabulations, it is revealed that there is a significance difference between age of the respondents and the dimensions of activity because as age increases, physical and psychosocial activity decreases and it must be maintained as they were in their adulthood. There is no significance difference among education qualification of the respondents and all the dimensions of activity. Religion and domicile does not play a significant role with activity levels of older widows. Property has no role to improve the activity levels as the older widows are not the owners of any movable and immovable properties but a significant association is seen between the occupation of the respondents and the dimensions of activity. As most of them do agriculture their activity levels are maintained to certain extent.

Regarding health condition of the respondents, a significant association is found between the dimensions of activity because rural elderly do not suffer much from chronic illnesses due to the life style. There is no significant relationship between the number of children, family size and income of the respondents with regard to various dimensions of physical activity, psychological activity, social activity and overall activity. From the research study it is clear that, unless the older women maintain and continue their activity levels on all dimensions their ageing process will become a burden for them as well as their care givers.

SUGGESTIONS

- Geriatric care at the rural areas should be strengthened and mobile care units must be implemented at all rural areas.

- Health care delivery staff and geriatric counselors must be equipped and employed to give proper health care counseling to the elderly.
- Volunteers must be encouraged to accompany the elderly in seeking health care.
- Research into the longitudinal effects on widowhood in late life has not been extensive because widowhood in late life is so common; it is often thought to be an event which people take in their stride. It is possible to draw some general conclusion about the effects of widowhood in late life.
- Suitable recreational activity must be planned and implemented by volunteers regularly.
- Senior citizens club can be formed by local older persons to make them engaged.
- Awareness on government welfare schemes must be created by the social workers.
- NGO's must play significant role in development and policy making for the elderly.
- Gerontological social work must be given utter importance in social work syllabus and a specialization must be started for the same.

CONCLUSION

Elderly women are the growing population in our country. It is estimated that by the year 2050 elderly population will out reach the youth population and India will be in the first position all over the world. Due to the change in the social outlook of the elderly population, they must be considered equally both in rural and urban areas and moreover older widows have become the most vulnerable sufferers in the society. The living conditions of the elderly women are dynamic. They change over the life course, adopting changing life circumstances. Their conditions are mainly influenced by variety of factors like marital status, financial well being, health status and family size and structure as well as cultural traditions. Moreover as age grows they suffer from lack of

physical, mental well being and overall activity due to the improper support received from their family members. Women with higher levels of baseline physical activity were less likely to develop cognitive decline. From the study it is clear overall activity prevents cognitive decline and good physical health in older community-dwelling women.

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CASE STUDY ON ADL AND SOCIAL ISOLATION OF ELDERLY CARE GIVERS

SHOBY BOVAS, P. KAVIYA AND M. MALLIKA

ABSTRACT

Old Age is usually associated with declining faculties, both mental and physical, and a reduction in social commitments of any person. Activities of daily living (ADLs or ADL) are a term used in healthcare to refer to people's daily self-care activities. ADLs are defined as "the things we normally do such as feeding ourselves, bathing, dressing, grooming, work, homemaking, and leisure". Social isolation is a state of detachment from the society. Ageing is an inevitable developmental phenomenon bringing along a number of changes in the physical, psychological, hormonal and the social conditions. This study consists of case study analysis among care givers of elderly on specific focus to "social isolation due to care giving". For the study three respondents were selected and intervened. The problems could be discussed and conclusions will be drawn.

Key words: ADL, elderly, activities

INTRODUCTION

A major demographic issue for India in the 21st century is population ageing, with wide implications for economy and society in general. With the rapid changes in demographic indicators over the last few decades, it is certain that India will move from being a young country to an old country over the next few decades. Presently, India has around 90 million elderly and by 2050, the number is expected to increase to 315 million, constituting 20 per cent of the total population and around three-fourths of the elderly live in rural areas, of which 48 per cent are women. Nearly 70 percent of rural elderly are dependent on others, and their health problems increase with age (UNFPA and Help Age International, 2012). Care givers of elderly face lots of psychological conflicts such as social isolation, depression, stress related problems and anxiety. Socially isolated people who are providing care to their elderly parents are detached due to the time spent with the parent, and they don't even take part in the family occasions.

At this juncture the researchers intends to gain a deep and thorough understanding of the experiences of the informal caregivers, especially in **Social Isolation** while providing caregiving to their elderly parents in the socio cultural context.

METHODOLOGY

The researcher adopted convenient sampling method by using case study method. The Universe of the study is Pollachi Taluk.

Case study 1 (Case Study of Sheeba- Caregiver)

Sheeba is forty-five-year old woman and she has two children. In addition, she is the primary caregiver to her mother who is 78 years old. Sheeba's mother owns a house and the family belongs to the middle – class. When Sheeba was 15 years old, her father died of heart attack. Not having a breadwinner, the family survives by menial

jobs. Fortunately, the family's own house (two storeys) has been saving them to a greater extent in both ways; providing roof over head and source of finance by renting out the part of house. Sheeba has completed her under graduation and B.Ed degree with great many hurdles. But she has been given stretching hands such as free education up to schooling provided by religious institutions. Her education attainment is the only shield that brought her a decent school job where she studied, which paved the way to lead her life in a dignified way not only for her but also for the family. As a result, her sisters were able to complete; younger sister completed UG, and the younger sister completed her 8th std.

As the things were going well, the family met an unwanted turn; the youngest sister fell in love with someone and eloped. Meanwhile, the family got her Sheeba's first sister got married with insurmountable pain. Being the only breadwinner in the family, Sheeba's marriage was not a choice of matter. Adding more pain to Sheeba, her mother had been identified with cancer. Now, all sisters got married and Sheeba was the only breadwinner and caregiver to her mother. Her chance of getting married was gloomy. Considering Sheeba's future and prospects her mother insisted her to have a family life of her own. But, Sheeba was reluctant to marry since she was the only caregiver and ready to sacrifice her life. Suggestions from all corners, she was willing to marry if marriage would not limit her caregiving to mother.

Finally, at the age of thirty - eight, with so many hurdles all her life, sacrificing her life for the family, protecting the family at hard times she had a shoulder to cry on. Her husband was an administrative officer in a school. As a caregiver, she was now with multiple roles; mother of two, caregiver, and caring wife. Even though she was juggling with the roles, she had to constantly bear with the husband's anguish and complain that she was paying attention highly on caring her mother than he or his family. Inevitably, she quit her job to play her role better. Sheeba convinced herself that mother was old and her mother's days were numbered and thereafter she could satisfy the needs of her own family at the highest. To make her financially better and spare

time for time caregiving she started a crèche. Unexpectedly, add pain to Sheeba's life, her husband had deceased with a very rare type of cancer and he had been bed ridden for six months and died. During this period, she had to give care both her mother and husband. His death brought excruciating pain to Sheeba. Being the only breadwinner of her family and as middle-aged women (45 years old), she had to take care of her two children with less money came in. As manna from heaven, the school where her husband worked offered a job, provided with free education for her children give her tremendous support to care her family includes her mother for whom she crucified herself.

Case study 2 (Case Study of Mumthaj- Caregiver)

Mumthaj is a 42-year-old Muslim woman who has completed post-graduation and work as an Assistant Professor. Her father is 75-years old and for obvious reasons he cannot provide and meaningful support for the family all his life. Mumthaj's family has an own house which has only one room that should accommodates five. The land for the house was provided by a government scheme many years ago. The financial status of the father limited the house construction. Mumthaj has two siblings; one was elder brother who died in an accident at the age of 16. Mumthaj has a younger sister who only studied upto 8th std and married to a relative and lives nearby. Besides, Mumthaj mothers who suffers rheumatic knee pain that limits helping the family. Mumthaj has been doing so many jobs thrown at her since young to empower the family and her. More to that, she has been the only choice to bring to food to the family after her brother's death. Meanwhile, her father's age related medical condition pushes her to give care. Not having enough space to accommodate her father as a care recipient and her father's condition deteriorates she cannot find herself fit not on both; caregiving and professional life. Besides, not getting support from her sister and relatives, her chance for marrying is so thin. There seems no change in her status in near future. The unanswered questions about her life choices worry her and lead to depression. For

instance, she cannot quit her job, as she is the only breadwinner. Secondly, her job is a demanding one so he has to focus that as caregiving.

Case study 3 (Case Study of Raja- Caregiver)

Raja is 59- year- old man belongs to a financially contented family. He has two siblings –one is elder sister and the other is younger brother. The family has loads of money generating points such as agricultural lands, businesses. For this family, money is not a limiting factor. Raja has completed only schooling, Raja's wife is a homemaker, and they have two sons who work for IT companies. The family has a bungalow, which can easily accommodate many.

All the siblings care their father (88 years old) on turn basis and Raja's mother is no more. Raja's financial position is sound, so they are capable of keeping servants. But, servants stay hardly for two months because of Raja's father's waywardness like false complaints that he was not given food to eat, not taking him to the bathroom and bear social nuisance by picking out fight and quarrel with the neighbours, when relatives come home they were used to four letter words and wander at night shouting at neighbours by making undressing himself and beat every passer-by with cane. The family's awareness of home nurses is limited. When Raja's turn comes, the care recipient has to travel a long way to the caregiver house.

Despite all the troubles of care receiver , Raja's has little or no option to take any straight decision to give his father in any institutional care as it involves family decision, which he alone cannot make. Raja's limited awareness of paid caregivers and self-belief on paid caregiving puts him in burden. The only but effective strategy the family follows is taking turn in caregiving that greatly brings down pain on one.

DISCUSSION

Social Isolation (alienation)

Caregivers commonly experience at a loss of social contact with others. Social loneliness has to do with quantity of contacts: not having enough people or enough

activity in one's life. Loss of social contact is a very common consequence of caregiving. This is particularly concerning as social support has been identified as protective against the strains of the role. Informal caregivers of elderly persons with dementia are described as leading constricted lives with diminishing social contacts and friends (Opie 1990).

Whether the care-giving process leads to social isolation?

Respondent- Sheeba

... My second sister is not allowed to come here frequently. She visits yearly once and she will not stay here... My first sister and her husband also not want coming. However, they visit when there is an emergency. My mother's sister lives nearby and she is also sick. Often she comes here and enquires the things and goes. I cannot go everywhere and. I do limit myself going outside. If there is any gathering in my husband house, I go with great risk...

Respondent- Mumthaj

My only brother passed away at a young age. My sister is married and she is not allowed to visit our house and her husband is not help us in any way (physically, emotionally and financially). This made me not to marry because if I got husband like this I would not be able to look after my mother. I am isolated from my family circle. But when I go to my work place I am really relaxed. Work stress is there but....its ok.

Respondent- Raja

...Yes, it happens as our relatives support is very low and my wife will not go to any function. She does complain often... Because of my father, no one comes to our home. Close relatives are even scared that whether they have to share the responsibility...

Respondent -Mumthaj

“My parents have done a lot for me since my birthand it’s my duty to take care of them. If I was old, I might go to the home care but shall not let my parents go. By taking care of them I am not doing them favour but only repaying my debts to them”.

....They have done lot for me since my birth.....and it’s my duty to take care of them.... I do not have anybody when I am old I can go to NGO. As long as I am alive, I will not let them go. By taking care of them, I won’t be doing some kind of a favour but would be in a way, repaying their debts...

It was found that the respondents had a very strong attachment toward their elderly parents. It is understood that respondent felt it to be their prime responsibility to take care of their elderly parents they not only considered their moral responsibility but also accepted that by doing so, they got inner personal satisfaction.

Within academic literature in the field of caregiving stems its position experiencing the external satisfaction because of bonding of love and sense of model application

CONCLUSION

Case studies of this research work show that the informal caregivers not only experienced lack of care related knowledge, not able to cope with cultural values, physical and psychosocial exhaustion but also experienced Social Isolation.

Social isolation is more while giving care to the elderly person this also leads to stress but also deteriorate care recipients condition as well. Therefore health providers, policy makers and other family members of the care recipients must work together in order to help the informal caregivers acquire more care related knowledge

Secondly, in terms of support for the caregivers need more on financial, physical and emotional support. Above all, successful ageing of care recipient is a key factor in reducing caregiver’s social isolation. Finally, implementing caregiver centric

programs to educate and support the family caregivers and linking them to more formal social resources are essential to avoid social isolation.

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RELATIONSHIP BETWEEN LIFE SATISFACTION AND MENTAL HEALTH ON ELDERLY

S. SUGANYA, ROSAMMA, AND A. VASAVI

ABSTRACT

Life satisfaction is an overall assessment of feelings and attitudes about one's life. A study reveals that individual with high life satisfaction will have good mental health and mental health is a psychological state which functions at a satisfactory level of emotional and behavioral adjustment. The aim of the study is to find relationship between life satisfaction and mental health of elderly. SWLC and WEMWBS scales were used for the study. Samples for the study are 100 elderly people from the different part of Salem district Tamil Nadu. Statistical tools which used to analyze the data are Pearson correlation and t-test. Result were discussed with appropriate inferences in the paper..

Keywords: *life satisfaction, mental health, elderly.*

INTRODUCTION

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Many factors contribute to mental health problems, including: Biological factors, such as genes or brain chemistry, Life experiences, such as trauma or abuse, Family history of mental health problems.

According to the WHO (World Health Organization), mental health is, "A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."

Mental health can affect daily life, relationships, and even physical health. Mental health also includes a person's ability to enjoy life - to attain a balance between life activities and efforts to achieve psychological resilience.

Life satisfaction and happiness are associated with other indicators of population mental health (Bray.I, Gunnell.D, 2006). Based on the research 'The Study of Life Satisfaction', quality of life is associated with living conditions, such as food, health, shelter, and so on (Veenhoven, 1996). By contrast, life satisfaction is defined as a state of emotion, like happiness or sadness.

Variables such as mental and physical health, energy, extroversion, and empathy have all been shown to be strongly correlated to satisfied individuals, but it is sometimes hard to determine whether these are products or causes of life satisfaction. Our past experiences undoubtedly effect the way we think about our lives in terms of satisfaction. Establishing a satisfying life for yourself is not decided *only* by circumstances; it is also influenced by the way you think about and relate to the environment around you.

Research found that Low as well as excessive levels of time pressure seem to correlate negatively with mental health. Life-cycle situation strongly affects respondents' sense of life satisfaction and emotional well-being. Employed married respondents in the 25 to 44 group, and particularly the 45 to 64 age group, with or without children at home, report the highest levels of emotional well being, in spite of the fact that some of these groups are pressed for time. The lowest levels of life satisfaction are reported by the unemployed, students, and divorcees (Zuzane.J, 2011). Another study showed evidence that life satisfaction influences mental disorder, and that mental disorder influences life satisfaction (Fergusson DM, McLeod GF, Horwood LJ, Swain NR, Chapple S, Poulton R, 2015).

OBJECTIVE

The main objective of this study is to examine the relationship between the mental wellbeing and life satisfaction of old age people.

HYPOTHESES

1. There will be a significant relationship between mental wellbeing and life satisfaction of old age people.
2. Old age people will differ significantly in mental wellbeing and life satisfaction based on their gender.
3. Old age people will differ significantly in mental wellbeing and life satisfaction based on their locality.
4. Old age people will differ significantly in mental wellbeing and life satisfaction based on their type of family.

RESEARCH METHOD

In this study, survey method is adopted, which is descriptive in nature. The study examines the relationship between the mental wellbeing and life satisfaction based on their type of family.

Sample

The population of the study is late from Salem. Samples of 120 late adults were selected using simple random technique. Out of 120 data some of the data were incomplete; there for the final analysis 95 data were considered.

Tools-used

1. Warwick-Edinburgh Mental Well-being Scale
2. Satisfaction with Life Scale.

Tools description

1. The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was developed by Stewart-Brown and Janmohamed at the Universities of Warwick and Edinburgh. WEMWBS is a 14 item scale of mental well-being covering subjective well-being and psychological functioning, in which all items are worded positively and address aspects of positive mental health. The scale is scored by summing responses to each item answered on a 1 to 5 Likert scale. The minimum scale score is 14 and the maximum is 70. Cronbach's alpha coefficient of the scale is 0.89.

2. The satisfaction with life scale developed by Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). A 5-item scale designed to measure global cognitive judgments of one's life satisfaction . Participants indicate how much they agree or disagree with each of the 5 items using 7-point scales that ranges from 7 strongly agree to 1 strongly disagree.

Statistical techniques

The statistical techniques used for analysis of data in this study are correlation and t-test,. The data were analyzed using SPSS 20 version.

RESULT AND DISCUSSION

Hypothesis: 1

“There will be a significant relationship between mental wellbeing and life satisfaction of old age people”

	Mental wellbeing
Life Satisfaction	0.63*

***significant at 0.05 level**

Table 1 describes the relationship between mental wellbeing and life satisfaction of old age people. From the data, it is found that the mental wellbeing has a significant positive correlation with life satisfaction. Hence, the hypothesis stating ““There will be a significant relationship between mental wellbeing and life satisfaction of old age people” is accepted. The result shows that as life satisfaction increases the level of mental wellbeing. Life satisfaction is an indicators of mental health (Bray.I, Gunnell.D, 2006). Based on the research ‘The Study of Life Satisfaction’, quality of life is associated with living conditions, such as food, health, shelter, and so on (Veenhoven, 1996). From the studies it found that employed married respondents in the 25 to 44 group, and particularly the 45 to 64 age group, with or without children at home, report the highest levels of emotional well being, in spite of the fact that some of these groups are pressed for time. The lowest levels of life satisfaction are reported by the unemployed, students, and divorcees (Zuzanek. J, 2011). Another study showed

evidence that life satisfaction influences mental disorder, and that mental disorder influences life satisfaction (Fergusson DM, McLeod GF, Horwood LJ, Swain NR, Chapple S, Poulton R, 2015).

Hypothesis: 2

“Old age people will differ significantly in mental wellbeing and life satisfaction based on their gender”.

Type of family		Mean Rank	t	p
Mental wellbeing	male	41.20	-0.77	0.44 ^{NS}
	female	43.76		
Life satisfaction	male	26.39	-0.18	0.85 ^{NS}
	female	26.06		

NS=Not Significant

From table 2 it is clear that the t score is not significant. Hence the hypothesis stating “Old age people will differ significantly in mental wellbeing and life satisfaction based on their gender” is not accepted. From the result it is found that mental wellbeing and life satisfaction will not differs based on their gender.

Hypothesis: 3

“Old age people will differ significantly in mental wellbeing and life satisfaction based on their type of family”.

Type of family		Mean Rank	t	p
Mental wellbeing	Joint	42.08	-0.57	0.56 ^{NS}
	Nuclear	43.95		
Life satisfaction	Joint	26.03	-0.43	0.66 ^{NS}
	Nuclear	26.86		

NS=Not Significant

From table 3 it is clear that the t score is not significant. Hence the hypothesis stating “Old age people will differ significantly in mental wellbeing and life satisfaction based on their type of family” is not accepted.

Hypothesis: 4

“Old age people will differ significantly in mental wellbeing and life satisfaction based on their type of locality”.

Type of family		Mean Rank	t	p
Mental wellbeing	Rural	42.75	-0.43	0.50 ^{NS}
	Urban	37.25		
Life satisfaction	Rural	26.53	-0.99	0.39 ^{NS}
	Urban	19.25		

NS=Not Significant

From table 4 it is clear that the t score is not significant. Hence the hypothesis stating “Old age people will differ significantly in mental wellbeing and life satisfaction based on their locality” is not accepted. From the result it is found that mental wellbeing and life satisfaction will not differ based on their locality means mental wellbeing and life satisfaction can improve or get affected by their life style or by standard of living not by where they are living.

CONCLUSION

The main objective of this study is to examine the relationship between the mental wellbeing and life satisfaction of old age people. The study found that mental wellbeing and life satisfaction is correlated positively. The individual who is having a good mental health tend to have life satisfaction than who doesn't have good mental health. Also found that the variables like gender, locality and family type doesn't make any changes in mental health and life satisfaction.

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STUDY ON THE LEVEL OF LIFE SATISFACTION AMONG ELDERLY

P. JOHN LEESON, R.ANBUSELVI AND L. ABARNA

ABSTRACT

India is growing old! The stark reality of the ageing scenario in India is that there are 77 million older persons in India today, and the number is growing to grow to 177 million in another 25 years. Old Age and the aging process are of course biological happenings. It has its exclusive purpose, often beyond the control. Changing lifestyles and values, demanding jobs, distractions such as television, a shift to nuclear family structures and redefined priorities have led to increased neglect of the elderly by families and communities. This is worsened as the elderly are less likely to demand attention than those of other age groups. They are alone a lot more, families are too busy to visit them, and they have less motivation for self-care and end up losing weight, dehydrated, feeling like burdens to their loved ones. These problems influence the level of satisfaction towards their life. Life satisfaction is the way a person perceives how his or her life has been and how they feel about where it is going in the future. It is a measure of well-being and may be assessed in terms of mood, satisfaction with relations with others and with achieved goals, self-concepts, and self-perceived ability to cope with daily life. It is having a favorable attitude of one's life as a whole rather than their current feelings. Life satisfaction has been measured in relation to economic standing, amount of education, experiences, and the people's residence as well as many other topics. Thus this study focuses on the level of life satisfaction of the elderly and the influences of demographic factors on the level of life satisfaction.

Keywords: life satisfaction, elderly, well-being

INTRODUCTION

“Old Age” is usually associated with declining faculties, both mental and physical, and a reduction in social commitments (including sport participation) of any person. The precise onset of old age varies culturally and historically. It is a social construct, rather than a biological stage. Old age consists of ages nearing or surpassing the life expectancy of human beings, and thus the end of the human life cycle. Euphemisms and terms for old people include old people (worldwide usage), seniors (American usage), senior citizens (British and American usage), older adults (in the social sciences), Elderly people need better physical health care and psychological care to nourish their well-being. Due to frail health condition, lack of adequate care and acorn by the family members, negligence by care givers, busy life schedule due to urbanization, elderly people are getting neglected. As a result they, become more vulnerable to physical and mental ailments. The major adjustment to be made includes adjustment to physical changes, retirement, loss of spouse and post-child rearing period (Empty nest syndrome), and grand parenthood. Satisfaction is a state of mind. It is an evaluative appraisal of something. The term refers to both ‘contentment’ and ‘enjoyment’.

REVIEW OF LITERATURE

Birkeland et al (2009) attempted to know how elderly cope with being sick, unhealthy and living alone. Their findings showed that even if physical constraints put limits on their level of activity, the elderly were able to adapt and carry out different activities that did not require any physical strength. The main coping strategy was to accept the situation, but the acceptance was often colored by a resigned and passive acceptance. The elderly thus tend to be passive and resigned.

Balachandran et al (2007) compared alienation and life satisfaction of elderly men and women. Their results showed that elderly men experience less alienation than the elderly women, and the results were found to be significant. Both the groups did not exhibit significant differences in their life satisfaction. Research also provides support for gender differences in physical and mental health, life satisfaction and social

activities of aging persons. Higher positive affect and life satisfaction among the elderly enduring spouse relationships. It was also found that males experience more life satisfaction than females . Gender differences were also observed in the case of coping strategies when life dissatisfaction was high and low and in adjustment problems (Balachandran&Raju, 1997).

Soneja, S. (2001). The economic problems were on priority for the middle income group male elderly. Mental health problems were stated for the upper middle class elderly, as a result of lack of work, lack of facilities for utilization of leisure time and a general feeling of loneliness. The problem here did not seem to be lack of money but lack of time by the “others” for the older persons. Second to economic problems, there was lack of emotional support from family members and both the groups felt a need to talk to their family members who did not seem to have time for them.

Prakash, I.J. (1999a). Living in old age homes was the least preferred choice (Prakash, 1999a). There are both positive and negative aspects to the presence of old parents in the household. On the one hand, the presence of parents makes it easy for young couples to care for their own children. On the other hand, it has a cost in terms of lack of privacy and the cost of physical, psychological accommodation.

Dandekar, K. (1996). A report states that 90%of India’s elderly population lives below the poverty line and 50% of them are widows (Times of India, 8.2.2000). Widows and widowers are especially vulnerable to poverty, inadequate care and neglect in old age.

RESEARCH METHODOLOGY

Statement of the Problem

There has been increasing interest in the well-being of the elderly population. One specific area of interest has been the examination of factors that influence life satisfaction of individuals who grow older in our society. To determine whether the elderly have adapted to aging, it is important to obtain their input.

Significance of the Study

Ageing is an inevitable developmental phenomenon bringing along a number of changes in the physical, psychological, hormonal and the social conditions. Old age has been viewed, as a problematic period of one's life and this is correct to some extent. The aged become increasingly dependent on others. This study is focusing on the life satisfaction of elderly. Through this study we can identify whether the elderly person is satisfied with his life condition.

Objectives of the Study

- To understand the Socio-demographic profile of the respondents.
- To measure the life satisfaction among elderly.
- To identify the negative feelings which related to life satisfaction of elderly
- To identify the positive feeling which related to life satisfaction of elderly

Research Design

This research design and study are descriptive in nature. Descriptive study is the fact finding investigation with adequate information. The researcher used modified interview schedule incorporating life satisfaction index.

The universe of this study is 575 elders residing in Vandazhi Grama Panchayat. The researcher adopted purposive sampling method. The elders who attended the monthly meeting at the panchayat. The researcher collected 60 samples those who are willing to participate the interview. The researcher used interview schedule.

ANALYSIS AND INTERPRETATION OF DATA

Profile of Respondents

Profile	Group	Frequency	Average	Standard Deviation
▪ Age	55-60 Years	5	67.25 Years	5.5
	60-65 Years	17		
	65-70 Years	20		
	70-75 Years	12		
	75-80 Years	6		
▪ Sex	Male	32		
	Female	28		
▪ Education	Below SSLC	38		
	SSLC	8		
	Plus Two	2		
	Degree	9		
	PG Degree	3		
▪ Occupation	Retired	10		
	Employed	26		
	House wife	18		
	No occupation	6		
▪ Marital Status	Married	44		
	Unmarried	2		
	Widow	14		
▪ Family Type	Nuclear family	47		
	Joint family	13		
▪ Number of children	No children	2		
	One child	12		
	Two children	22		
	Three children	12		
	Four children	8		
	Five children	4		
▪ Physical Ailments*	Blood Pressure	13		
	Cholesterol	9		
	Joint Pains	29		
	Diabetes	5		

*Multiple choice answers

Factor analysis for positive feeling towards elderly life

The following Factor Analysis for positive feeling on people growing, life ideal, happy, future happiness, life, expectation, interest, age, life satisfaction, changing past, age and appearance, self-care, life satisfaction, financial situation and wants in life were identified.

Total Variance Explained						
Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1.Life Growth	5.578	37.190	37.190	5.578	37.190	37.190
2.Life Ideal	1.729	11.526	48.715	1.729	11.526	48.715
3.Happy	1.197	7.977	56.692	1.197	7.977	56.692
4.Future Happiness	1.113	7.422	64.114	1.113	7.422	64.114
5.Life	.965	6.434	70.548			
6.Expectation	.890	5.932	76.480			
7.Interest	.829	5.527	82.008			
8.Age	.672	4.481	86.488			
9.Life Satisfaction	.511	3.409	89.898			
10.Past	.498	3.318	93.216			
11.Age and Appearance	.376	2.508	95.723			
12.self-care	.264	1.758	97.482			
13.Life Satisfaction	.180	1.203	98.684			
14.Financial Situation	.122	.815	99.500			
15.Wants	.075	.500	100.000			
Extraction Method: Principal Component Analysis.						

The SPSS output using Principal Component Analysis Extracted 4 components namely people growing, life ideal, happy and future happiness. Of these, people growing, life ideal, happy and future happiness accounted for 64.114 percent of variance in the study. The foremost factor constituting happiness in elderly life was life growth perception.

Factor Analysis for negative feeling on life

The following Factor Analysis for negative feeling on life, monotony, old, decision, important wants, likes and loneliness were identified.

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1.Life	2.273	32.470	32.470	2.273	32.470	32.470
2.Monotony	1.267	18.102	50.572	1.267	18.102	50.572
3.Old	1.093	15.619	66.191	1.093	15.619	66.191
4.decision	.789	11.275	77.466			
5.Importance wants	.751	10.734	88.200			
6.Likes	.499	7.130	95.330			
7.Loneliness	.327	4.670	100.000			
Extraction Method: Principal Component Analysis.						

The SPSS output using Principal Component Analysis Extracted 3components namely Life, monotony and old. Of these, life, monotony and old accounted for 66.191 percent of variance in the study. Monotony has the foremost factor of negative feeling identified by the factor analysis in the study.

FINDINGS

One third of the respondents are the age group of 65-70, half of the respondents were employed. So they are not facing major financial problems, Two third of the

respondents live in Nuclear family, More than half of the respondents agreeing that they are happy as when they was younger, Majority 56% of respondents can manage their self-care, 34% of respondents feeling that older they get, they have had to stop doing things that they liked, 20% of the respondents feeling loneliness.

SUGGESTIONS

- Try to engage refreshment activities.
- To conduct awareness programmes about the problems and difficulties of elderly.
- Government must help in the betterment of elderly by providing good treatment and pensions other facilities.
- To make understand the members who are with the elder's and trying to involve with them.
- To conduct monthly medical check-up.
- Must practice their self to accept the situations in their life as it comes.
- To provide training of Caregivers to the Older Persons;
- Formation of Senior Citizens Associations etc.
- Mobile Medicare Units - for older persons living in slums, rural and inaccessible areas where proper health facilities are not available

CONCLUSION

This study on the level of life satisfaction among elderly was under taken in western part of the Vandazhi Grama Panchayat. The researcher found an encouraging number of elderly, who are living in Vandazhi Panchayat. The study has significantly found relationship that environment and feelings affects in life satisfaction among elderly. Life satisfaction in elders people with reduced self care capacity is determined by several factors wit social, physical, mental and financial aspects probably interacting with each other; especially feeling lonely, degree of self care capacity, poor overall health, feeling worried and poor financial resources in relation to needs. These factors need to be considered in the care of these people to preserve or improve their life satisfaction.

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LEVEL OF SELF-ESTEEM AMONG ELDERLY PEOPLE LIVING IN OLD AGE HOMES

POUSHALI AND THENMOZHI S

ABSTRACT

Old age refers to ages nearing or surpassing the life expectancy of human beings and is thus the end of the human life cycle. Self-esteem is viewed the most decisive factor in the psychological development of the elderly. Findings of a study related to, self-esteem among elderly people, residing in old age homes suggests that institutional environment does not affect the residents' global self-esteem and they have strong sense of intrinsic worth (Hoffer, 1977). Contradicting to the above study, there is a stereotyped concept that people who lives in old age home have poor self-esteem. Hence, the present study aims to find the level of Self-esteem among elderly people living in old age homes. Using Purposive sampling design, 40 elderly people who lives in old age homes are assessed using Rosenberg Self-esteem Scale questionnaire developed by Rosenberg (1965). Descriptive analysis is done. Results and implications are discussed after the statistical analysis. The results indicate higher levels of self-esteem among the elderly staying in old age homes.

Key Words: Self-esteem, Elderly people, Old age home.

INTRODUCTION

Old Age, also called as senescence (from Latin word **senescere, to grow old**) in human beings, the final stage of normal life span. Definitions of old age are not consistent from the stand points of biology, demography (conditions of mortality and morbidity), employment and retirement and sociology. For statistical and public administrative purposes, however, old age is frequently defined as 60 or 65 years of age or older. There is no universally accepted age that is considered old among or within societies. Often discrepancies exist as to what age a society may consider old. However in most contemporary Western countries, 60 or 65 is the eligibility for retirement and old age social programs, although many countries and societies regard old age occurring anywhere from the mid-40s to the 70s.

Old age is generally characterized by a gradual decline in the functioning of all the body's systems, cardiovascular, respiratory, genitourinary, endocrine, and immunity. But the belief that old age is invariably associated with profound intellectual and physical infirmity is a myth. Many older persons retain their cognitive abilities and physical capacities to a remarkable degree. Healthy older persons usually maintain a level of social activity. Growing evidence indicates that maintaining social activities is valuable for physical and emotional well-being in old age. Whereas experiencing sense of isolation, might make them vulnerable to depression. This state of isolation can be avoided in institutions like old age homes where they provide the much needed comfort, solace and companionship of age-mates and the freedom to pursue their own activities without constraints.

Self-esteem refers to an individual's sense of his or her value or worth, or the extent to which a person values, approves of, appreciates, prizes, or likes him or herself. It is generally considered the evaluative component of the self-concept, a broader representation of the self that includes cognitive and behavioural aspects as well as evaluative or effective ones (Blascovich & Tomaka, 1991). The most broad and frequently cited definition of self-esteem within psychology is Rosenberg's (1965), who

described it as a favourable or unfavourable attitude towards the self. Self-esteem is an important aspect of the adaptive process at all stages of life, but especially in older adults. It is linked to the quality of adaptation, well-being, life satisfaction and health.

Self-esteem is not related to chronological age, but to the people's quality of social integration and adaptive capacities to cope with life events, including physical and cognitive health. In old age homes, although staying away from family, residing in an ambience of care, support, attention, sense of independence, sense of belongingness, and encircled by several social activities rather than loneliness or pity, quality of physical and cognitive health might get affected resulting in increase or decrease of self-esteem in elderly people. Hence self-esteem of elderly institutional residents are affected by factors in the institutional environment and quality of life. Therefore this present study aims to find out the level of self-esteem among elderly people staying in old age homes.

LITERATURE REVIEW

(Hoffer,1977) in an exploratory study of a residential population in a home for aged, found that subjects did not have low global self-esteem. The residents' responses to the individual self-esteem scale items indicated that they had a high sense of intrinsic worth, but also tended to feel useless.

(Nelson,1989)found in his study that the demographic characteristics of the subjects had no significant effect on their feeling of self-esteem or depression .However, social support significantly correlated with depression and there was some indication that the type of institutional setting and frequency of religious participation also interacts with the level of depression.

(Ciencia & Coletiva,2016)in a study on quality of life and self-esteem among elderly found that the low quality of life scores in all domains and topics are associated with low levels of self-esteem.

(SA Ali, 2016) in a study on low self-esteem leads to depression among elderly, concluded that depression is one of the common problems among geriatric population, attributed to low self-esteem.

(Park SH,2014) in his study on effects of exercise programs on depressive symptoms, quality of life and self-esteem in older people found that exercise programs in older people are effective in improving depressive symptoms, quality of life and self-esteem. (Franak, Alireza, Malek, 2012) found that most of the elderly enjoyed high levels of self-esteem, although one-third of the samples had poor self-esteem. The singles, low income, less educated and unemployed elderly as well as those with a history of health problems and those living in rental dwellings had low levels of self-esteem.

(Krause N.,1987)in his research on life stress, social support, and self-esteem in an elderly population found out that social support helps to reduce the deleterious effects of stress on emotional disorder primarily by bolstering the self-esteem of older adults and affects psychological wellbeing only indirectly through self-esteem. (Liu & Wrosch, 2014) in a research found out that boosting self-esteem can buffer potential health threats in seniors. They found that if an individual's self-esteem decreased, the stress hormone cortisol increased-and vice versa .So, maintaining or even improving self-esteem could help prevent health problems.

(Baltes & Mayer,1999) found in their research that changes that are generally associated with old age including shifting roles, e.g. retirement, decreased social support and a decline in socio-economic status, may contribute to reduced self-esteem.

OBJECTIVES OF THE STUDY

To assess the level of self-esteem among elderly people staying in old age homes.

HYPOTHESIS

1. There is no significant relationship between age and self-esteem among the elderly living in old age homes.
2. There is no significant relationship between gender differences on self-esteem among the elderly living in old age homes.

METHODOLOGY

Sample

The sample for the study were 40 elderly people staying in old age homes in Chennai city. There are ranges from 60 and above. Purposive sampling technique was used to select the sample.

Inclusion Criteria

1. Should be elderly people.
2. Should belong to the age group 60 and above.
3. Can be male or female.
4. Should be from Chennai city.

Exclusion Criteria

1. Should not be below the age of 60.
2. Should not have serious or chronic psychological illness.

TOOL USED

The Rosenberg Self Esteem Scale: self-esteem was assessed with 10-item Rosenberg Self Esteem Scale (Rosenberg, 1965) commonly used and well validated measure of self-esteem (cf. Blascovich & Tomaka, 1991; Robins, Hendin, & Trzesniewski, 2001). Responses were measured with the 4 point scale ranging from 1

(strongly agreed), 2 (agree), 3(disagree) and 4 (strongly disagree) with consistent validity and reliability.

Procedure:

The researcher was familiar with the aims and objectives of the study, methods and ethical protocols. The researcher used a standardized protocol to communicate and interact and build rapport with the old age person. Then researcher has explained the importance of research work and collected the data after ensuring the confidentiality of them. Each subject was given a questionnaire of self-esteem. All were requested to read all statements one after the other and give their response for each statement, which they felt correct and appropriate. If they were illiterate or unable to read the statement researcher dictated each statement and marked their response.

Scoring:

In the present study, scoring of the obtained data was done with help of respective manuals available for the tests. The data have been arranged in the following respective tables.

RESULTS AND DISCUSSION

Table 1: Showing mean & SD of self-esteem among elderly living in old age homes

Variable	N	Mean	SD
Self-esteem among elderly	40	32.57	2.352

In the above table it is clearly shown that the mean value is 32.57.Hence it can be said that the level of self-esteem is high in elderly people living in old age homes. Living in old age homes give constant companionship of age mates rather than staying alone, preventing stress and depression. They are also provided with home like ambience, treated with respect and are given enough freedom to pursue their hobbies in peaceful atmosphere. They can also remain engaged in certain social and spiritual activities. All these factors affect the overall quality of life resulting in improvement of

mental health of the elderly people increasing their self-worth. Hence self-esteem level is high among elderly people living in old age homes.

Table 2: Showing correlation between age & self-esteem among elderly living in old age homes.

VARIABLE	r
Age & Self-esteem among elderly living in old age homes	-117(NS)

NS-Not Significant

From the above table it can be seen that there is no significant relationship between age and self-esteem among the elderly living in old age homes. Thus H01 (There is no significant relationship between age and self-esteem among the elderly living in old age homes) is accepted. Generally it is believed that self-esteem level decreases in old age after retirement, due to excessive leisure time which gives them a sense of worthlessness and feeling of loneliness. Ageing also decreases the quality of physical health, which affects the quality of mental health as well. They feel neglected and disrespected which results in decline of self-worth. Whereas elderly people staying in old age homes are not affected by all these crises as they are provided with proper amenities of healthy living. Companionship, care, respect and sense of belongingness help them fight the hardships of ageing and live a life of respect and worth. Hence self-esteem level is not decreased due to increase in age among elderly people living in old age homes. Therefore there is no significant relationship between age and self-esteem among the elderly living in old age homes.

Table 3: Showing correlation between gender differences on self-esteem among elderly living in old age homes

VARIABLE	GROUP	N	MEAN	SD	t
Self-esteem among elderly	MALE	20	33.05	2.305	1.288
	FEMALE	20	32.10	2.360	

From the above table it can be seen that the mean score of male elderly people living in old age homes is 33.05 and the mean score of female elderly people living in old age homes is 32.10. . On the basis of the above findings one can say that gender has no impact on self-esteem among old age people living in old age homes.

Therefore H02 (There is no significant relationship between gender differences on self-esteem among the elderly living in old age homes) is accepted. In old age homes, male and female are given equal amount of respect, care and attention. Gender discrimination is not done in old age homes among the elderly residents. Both the genders play equal role and are not treated differently due to gender difference. Therefore sense of self-worth is not affected and hence gender difference does not have any effect on level of self-esteem among the elderly living in old age homes.

LIMITATIONS

1. The research sample was collected from one old age home.
2. The research sample could have been larger.
3. The research focussed on level of self-esteem among elderly people staying only in old age homes and not in own residences.
4. The research was not a comparative study.

5. The research emphasized on relationship among just age and gender difference with self-esteem. Other factors relating to self-esteem could also have been take into account.

CONCLUSION

In order to explore both the nature and factors related to self-esteem among the elderly living in old age homes, 40 elderly people (20 men and 20 women) living in old age homes were administered using Rosenberg's self-esteem scale. The high score indicates that self-esteem level is high among the elderly people living in old age homes. Again it has been seen from the calculated results that there is no significant relationship between age and self-esteem and gender difference on self-esteem among the elderly people residing in old age homes. Old age homes provide optimum care, support, and respect to the residents which increases their self-worth and quality of life, increasing their level of self-esteem. The difficulties of ageing are properly taken care of and they can cross the barriers with ease. Therefore both the hypotheses holds true and is accepted.

This study does not and was not intended to provide findings which could be generalised to the institutionalised elderly as a whole. Rather, the purpose of the research was to explore level of self-esteem in a sample of elderly people living in old age home in order to identify areas of content, within that topic which might be productively investigated in more controlled studies.

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A CONCEPTUAL STUDY ON THE QUALITY OF LIFE IN THE ELDERLY

MENON SHREEYA AND SRINITHI A M

ABSTRACT

Quality of life is an individual's understanding of one's life situation with respect to one's values in relation to one's goals, expectations and concerns and comprises life satisfaction, including everything from physical health, family, education, employment, wealth, religious beliefs, finance and the environment that adheres to general well-being of self and society. Old age is defined as the population in the age group of 60 years and above who often experience declined physical and mental health due to the normal effects of aging and sometimes find difficulties in adapting to the partly new lifestyle ,this study explores and combines the various findings related to the quality of life in elderly as it is important for the mental health professionals to get better understanding and to add valuable information to fields like geropsychology which is devoted to the study of aging and the provision of clinical services for elderly as the demand for mental health services for the elderly is expected to rise and it's proven through research studies in India that at present ageing has become a social problem as the socioeconomic shifts are affecting the family to continue with the care of their aged therefore the collective information would disclose the changes observed in determinants , demographic factors and importance of mental health in quality of life of the elderly.

Key words: quality of life, elderly, old age

1. INTRODUCTION

Like every other period in lifespan old age, the last stage in the life span which is frequently sub-divided into early old age which extends from age sixty to age seventy and advanced old age which begins at seventy and extends to the end of life is characterized by certain physical and psychological changes. These changes determine the level of personal and social adjustments made by the elderly men and women. Old age is characterized as a period of decline in physical and mental abilities; however there are individual differences in the effects of aging that are more apparent when men and women are compared because aging takes place at different rates for the two sexes. As it has been put forth by Erickson in his stages of psychosocial stages of development, the last stage of life is Ego integrity Vs Despair which talks about two perspectives an elderly person can possess, if one sees one's life as unproductive, feel guilt about our past, or feel that one did not accomplish the life goals, one becomes dissatisfied with life and develop despair, often leading to depression and hopelessness. Success in this stage will lead to the virtue of wisdom. Wisdom enables a person to look back on their life with a sense of closure and completeness, and also accept death without fear.

WHO (World Health Organization) defines, the quality of life, as the conditions of life resulting from the combination of the effects of a complete range of factors such as those determining health, happiness, education, social, economical and intellectual attainments, freedom of action, justice and freedom from oppression.

To study about the Quality of life in elderly is considered important because ageing will put increasing social and economic demands on all countries. If governments are to cope with the rapid ageing population they need to have policy driven initiatives based on a clear understanding of the importance of personal, social and cultural factors that contribute to quality of life (QoL) among older adults . It is important to talk about QOL to observe frequently on key issues that affect older people and contribute to the public debate about how to improve the quality of life in

the community. It is intended to monitor conditions which affect the living and working conditions of elderly people and focus community action on ways to improve health as one research identifies that the old age majorly perceives quality of life to be a synonym of good health.

2. LAW AND OLD AGE

The elderly population in India is continuously increasing and also the problems faced by these people are increasing simultaneously. The number of people in old age homes is constantly increasing and also most of the parents are now deciding to live in old age homes rather than living with their children. Nowadays these people are facing the problems like lack of care, emotional support and economic support from the family etc, Some laws are enacted to solve this problem .The maintenance of parents is included in section 125 of CrPC, The Hindu Adoption and Maintenance Act 1956. But the procedures under these laws are time consuming and expensive. Under these acts parents can claim maintenance from their children. National Old Age Pension Scheme (NOAP) was introduced by the Indian government to provide Rupees 200 per month to the old and destitute people. But money cannot take place of emotional support, care etc. In 2007, The Maintenance and Welfare of Parents and senior Citizen Act (Senior Citizen Act) is enacted to provide some speedy and inexpensive remedy to get maintenance.

3. NEED FOR THE STUDY

A demographic revolution is underway throughout the world. Demographic ageing is a global phenomenon. The world's population is ageing by 2025 and is expected to include more than 830 million people at the age of 65. The percentage of population above 65 will be highest in developed countries, but the absolute number will be higher in developing countries and according to UN estimates, the aged population in the world is expected to touch 22 percent by 2050. Developing countries such as China and India have the largest total population and will continue to have the largest absolute number of elderly people, Hence the need to sustain quality of life in

elderly becomes an increasingly important concept. This study explores the various related research studies on quality of life and its impact on elderly to create a basic background for further experimental research studies that would be carried over in this field of geriatric psychology.

4. VIEWPOINT OF THE ELDERLY ABOUT QUALITY OF LIFE

In the year 2008, Gopalakrishnan Netuveli and David Blane provided a narrative view to Quality of life in older ages which puts forth the concept being discussed in objective and subjective dimensions portray that the majority of the elderly people evaluate their quality of life positively on the basis of social contacts, dependency, health, material circumstances and social comparisons. The relatively quoted studies in Adaptation and resilience might show that adaptation and resilience play a part in maintaining good quality of life. Although there are no cultural differences in the subjective dimension of quality of life, in the objective dimension such differences exist and prove that quality of life increases the positive outlook on life and thus the clinical management of elderly should definitely comprise aspects of managing quality of life in elderly.

5. GENDER AND QUALITY OF LIFE IN ELDERLY

In the year 2017, Sithara B Alan V under the guidance of Girija Devi explored various factors like socioeconomic background, health and nutritional intake of the elderly and to assess the quality of life along with identifying the major problems faced by the elderly. The researcher collected her data from the localities in Kerala using various standardized tools and it was statistically found that the age group 60-69 had high quality of life and the gender difference was keenly observed and it was shown that the elderly men had higher quality of life in comparison to the elderly woman and as the age increased the quality of life seemed to decrease, however elderly people living in urban areas did have high quality of life than those living in rural areas

6. DETERMINANTS OF QUALITY OF LIFE IN ELDERLY

It is clearly and significantly proven from the study conducted in the old age persons of Kerala by Sithara Balan in the year 2017 that the place of residence, educational background, age group, Employment status, Family income, mobility of the individual, the person with whom they reside (old people living with their spouse is found to have better quality of life), number of friend they have, When the number of friends increases, quality of life also increases, there is significant relation between the quality of life of the elderly and their health in general. Those who obtained medium quality of life had better health than the other groups under the researcher's observation and most importantly. Quality of life was found to be high when there are less problems, especially when psychological problems are less, quality of life increases.

7. MENTAL HEALTH AND QUALITY OF LIFE

1. In a research conducted among elder people in Salem, Tamilnadu, it was observed that more than half of the respondents (52.3%) had lower level of general quality of life. **(Maheswari, K January 2010)**
2. The future projections of global DALY's in the year 2020 shows the projection of mental disorders to increase up to 15% of the global disease burden with depression being the second leading cause of Among the elderly, deterioration of health increases with age needing attention from family members. It is to be noted that if emotional, social and physical satisfaction of life is enhanced among the elderly, their overall quality of life is also enhanced. Improvement in overall quality of life of the elderly is an important aspect of their survival potential in the context of the changing social and economic scenario of development (Chakrabarti, 2009). There are a large number of studies on overall physical health status of the elderly conducted worldwide but studies focusing on the mental health traits are relatively much less in number. **(Maity, Moumita, 2013)**

3. In an experimental study conducted among the elderly to measure and enhance their quality of life through therapeutic role of life of review , it was seen that the majority of the subjects of the experimental group have enhanced their quality of life after being exposed to LREF(fully structured life review)(**Audrey S. Pinto**)

8. CONCLUSION

Improving care in the old age will require many changes in attitudes, policies, and actions. Such changes will involve a multitude of people and institutions that have a role in making and implementing decisions about patient care or in structuring the environments in which such decisions are reached and realized. Clearly, what patients and their families know, expect, and desire is important. Health care professionals play critical roles in diagnosis, communication, guidance and direction, treatment, negotiation, and advocacy for patients at many levels. Decisions by health plan managers, institutional administrators, and governmental officials shape and often impede the ability of patients, families, and clinicians to construct a care plan that serves the elderly population well. Thus, it is clear that with increasing number of elderly population in the country, it is essential to enhance their quality of life so that they can live the rest of the years of their lives with content.

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LONELINESS AMONG ELDERS

S.DILRUBA BANU, D.KIRTHI, D.MOUMITHA AND S.SHAMAANZUM

ABSTRACT

Loneliness a complex and usually unpleasant emotional response to isolation. Loneliness typically includes anxious feelings about lack of connection or communication with other beings, both in the present and extending into the future. The present study aims to study loneliness among elders.100 elders were selected as sample and UCLA loneliness scale was used to collect data. To analyze the data statistical tool 't-test' is used. The results will be discussed.

Key words: Loneliness, elderly, old age home

INTRODUCTION:

Loneliness is usually a complex and unpleasant emotional response to isolation. Loneliness typically includes anxious feelings about a lack of connection or communication with other beings, both in the present and extending into the future. As such, loneliness can be felt even when surrounded by other people. The causes of loneliness are varied and included social, mental, emotional and physical factors. Loneliness is common in older people and is associated with adverse consequences both from a physical and mental point of view. There needs to be an increased focus on initiating intervention strategies targeting loneliness to determine if decreasing loneliness can improve quality of life and functioning in the elderly.

LITERATURE REVIEW:

Preventing and alleviating social isolation and loneliness among older people is an important area for policy and practice, but the effectiveness of many interventions has been questioned because of the lack of evidence. A systematic review was conducted to determine the effectiveness of health promotion interventions that target social isolation and loneliness among older people.

Quantitative outcome studies between 1970 and 2002 in any language were included. Articles were identified by searching electronic databases, journals and abstracts, and contacting key informants. Information was extracted and synthesized using a standard form. Thirty studies were identified and categorized as 'group' (n=17); 'one-to-one' (n=10); 'service provision' (n=3); and 'community development' (n=1). Most were conducted in the USA and Canada, and their design, methods, quality and transferability varied considerably. Six of the eight ineffective interventions were group activities with an educational or support, advice and information, or health-needs assessment. The review suggests that educational and social activity group interventions that target specific groups can alleviate social isolation and loneliness among older people. The effectiveness of home visiting and befriending schemas remains unclear.

HYPOTHESIS:

There will be a significant difference in loneliness on the basis of pension and physical illness.

METHODOLOGY:

The purpose of the study is to measure loneliness among elderly. Simple random sampling technique was used to collect data. The sample size was 100 and the sampling universe was Vysyakula mudhiyorillam and Mother Teresa charity home.

INCLUSION CRITERIA:

- People above 50 years were considered as samples.
- People stayed in the home as well as the old age home were taken as samples
- Both educated and uneducated were taken as samples.
- EXCLUSIVE CRITERIA:
- Elderly who found in streets were not taken as samples.

SCALE USED:

UCLA (loneliness scale)

DESCRIPTION OF THE SCALE:

The UCLA loneliness scale was developed by Russell in 1980. It is used to measure one's subjective feelings of loneliness as well as feelings of social isolation. The scale consists of 20 items. The items are with four responses as follows:

- O - I Often feel this way
- S - I Sometimes feel this way
- R - I Rarely feel this way
- N - I Never feel this way.

RELIABILITY:

Internal consistency – Russell, Peplau and Ferguson (1978) reported a coefficient alpha of .96. Test retest reliability over a two month period was ($r = .73$) (Russell et . Al., 1978).

VALIDITY:

Convergent validity - Significantly correlated with other measures of loneliness.

Construct validity - Significantly related to self reported of both loneliness and emotional states (Russell et . al., 1978).

ADMINISTRATION:

The samples were taken from elders of Vysyakula mudhiyorillam & Mother Teresa charity home and permission to collect data was obtained. Then the loneliness was handed over and samples are instructed as follows, read the questions below and each of your possible answer tick the response mostly applies to you. Do not omit any of the items. There is no time limit but on average it requires 5-10 minutes to complete it. Your responses will be scored based on norms, likewise 100 samples were administrated to find out the result of the study.

SCORING:

The scoring is done by summing up the scores. For example O's = 3, S's = 2, R's = 1 and N's=0.

INTERPRETATION:

- 15 – 20 average level of loneliness
- 21 – 30 frequent level of loneliness
- 31 – 40 severe level of loneliness.

RESULT AND DISCUSSION

Table 1: Comparison of pension values with loneliness.

<i>PENSION</i>	<i>N</i>	<i>MEAN</i>	<i>t</i> score	<i>P</i> value
Pensioner	29	21.48	-0.74	0.74 ^{NS}
Non pensioner	71	23.23		

NS = Not Significant

Table I shows the result of pension on loneliness. The t scores obtained is -.74 and p value is .74. from the p value it is found that there is no significant difference in loneliness based on pension. Therefore the stated alternative hypothesis is rejected.

Table 2: Comparison of physical illness with loneliness.

<i>Physical illness</i>	<i>N</i>	<i>Mean</i>	<i>t score</i>	<i>P value</i>
Non illness	41	23.98	0.95	0.35 ^{NS}
Illness	59	21.85		

Non significant

Table II shows the result of physical illness on loneliness. The t scores obtained is .94 and p value is .35. from the p value it is found that there is no significant difference in loneliness based on physical illness. Therefore the stated alternative hypothesis is rejected.

CONCLUSION:

From the result we conclude that there is no significant difference in loneliness on the basis of pension and physical illness.

LIMITATION

- Study is done with limited sample size
- Study is done for confined age group
- Duration of the study was too short

RECOMMENDATION

- Study can be done on larger sample size
- Duration of the study can be extended

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VOLUNTARY INSTITUTIONALISATION AND FAMILY LINKS OF AGED PERSONS AFFECTED BY LEPROSY WITH DISABILITIES

L. CAMILLUS RAJKUMAR & K. SATHYAMURTHI

ABSTRACT

The recognised way of treating leprosy was to remove people from their homes and put them in leprosarium. The service providers took this as their model for leprosy control and the model Hansen leprosarium was set up in Norway consisting of compulsory registration, control and isolation. Socially, the disease leprosy was resulting in social death of the patients by not accepting as human for a very long time. Leprosy patients still experienced negative behaviour. Persons affected by leprosy recognized by the community, have visible wounds, swellings and deformity of the feet and hands. In Uttar Pradesh in a study it was reported that 50% to 60% of the study participants mentioned about social discrimination of leprosy patients. Persons affected by leprosy have left their families, and even their spouses and children, fearing the repercussions of the fact that they had leprosy. Based on this, a study was conducted in Chennai, to understand the voluntary institutionalisation of aged persons affected by leprosy with disabilities. **Objective:** To study the voluntary institutionalisation of aged persons affected by leprosy with disabilities and their link with family, relatives and communities. . **Methods:** The universe of the study is the aged persons affected by leprosy those who have with disabilities living in the leprosy home. The study was conducted in one of the leprosy home in Chennai covering all the inmates above the age of 60 years, which form the sample of this study with a total sample size of 41 respondents. The research

*design adopted is descriptive in nature. Census method sampling was adopted for this study. **Results:** Among the total respondents majority 70.7 percent of the respondents have never been to school. Among the respondents 68.3 percent did not have any occupation before landing up to the leprosy home. Majority 92.6 percent of the inmates received government pensions. 73.2 percent of them were married. 90 percent of the persons affected by leprosy at leprosy home shared that they had leprosy deformity for last 30 to 70 years. 53.7 percent respondents felt stigmatised due to leprosy, 63.4 percent of them shared that they were not accepted by their relatives due to leprosy, 65.9 percent of them shared that their friends were not supportive and helpful for them. 58.5 percent of the respondents shared that they were ignored and ill-treated, 68.3 percent of them shared that they were not being accepted when they went out in public. **Conclusion:** Voluntary isolation of aged person affected by leprosy is due to the stigma on leprosy which still prevails in the society. This has also made a negative impact on the education of the occupation of persons affected by leprosy. Leprosy stigma, discrimination, neglect and isolation by the family, friends neighbours, community and society has made them isolate from the main stream society.*

Key Words: *Leprosy, Isolation, Neglect, Stigma, Discrimination, Leprosy Home, Aged Persons. .*

I) INTRODUCTION

In the olden days the leprosy care was provided with very little in the way of chemical treatments and in the pre modern era with Chaulmoogra oil. The recognised way of treating leprosy was to remove people from their homes and put them in leprosarium. During 1897 Leprosy Congress recommended that leprosy could be prevented by isolation. The service providers took this as their model for leprosy control and the model Hansen leprosarium was set up in Norway consisting of compulsory registration, control and isolation.

Today globally leprosy burden has declined substantially. India achieved the elimination (defined as <1 case per 10,000 population) by 2005. Considering the reduced burden of leprosy, since 2005, leprosy services have been integrated with the general health care services. Socially, the disease leprosy was resulting in social death of the patients by not accepting as human for a very long time. A study done in Nepal showed that leprosy patients still experienced negative behaviour and 95% of the persons affected by leprosy recognized by the community, have visible wounds, swellings and deformity of the feet and hands (de Stigter et al 2000). In Uttar Pradesh, (Barkataki et al 2006) it was reported that 50% to 60% of the study participants mentioned about social discrimination of leprosy patients. The proportion of families having patients with deformities faced problems ten times higher (57%) than those without deformity (6%) (Kopparty et al 1995). People have left their families, and even their spouses and children, fearing the repercussions of the fact that they had leprosy (Kaur and Van Brakel 2002). Considering all these, and the reduced number of leprosy cases, it is of utmost importance to understand how the persons affected by leprosy are accepted currently by their families and their community. Based on this, a study was conducted in Chennai, Tamilnadu in a leprosy home to understand the voluntary institutionalisation of persons affected by leprosy with disabilities and to understand their link with families, relatives and the community.

II) MATERIALS AND METHODS:

The methodological aspects of the research study includes Aim, Objectives, field of study, Research Design, Sampling Design, Sources of Data, Tools for Data Collection and Data Analysis plan which are discussed in this area.

a) Objective:

To study the voluntary institutionalisation of aged persons affected by leprosy with disabilities and their link with family, relatives and communities.

b) Study Population:

The universe of the study is the aged persons affected by leprosy those who have with disabilities living in the leprosy home. The study was conducted in one of the leprosy home in Chennai covering all the inmates above the age of 60 years, which form the sample of this study.

c) Sampling Frame and Design:

The inmates of the leprosy home are the study universe, there were totally 64 inmates among them persons above the age of 60 years were 41 persons and all the 41 persons were considered as respondent for the study. Census method sampling was adopted for this study.

d) Research Design:

In this research the researcher describes the characteristic of aged persons affected by leprosy and their link with family, relatives and communities. Hence the researcher adopted the descriptive research design to study the voluntary institutionalisation of aged persons affected by leprosy. A semi structured interview schedule was instrumented to collect the data from the respondents. Data were entered and analyzed using SPSS version 16.0.

III) RESULTS:

Demographic profile of the leprosy inmates

There were totally 41 respondents covered through in-depth interviews, among the total respondents 63.4 percent of the respondents were male and 36.6 percent were female. The age of the respondents was between 61 years to 80 years of age. The respondents who have never been to school were 70.7 percent, 26.8 percent have been to primary level schooling and remaining 2.4 percent have studied till high school. Among the respondents 68.3 percent did not have any occupation before coming to the home among them 39 percent was male and 29.3 percent were female. Among the respondents 14.6 percent worked as skilled labour among the skilled labour 12.2 percent were male and remaining 2.4 percent were female. The inmates who worked as unskilled labourers were 17.1 percent among them 12.2 percent were male and remaining 4.9 percent were female. Among the respondents 39 percent of them were married, 22 percent of them were divorced / separated, 12.2 percent of the respondents were widow / widower and 26.8 percent of the respondents were not married.

Socio economic status of the leprosy inmates

The majority 92.6 percent of the inmates received government entitlements among them 90.2 percent received disability pension and remaining 2.4 percent received widow pensions, 7.4 percent of the inmates did not receive any Government entitlements. Sixty one percent of the inmates who received govt. entitlements were male and 31.7 percent of them were female inmates. Among the total respondents 48.8 percent of them shared that they do not part their pension amount with their family members and 43.9 percent of them shared that they part the pension amount with their family members. It was observed that the majority (68.3%) of the inmates spend their pension amount on self and savings, 7.2 percent of the inmates just saved the pension amount, 17.1 percent of the inmates parted the amount with their family members.

Leprosy Treatment and Disability status of leprosy inmates

The respondents were asked what kind of treatment did they take for leprosy, majority (68.3%) shared that they took Dapsone treatment among them 43.9 percent of them were male and 24.4 percent of them were female. 19.5 percent of the respondents shared that they underwent MDT treatment among them 14.6% were male and 4.9% were female. The remaining 2.4 percent of the respondents were male who did not undergo any treatment for leprosy. Among the respondents 56.3% have developed deformity due to leprosy in the age between 11 to 20 years, 31.6 percent have developed deformity in the age between 21 to 30 years, 9.7 percent of the respondents developed deformity in the age group of 31 to 40 years and remaining 2.4 percent developed deformity at the age of 41 to 50 years. The duration of deformity of the respondents was 14.8 percent of them had deformity for 61 to 70 years, 19.5 percent for 51 to 60 years, 31.7 percent for 41 to 50 years, 24.3 percent for 31 to 40 years and 9.7 percent for 21 to 30 years.

Relationship of leprosy inmates with their families

Among the respondents 61 percent of the respondents shared that they were having family members and relatives among them 41.5 percent were males and 19.5 percent were females and 39 percent of the respondents did not have any relatives among them 22 percent were males and 17.1 percent were females. Among the total respondents 9.8% of the respondents shared that their relationship with their family was very good and 39 percent of them shared that relationship with family was good and 2.4 percent of them shared that relationship with family was not bad, 7.3 percent of them shared that the relationship with the family was not good and for 41.5 percent of the respondents did not have a family and was not applicable.

Thirty nine percent of the respondents shared that their family accepted them with leprosy and deformity condition among them male respondents were 26.8 percent and female respondents were 12.2 percent. Among the respondents 39 percent of them

shared that they were not accepted by their family members with this leprosy condition among them 29 percent were male and 9.8 percent were female and 22 percent shared that they did not have any family among them 7.3 percent were male and 14.6 percent were female. Among the respondents 31.7 percent shared that they regularly visit their family and 39 percent of them shared that they do not visit and 24.4 percent of them shared that they visit their family very rarely and it was not applicable for 4.9 percent of the respondents. The respondents who shared that their family members who regularly visited them at leprosy home were 41.5 percent, 9.8 percent visited them rarely, 39 percent shared that their family does not visit them and for 9.8 percent respondents this was not applicable as they did not have any family members.

Among the respondents 22 percent were living with their spouse in the leprosy home among them 19.5 percent of them were male and 2.4 percent of them were female and 53.7 percent were living separately among them 34.1 percent were male and 19.5 percent were female and 24.4 percent shared that they were single among that women were 14.6 percent and men were 9.8 percent. The respondents those who shared that they have children were 53.7 percent and those who did not have children were 41.5 percent and 4.9 percent were not married. Among the respondents 43.9 percent of them shared that they maintained good relationship with their children and 12.2 persons shared that the relationship with their children were not good and around 43.9 percent of them shared that they did not have children. The respondents those who shared that the relationship with their family members changed after the leprosy illness were 43.9% and the respondents those who shared that there were no change in the family relationship after 41.5 percent and 14.6 percent of them shared that it was not applicable for them as they did not have a family.

Stigma status of the leprosy inmates

The respondents those who shared that they were stigmatised due to leprosy were 53.7 percent and the remaining 46.3 percent shared that they were not stigmatised

due to leprosy. Among the respondents 36.6 percent shared that their relatives accepted them with this leprosy and majority 63.4% of them shared that they were not accepted by their relatives due to leprosy. Among the respondents 34.1% of them shared that their friends were supportive to them and remaining 65.9 percent of them shared that their friends were not supportive and helpful for them. Thirty nine percent of the respondents shared that they still contact or spend time with their friends and family members and remaining 61 percent do not contact or spend time with their friends and family members.

The respondents those who shared that the society / community accepted them when they contracted leprosy was 29.3 percent, 31.7 percent felt that they were isolated by the society / community when they contracted leprosy and remaining 39 percent of the respondents shared that they do not know if the society / community has accepted / rejected or isolated them. More than half (58.5%) of the respondents shared that they were ignored and ill treatment because of leprosy and remaining 41.5 percent respondents said they were not ill-treated and ignored because of leprosy. Majority 68.3 percent of the respondents felt that they were not being accepted when they went out in public and remaining 31.7 percent shared that they were being accepted in public.

Reasons for prolonged living in the leprosy home

The respondents those who were staying in the home less than 10 years were 24.4 percent, 19.5 percent of them stayed less between 11 to 20 years, 24.4 percent of them stayed between 21 to 30 years, 24.4 percent of them stayed between 31 to 40 years and remaining 7.3 percent of them stayed for more than 40 years to 50 years in this home. When the respondents were asked why they were staying in this home for so long, 28.1percent of them shared that they were comfortable staying in home rather with family, 37.5 percent of them shared that they did not have any family or relatives to stay with, 12.5 percent of the respondents shared that they were isolated by their family members so they stayed in the leprosy home, 3.1 percent of them shared they

felt social stigma to stay with the family so they came to the leprosy home and remaining 18.8 percent of the respondents shared that they were staying in this home because their spouses lived or living here with family. Majority (97.6%) of the respondent shared that they do not have any plan to ever go back to their family in future and 2.4 percent of the respondents shared that they have plans to go back to their family in future. Most of the respondents (95.1%) shared that their family did not compel them to come back and live with them again but 4.9 percent of the respondents shared that their family wanted them to come back and live with them. Almost all (97.6%) of the respondents shared that they felt happy to stay in this leprosy home and 2.4 percent of the respondents shared that situation has compelled them to stay in this leprosy home.

Majority (95.1%) of the respondents shared that if they were given a choice either to stay in leprosy home or live with their family they would prefer to stay in leprosy home and remaining 2.4 present of the respondents shared that they would love to live with their family.

IV) DISCUSSION

The study indicated that majority 70.7 percent of the respondents have never been to school, means early child hood leprosy with deformity and isolation had refrained, them to take up schooling or due to lack of awareness on education could be one of the influencing factors in those days. Among the respondents 68.3 percent did not have any occupation before landing up to the home, which means that they were not offered any job or due to their physical appearance they were not offered any job in the society due to stigma. The study also indicated that 73.2 percent of them were married, which means getting married with leprosy was never been a constraint, the study also revealed that 18.8 percent of the respondents spouses lived or were living in the home with their family.

The Socio economic status of the leprosy inmates indicates that 92.6 percent of the inmates received government entitlements like pension which means that aged leprosy patients have access to government entitlements and they are aware of the entitlements. It was observed that the majority (68.3%) of the inmates spend their pension amount on self and savings and 7.2 percent of the inmates just saved the pension amount which means the aged leprosy persons have good saving habits and are concerned for future support. Among the total respondents 17.1 percent of the inmates parted the amount with their family members, this indicates that the family relationship is not good and they majority do not want to part their amount earned to their family members.

The leprosy treatment and disability status of leprosy inmates was studied it was observed that majority of old aged leprosy patients had taken Dapsone treatment due to none availability of Multi Drug Therapy in those days. Majority (87.9) have developed deformity in the yearly age between 11 to 30 years, which means that due to lack of awareness on leprosy and non availability of timely treatment have led to leprosy made disability. More than 90 percent of the persons affected by leprosy at leprosy home shared that they had leprosy deformity for last 30 to 70 years which means there were less opportunity available or they were not eligible to undergo deformity correction due to late intervention for reconstructive surgeries.

Relationship of leprosy inmates with their families was studied it was observed that 61 percent of the respondents had their families and relatives, which means the family had isolated them and they do not want them to be with them as they had leprosy and visual deformity. Nearly 39 percent of the respondents shared that their family relationship was good, but the families did not accepted them and they do not visit their families and neither their families visited them, which means and had to stay in the leprosy home, which clearly highlights that there was stigma attached with leprosy which would affect their social status of their families so the families did not allow person affected by leprosy to stay with them. The respondents who shared that

their family members who came to visit them regularly were 41.5 percent, which is in correlation with the 43.9 percent of the inmates who shared that they part the pension amount with their family members, which highlights that the family members mostly also received benefits from the inmates pension amount.

The study has brought out the respondents who felt stigmatised due to leprosy was 53.7 percent, besides this 63.4 percent of them shared that they were not accepted by their relatives due to leprosy, 65.9 percent of them shared that their friends were not supportive and helpful for them which means the stigma on leprosy still prevails and this isolates the person affected by leprosy with the main stream society. The study also revealed that 61 percent do not contact or spend time with their friends and family members, 58.5 percent of the respondents shared that they were ignored and ill-treated because of leprosy and 68.3 percent of them shared that they were not being accepted when they went out in public, which means stigma on leprosy is prevalent within the family, friends and also community, further the persons affected by leprosy is also ill-treated and not accepted in public.

The study also revealed that due to isolation and neglect of the person affected by leprosy by the family, neighbours, friends and the community many (97.6%) of the respondent felt that they do not have any plan to ever go back to their family in future, it was also found that majority (95.1%) of the respondents family did not compel them to come back and live with them again due to stigma. This stigma has isolated them and made them comfortable to stay in leprosy home which was shared by 97.6 percent respondents.

V) CONCLUSION

Overall, in this study it was found that voluntary isolation of aged person affected by leprosy is due to the stigma on leprosy which still prevails in the society. This has also made a negative impact on the education of the occupation of persons affected by leprosy. Leprosy stigma, discrimination, neglect and isolation by the

family, friends neighbours, community and society has made them isolate from the main stream society. Their own families have abandoned them were they not willing to go back again. The study has brought out that the stigma and isolation has made the persons affected by leprosy to create his or her won world around themselves were they are accepted and respected, which has made them to voluntarily isolate themselves from family, friends and society and be at the leprosy home. This study shall be useful for future social workers and other public health professionals to provide appropriate intervention and services and take up further research to improve the living conditions of aged persons affected by leprosy.

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OLD AGE HOMES IN INDIA

SPECIAL REFERENCE TO KALAISELVI KARUNALAYA SOCIAL WELFARE SOCIETY

L. MAHESWARI

ABSTRACT

Ageing is a natural and universal phenomena. About 90% of older persons today are from the unorganized sector that just means that at the age of 60, they have no regular source of income, any provident fund or gratuity, no medical insurance or any social security after formally or informally retiring from active earning. Many Voluntary Organisations are functioning in India for the care of the aged persons. They are running old age homes, day care centers and health center. But some of them are registered at national level. This study has been carried out to understand the Kalaiselvi Karunalay Social Welfare Society's Old Age Home and Elderly care programs.

Key Words: *Old Age, Voluntary Organisation, health care.*

Introduction:

“Youth is the Gift of Nature
But Age is a Work of Art”

Ageing is a natural and universal phenomenon. The first old age home in India is supposed to have been started in early 18th century but information is available from 1782 onwards. There are two types of Old Age Homes in India. One is the “Free” type which cares for them. They are given shelter, food, clothing and medical care. The second type is the “paid” home where care is provided for a fee. Now-a-days such “Retirement” homes have become very popular in India and they are well worth considering. Kalaiselvi Karunalaya Social Welfare Society (KKSS) is registered society working for the betterment of the underprivileged, downtrodden and marginalized communities in rural and urban Tamil Nadu. KKSS was founded in 1983 to aid orphans, the abandoned elderly, women in distress, people addicted to drugs and liquor and victims of natural disasters in rural and urban Tamil Nadu.

Objectives of the Study:

- To study the origin of the Kalaiselvi Karunalaya Social Welfare Society
- To study Elderly care programs by KKSS
- To address the Medical needs of senior citizens

What is Old Age?

‘Old Age’ and ‘the elderly’ are terms which are common in both popular usage and more academic environments. Despite the frequency with which the terms are used the definition of exactly what ‘old age’ is problematic. We can identify four main approaches to the definition of old age. These are biological age, chronology, the political economy approach and a stage in the lifecycle. Whatever definition of old age is used the term usually implies (implicitly or explicitly) some notion of decline and deterioration in health, vitality, social usefulness and independence.

The Oxford Dictionary defines old age as the later part of normal life. There are main two approaches to the identification and definition of old age, Biological and Chronological. Biologically, normal ageing is characterized by progressive and irreversible changes in both structure and function with time. In modern society, we use chronological age, i.e. the length of time (usually counted years) that a person has lived, as a social indicator.

International Day of Older Persons:

In 1948 the question of ageing was first taken up by the United Nations at the initiative of Argentina, which proposed a Draft Declaration on old age rights. The question was taken up again and placed on the agenda of the General Assembly at the initiative of Malta in 1969. But it was only in 1972 that the Economic and Social Council of the United Nations deliberated at length for the first time on the issues of ageing and the aged. However, it was only after a gap of ten years that the first World Assembly on Ageing could be held in Vienna in 1982 wherein the UN member states formulated and adopted the International Plan of Action on Ageing, which was later on endorsed by the UN General Assembly in the same year. Again, almost a decade later, the UN adopted the Principles for older persons in 1991. The eighteen principles were grouped into five clusters, namely independence participation, care, self- fulfillment, dignity and are best summed up in the logo: To add life to the years that have been added to life.

In 1990, the UN General Assembly designated October 1 as the International Day of Older Persons for celebrating and acknowledging the contribution of older people to society. The conceptual Framework for IYOP (International Year of older persons) which is based on the International Plan of Action on ageing (1982) and the Principles for older persons (1991) was formulated and submitted by the Secretary General to the 50th Sessions of the General Assembly in 1995. The 1997 operational Framework also assisted in setting the scene for the International Year of Older Persons, 1999. The overall theme for IYOP was “Towards a society for All

Ages". India has followed by nominating the year 2000 as the National Year of older persons.

Programmes and Policies for elders care:

The well being of the older persons has been mandated in the constitution of India. Article 41 of the Directive Principles of the State Policy States that the State shall protect the well being of senior citizens. Apart from this, Hindu Adoption and Maintenance Act, 1956.

The Government announced the National Policy on older persons in January 1999. some of the responsibilities extended to the elderly by the State are the following:

- Income-tax rebate for senior citizens are provided under section 88B, 80D and 88DDB. Section 80DDB pertains to deduction in medical treatment of certain specific diseases.
- Annapurana is distribution of free food grains up to 10kg per month to those older who are destitute.
- Different states also give old age pensions.
- Life Insurance Corporation of India is also extending services to the citizens through saving schemes such as Medical Insurance Schemes, Jan Arogya, Jeevan Akshay, Jeevan Dhara, Senior Citizens Unit Plan.

Kalaiselvi Karunalaya Social Welfare Society:

The home environments primarily for those elderly persons who are unable to stay with his/her own family member with one or many reasons. It is an alternative shelter of the house where elderly persons can share their feelings, liking and disliking, experiences with each other staying at this type settlement.

KKSS was founded in 1983 by a young zealous post graduate Mr. A. Purushothaman who wanted to educated poorest from most marginalized communities. Now it has grown into a huge social service organization working for rescue and rehabilitation of orphaned children, the abandoned elderly women in distress, people of gypsy community, people addicted to drugs and liquor and victims of natural disasters

in rural and urban Tamil Nadu. These people need help a home, an education, someone with whom to share their problems or just care and companionship. Yet, having little or no money and they are often left neglected and alone. So, by providing shelter, support, counseling and empowerment, we give them a chance to live the life they deserve. One filled with hope and happiness.

Elderly care Programs by KKSS:

KKSS have 30 years of expertise in implementing old age care programs. Moggappair, Chennai based old age home is recognized by the government of Tamil Nadu.

About Seniors:

25 old aged people, 60 years and above, from different parts of Tamil Nadu irrespective of caste, creed and religion, relinquished by family.

Infrastructure:

KKSS have 2 old age homes Tapasya in Moggappair West and a new one in KKSS main building, which has prayer hall, recovery room for sick, adequate toilets and bathroom and psychology counseling sessions.

Tapasya; old age home is funded by the Ministry⁶ of Social Justice and Empowerment.

Multi service day care centers for poor senior citizens:

KKSS encourage senior citizens from all backgrounds to spend the day at their four multi service day care centers interacting, listening to lectures and sharing their problems.

In addition to the relationships they build, they get food, clothes, medical care and Rs.50/- petty cash for daily expenses. Once a year we take them on tours and pilgrimages. Multi service day care centers are funded by the Ministry of Social Justice and Empowerment.

Mobile Medicare Unit:

Once every fortnight doctor of our mobile Medicare unit diagnoses basic ailments of the underprivileged elderly and provide basic treatment, medicines and referrals. Every year, 400 elders benefit from the mobile Medicare services. In

addition, twice a week our mobile van takes doctors with essential medicines to less connected parts of Tamil Nadu.

Kalaiselvi Karunalaya 2017:

The year 2017 has been a period of development and consolidation and the most important project completed was the new building for Tapasya old age home. Built with a carpet area of over 5000. The children and elders in KKSS campus celebrated various religious and national festivals like members of one large family. They have pleasure in illustrating some of the more important events held during the year.

World Elders' Day:

There were two celebrations, one by Help Age India, on 1st October 2017. The second event was organized by Social Welfare Department on 9th October 2017. A large number of elders from various NGOs including those from KKSS, participated in the events. KKSS' elders presented songs and one act skits, which showed their spirits, were young though they were aged. Deepavali was the other important festival. The elders exhibited their culinary abilities by preparing mouth watering sweets like kozhukkattai, laddus etc.

Picnics and outings:

The elders were taken for an evening in the Marina beach in July. Walking on the sand, vast and soft, the elders ruminated over the vastness of the world, the beauty of the ocean, the ebb and flow of tide and the beauty of the setting Sun. They also visited the memorial for the last Chief Minister and paid their respects to her there.

Conclusion:

About 8% of the total population of Chennai consists of elderly people but they are not always given proper respect and care like many other parts of our country and world. Elderly people have rights to live a peaceful and dignified life. Old people welfare society in Chennai help these abused, poor and disabled elderly people to have a normal life. Special care is taken so that these people do not feel abandoned. Good and healthy foods, medical needs and physical and mental conditions of the elderly

people are taken care of at these welfare societies. Regular spiritual gatherings and workshops are also arranged for these elderly people.

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PAKALVEEDU: A COMMUNITY-BASED INITIATIVE IN THE SOCIAL SUPPORT SYSTEM OF ELDERLY

RENITTA MANUEL

ABSTRACT

'Pakalveedu' is a term in Malayalam which means Day Care Home. It is a major thrust in the area of elderly protection in the state of Kerala. Sayamprabha Home popularly known as the Pakalveedu project is the one that is of great importance to the elderly who lives in the shadow of loneliness, who are eager to meet their peer group and has decided to celebrate their old age. Through this project the elderly people in a locality gather in a place, either in the same premises of the Integrated Child Development Scheme (ICDS) Anganawadi, if under Government and in any other suitable place, if in collaboration with any N.G. Os or Senior Citizens' Association in the community. According to Population Census 2011, there are nearly 104 million elderly persons in India; 53 million females and 51 million males. And State-wise data on elderly population divulge that Kerala has maximum proportion of elderly people in its population (12.6 per cent) followed by Goa (11.2 per cent) and Tamil Nadu (10.4 per cent) as per Population Census 2011. This is the right time to do something i.e., to identify their problems, provide solutions for them, extend them support through various Programmes, Policies and Schemes by the Government and other Organisations. One of the most widespread problems faced by senior citizens is loneliness in family atmosphere. Elderly men and women who lost their partners suffer isolation at home during daytime due to lack of company when their children go to work and grandchildren go to schools These Homes provide an opportunity for social interaction, exercises, yoga, physiotherapy, medical check-ups, activities to satisfy their social, emotional and physical

needs etc. This is a very effective project that has turned the idea of aging upside down. The importance of this Project lies in the fact how it has transformed the lives of elderly in Kerala. By citing examples especially from Pakalveedu at Kochi the relevance of this Project will be stated.

Key Words: Elderly, Pakalveedu, Social support

Introduction

“Aging is not lost youth but a new stage of opportunity and strength.” (Betty Friedan, 1994). One of the founders of the feminist movement, Betty Friedan in this quote captures the concept of successful aging. In India, however, all persons who are sixty years or above are included among the elderly. It is the terminal stage of one’s life cycle (Elizabeth, 1981). From the point of view of elderly, the problems of elderly are not less significant even though it may appear comparatively less significant among the problems of wider society. In old age physical strength deteriorates, mental stability diminishes, money power becomes bleak and eyesight suffers a setback. It is only for a blessed few, old age may prove to be a stage of contentment and satisfaction. But for a large number of people it may actually become a period of disappointment, dejection, disease, repentance, and loneliness.

According to the Psycho Social Theory of Development, a man’s life is divided into five stages- infancy, childhood, adolescence, adulthood and old age. In each of these stages an individual has to find himself in different situations and face different problems. People go through different experiences during their old age, some may try to get detached from the society, some may try their best to be engaged always, some people may turn towards religion as resort etc. Only a few make compromises and try to equip them to sail along with the currents of life. Thoughts and cognitions are different for different people. A national level collective representing more than 70 senior citizens’ associations called the All India Senior Citizens Confederation (AISCCON) emerged with the mandate of lobbying for policy attention to elderly issues at district/state/local levels. One of the key issues highlighted by the elderly via the AISCCON was the need for Socialization with peers. They pointed out the need for Senior citizen clubs could be established, for better socialization, reduced sense of isolation and loneliness, particularly amongst those who have lost their spouses, and more productive use of

time (Raju, 2011). Different types of care programmes have been offered to the needy elderly by Central and State Governments such as National Policy for Older Persons (NPOP) 1999 National Council for Older Persons (NCOP), Integrated Programme for Older Persons (IPOP), National Programme for Health Care of Elderly (NPHCE), Vayomithram, VayoAmrutham, Age Friendly Panchayat, Mandahasam, Sayamprabha Homes etc. Among these, the significance of Pakalvedu is getting paramount importance on the present scenario. This is because elderly men and women who lost their partners suffer isolation at home during daytime due to lack of company when their children go to work and grandchildren go to schools. Most elders find themselves at a loss after an active work life, with no place to go, no colleagues and often no support group. Studies indicate that in most cases this leads to a feeling of complete isolation, neglect and loss of confidence and self-worth leading to depression and health problems. These Homes provide an opportunity for social interaction, exercises, yoga, physiotherapy, medical check-ups, activities to satisfy their social, emotional and physical needs etc. So, the present paper tries to find out the need for social support offered by the community for this elderly population.

Sayamprabha Homes / Pakalvedu:

“Sayamprabha Home” project is a new initiative of Social Justice Department that provides Day Care facilities in co-operation with Local Self Government Department institutions. These Day care centres will provide the most required services and help on a barrier free platform to the old age people in their age of need. These day care facilities offer an opportunity for the senior citizens to mingle with their own age group; it can also provide solace to elderly who suffer loneliness during daytime. Key services provided through Sayamprabha Homes include creating opportunity for social interaction among senior citizens, yoga training classes, wide range of activities to keep the elderly occupied with activities designed to meet physical, emotional and social needs, engaging them in activities

which include physiotherapy, meditation, counselling, medical check-ups, etc and to provide food at least 2 times a day for senior citizens who suffer from malnutrition. (SJD, 2018)

Pakalveedu: A Study

Pakalveedu at Bolgatty in Ernakulam, Kerala is one of the best examples of a Pakalveedu that works in its full swing. It is a private undertaking by the Sisters of St. Anne's Convent. There are 15 senior citizens, who visits the Pakalveedu daily and all are elderly women. The Pakalveedu functions in St. Anne's Convent at Bolgatty, near Cochin. They usually start their group by 10 a.m. with a common prayer. Through the prayer, they thank God for their health, old age and other blessings. It is basically a prayer of acknowledgement. It extends up to 10.30 a.m. Then they move on to their daily exercises. The group leader displays the exercises which consist of simple exercises for all body parts and joints, that can be done sitting on a chair. After the exercise, two of them, as per the routine, prepares tea and snacks while others are involving in games. They play Chinese Checkers, Chess, Carroms etc and some elders read library books. After the tea and snacks by 12.30 pm, they disperse to their homes eagerly waiting for the next day to come back with more energy. They fully enjoy the time they are in the group and tries not to involve their personal matters in the group. As everyone knows each other, they provide great support to each other in every possible way. The group was very dynamic and energetic. It is an occasion of relaxation and joy to the elders, who are otherwise dejected from the mainstream of the society and sometimes even from families. Pakalveedu is really a resort for the elderly, who are isolated, dejected and depressed.

Yet another best example of Government collaboration with N.G.Os in establishing Pakalveedu are the Active Aging Centre at Fort Kochi and Vayojana Sevana Kendram, Chullickal, Kochi, Kerala. Both of these organisations are a joint venture of HelpAge India Kochi and Kochi Municipal Corporation and offers

service like Geriatric Physiotherapy, Medical Consultation, Helpline, Counselling, Assistive Devices, Computer/Smartphone Literacy, Picnics, Library, Television, Newspapers & Magazines, Talks etc.

Discussion

From the example of this Pakalveedu, one can undoubtedly say that, it plays an important role in providing social support to the elderly in the community. While interviewing the members of the group, it was found that they are very satisfied and content within the group and it has become an inevitable part of their life. Many elders have stated that there was a positive change in their lives after they have joined the groups and they are not at all having difficulties in mobility and other age-related difficulties due to their exercises and other practices in the Pakalveedu. They are given a space to express their opinion, their feelings, their resentments etc. It acts as a psycho social support system for the elderly in a community.

Togetherness: The group members said that the major thing they receive through the Pakalveedu is the feeling of oneness. Every member shares their experiences, stories, difficulties and thus they are like a family.

Celebrations and Recreational Activities: They celebrates the birthdays of each members with prayer, cake cutting and other activities. This helps them to feel more important and being considered and cared for. Picnics are arranged to keep them relaxed and stress free.

Medical check-ups: The medical services at Pakalveedu helps them to be more conscious about health and decreases the burden of travel to hospitals and long waiting for consultation.

Exercises and Yoga training classes: The elderly dependency on others for their daily activities decreased due to the practice of daily exercises.

Conclusion

One of the most widespread problems faced by senior citizens is loneliness in family atmosphere. These Homes provide an opportunity for social interaction, exercises, yoga, physiotherapy, medical check-ups, activities to satisfy their social, emotional and physical needs etc. This is a very effective project that has turned the idea of aging upside down. The Project is facing difficulties in getting established in Gram Panchayaths and Block Panchayaths due to lack of funding and lack of Supervisors to monitor the functioning of Pakalveedu. There is sufficient infrastructure in some areas while there is lack of supervisors. Another limitation of the Project is the difficulty in the initial set up of a Pakalveedu. There is always a chance for those elders who are unaware of the functioning of Pakalveedu to behave reluctantly at first. Only through proper awareness and publicity the idea of Pakalveedu could be promoted in those area where it is not well established until now.

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AGING CARE - NEED & IMPORTANCE OF FAMILY SUPPORT

SAIKIRAN V AND KUMARESAN A

ABSTRACT

Aging is a process of growing old. The term aged represents elder and older people. The world's older population continues to grow at an unprecedented rate. Today, 8.5 percent of people worldwide (617 million) are aged 65 and over. According to a new report, "An Aging World: 2015," this percentage is projected to jump to nearly 17 percent of the world's population by 2050 (1.6 billion). In these modern societies with the broken family value system, elderly people are staying alone or in elderly homes. Aging could reflect many changes throughout human life. Mainly in older age, they may have poor immune system and are more prone to different diseases. Some changes are physical, psychological, social etc. The phenomenon of loneliness has been linked with increased age. This may be due to age-related life events such as retirements, death of the partner, health problems, limited capability are the major causes of loneliness in old people. Increase of migration of family members is also an issue for isolation of old people. Family support plays a vital role in reducing loneliness in elderly. It is the legal and moral responsibility of family members to support them at older age. In this paper, attempt has been made to throw light on relationship between loneliness and its psycho-socio impact on elderly people. This paper also discusses about need and importance of positive attitude of family towards elderly care for the promotive and inclusive society.

Key Words: Aging, Care, Family Support

Introduction:

Lifestyle is the perception of a particular person or entire society towards life and it is the way people live, think and behave. **Aging** is both a biological and sociological process wherein human beings experience and accomplish stages of biological and social maturation. Age is not merely a biological function of the number of years one has lived, or of the physiological changes the body goes through during the life course. It is also a product of the social norms and expectations that apply to each stage of life. As human beings grow older, they go through different phases or stages of life. It is helpful to understand aging in the context of these phases as aging is not simply a physiological process.

At each point in life, as an individual sheds previous roles and assumes new ones, new institutions or situations are involved, which require both learning and a revised self-definition. The fact that age-related roles and identities vary according to social determinations mean that the process of aging is much more significantly a social phenomenon than a biological phenomenon. Most people begin to see signs of aging after age 50 when they notice the physical markers of age. Skin becomes thinner, drier, and less elastic. Wrinkles form. Hair begins to thin and grey.

The world population continues to grow older rapidly as fertility rates have fallen to very low levels in most world regions and people tend to live longer. When the global population reached 7 billion in 2012, 562 million (or 8.0 percent) were aged 65 and over. In 2015, 3 years later, the older population rose by 55 million and the proportion of the older population reached 8.5 percent of the total population. There are great variations within the less developed world as well. Asia stands out as the population giant, given both the size of its older population (617.1 million in 2015) and its current share of the world older population (more than half). By 2050, almost two-thirds of the world's older people will live in Asia. Even countries experiencing slower aging will see a large increase in their older populations. Africa, for instance, is projected to still have a young population in 2050 (with those at older ages projected to

be less than 7 percent of the total regional population), yet the projected 150.5 million older Africans would be almost quadruple the 40.6 million in 2015.

Challenges faced by elderly people:

The elderly population in India is continuously increasing and also the problems faced by these people are increasing simultaneously. The number of people in old age homes is constantly increasing and also most of the parents are now deciding to live in old age homes rather than living with their children. Nowadays these people are facing the problems like lack of care, emotional support and economic support from the family etc. Our culture recognizes the status of the parents as that of God. A moral duty is put on the children to take care of their parents. But nowadays what we are observing in our society is that the children are not willing to take care of their parents, they do not want to spend money on them, they are treating their parents as aliens, and they do not want to share an emotional bond with parents. These children are forgetting that the foundation of their life is built up by the parents. They are forgetting their moral and ethical duties towards their parents. This is because of fast life, industrialization, money oriented minds, inflation etc. Children have no time to look after their parents because of their busy schedule and as a consequence of this situation the elders are getting neglected. At this age almost all the people need some kind of support. The modern world is probably characterized by a rapid rate of aging. Ageism comes up with different types of social problems. In the modern aging society, the circumstances affecting people and groups as they grow up are totally linked to the overall well-being of the society. In the community there is mounting facts that various effects of aging are neither inevitable nor irreversible. Problems related to the elderly include financial instability, poverty, victimization, isolation, dependency, lack of access to appropriate health care and inadequate housing (William & Julian, 2008).

The following are the major problems faced by aged people:

1) Physiological Problems:

Old age is a period of physical decline. The physical condition depends partly upon hereditary constitution, the manner of living and environmental factors. Vicissitudes of living, faulty diet, malnutrition, infectious, intoxications, gluttony, inadequate rest, emotional stress, overwork, endocrine disorders and environmental conditions like heat and cold are some of the common secondary causes of physical decline. Changes in the nervous system have a marked influence on the brain. Atrophy is particularly marked in the spleen, liver and soft organs. The ratio of heart weight to body weight decreases gradually. The softness and pliability of the valves change gradually because of an increase in the fibrous tissue from the deposits of cholesterol and calcium. The aged are also prone to heart disease, other minor ailments and chronic diseases. Eyes and ears are greatly affected. Changes in the nerve centre in the brain and retina affect vision and sensitivity to certain colours gradually decreases. Most old people suffer from far sightness because of diminishing eye sight by this old people are more prone to accidents.

2) Psychological Problems:

Mental disorders are very much associated with old age. Older people are susceptible to psychotic depressions. The two major psychotic disorders of older people are senile dementia (associated with cerebral atrophy and degeneration) and psychosis with cerebral arteriosclerosis (associated with either blocking or ruptures in the cerebral arteries).

- a) **Senile Dementia:** Older people suffer from senile dementia. They develop symptoms like poor memory, intolerance of change, disorientation, restlessness, insomnia, failure of judgement, a gradual formation of delusion and hallucinations, extreme-mental depression and agitation, severe mental clouding in which the individual becomes restless, combative, resistive and incoherent. In

extreme cases the patient become bed ridden and resistance to disease is lowered resulting in his days being numbered.

- b) **Psychosis with Cerebral Arteriosclerosis:** This is accompanied by physiological symptoms such as acute indigestion, unsteadiness in gait, small strokes resulting in cumulative brain damage and gradual personality change. Convulsive seizures are relatively common. This is also associated with symptoms such as weakness, fatigue, dizziness, headache, depression, memory defect, periods of confusion, lowered efficiency in work, heightened irritability and tendency to be suspicious about trivial matters. Forgetfulness is one of the main psychological problems of old age. General intelligence and independent creative thinking are usually affected in old age.

3) **Emotional Problems:**

Decline in mental ability makes them dependent. They no longer have trust in their own ability or judgements but still they want to tighten their grip over the younger ones. They want to get involved in all family matters and business issues. Due to generation gap the youngsters do not pay attention to their suggestion and advice. Instead of developing a sympathetic attitude towards the old, they start asserting their rights and power. This may create a feeling of deprivation of their dignity and importance. Loss of spouse during old age is another hazard. Death of a spouse creates a feeling of loneliness and isolation.

4) **Social Problems:**

Older people suffer social losses greatly with age. Their social life is narrowed down by loss of work associated, death of relatives, friends and spouse and weak health which restricts their participation in social activities. The home becomes the centre of their social life which gets confined to the interpersonal relationship with the family members. Due to loss of most of the social roles they once performed, they are likely to be lonely and isolated severe chronic health problem enable them to become socially isolated which results in loneliness and depression.

5) Financial Problems:

Retirement from service usually results in loss of income and the pensions that the elderly receive are usually inadequate to meet the cost of living which is always on the rise. With the reduced income they are reversed from the state of “Chief bread winner to a mere dependent” though they spend their provident fund on marriages of children, acquiring new property, education of children and family maintenance. The diagnosis and treatment of their disease created more financial problem for old age.

6) Loneliness:

Lonely people suffer from more depressive symptoms, as they have than been reported to be less happy, less satisfied and more pessimistic. Loneliness and depression share common symptoms like helplessness and pain. It is expected when people grieve the loss of someone to whom they were closely attached. Loneliness is one of the main indicators of social well-being. Loneliness can lead to various psychiatric disorders and various physical disorders. It has serious consequences mental and physical well-being of people. Therefore it is important to intervene at the right time to prevent loneliness.

Importance of Elderly people:

Some laws are enacted to solve this problem. According to the mentality of people here, they do not bother to follow moral duties but they have to follow legal duties because of fear of punishment. The maintenance of parents is included in section 125 of CrPC, The Hindu Adoption and Maintenance Act 1956. But the procedures under these laws are time consuming and expensive. Under these acts parents can claim maintenance from their children. National Old Age Pension Scheme (NOAP) was introduced by the Indian government to provide Rupees 200 per month to the old and destitute people. But money cannot take place of emotional support, care etc. In 2007, The Maintenance and Welfare of Parents and senior Citizen Act (Senior Citizen Act) is enacted to provide some speedy and inexpensive remedy to get maintenance. The bill provides for—

1. Appropriate mechanism to be set-up to provide need-based maintenance to the parents and senior citizens
2. Providing better medical facilities to them
3. For institutionalization of a suitable, mechanism for protection of life and property of older persons
4. Setting-up of old age homes in every district

Family life is very necessary for senior citizens and for parents to lead a life of security, care and dignity. So the act will really help senior citizens, and they will be able to live a normal life. This will be a great relief to the parents and senior citizens. This act is also made applicable to senior citizens who are childless. The High Court of Delhi in one case appreciated the efforts of Parliament in enacting the Maintenance and Welfare of Parents and Senior Citizens Act, 2007. So if you are a senior citizen and want to live with family go ahead. Also there is need of creating awareness among the people regarding this act and the rights which are given to senior citizens under this act.

Conclusion:

Both aging and prevention are challenging, complex topics. People bring their past, beliefs, prior experiences, habits, strengths, and personal idiosyncrasies with them as they age. This individual variation makes generalizations dangerous. Lastly, it is high time that the public should be made aware of this growing problem and be advised to plan ahead for their insurance in old age. Thus the solution to the problem of the aged demands integrated measures to tackle the problem of individuals in different phases of life and not only when they reach their senescence period. The old on their past should also learn to adjust with life in the modern family. So they also have to prepare to accept old age. Not only the individual and the family but the society also should prepare to face the problems of the aged persons.

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AGEING AND HUMAN RIGHTS – A MIRAGE OF AMBITIOUS QUEST

M.ELAVARASI. AND .P.PALANICHAMY

ABSTRACT

The list of achievements humankind has managed to accomplish is phenomenal. To look at, the ballistic missiles to ballpens, remarkable scientific inventions to exceptional human rights conventions, effortless knee replacements to miraculous heart transplants all echoes the supernatural talent of manhood in fighting against the scientific, social, and medical challenges that stood in front of him since inception. But despite of all this notable achievements, still lies one basic factor that human folks cannot escape during their lifetime, and that reality is 'ageing'. Ageing is a natural process, which inevitably occurs in human life cycle. It brings with a host of challenges in the life of the elderly, which are mostly engineered by the changes in their body, mind, thought process and the living patterns. Once, the aged commanded great respect due to the traditional norms and values of Indian society. But disappearance of joint family system, disintegration of social norms, poor allocation of resources towards elderly care, and social and political exclusions and several other reasons have made not only living but also dying as a painful issue for the seniors.

Key Words: Ageing, Human rights, Seniors, Policy, Welfare

Introduction:

“I enjoy talking with very old people. They have gone before us on a road by which we, too, may have to travel, and I think we do well to learn from them what it is like.”

- Socrates, in Plato's *The Republic*

The list of achievements humankind has managed to accomplish is phenomenal. To look at, the ballistic missiles to ballpens, remarkable scientific inventions to exceptional human rights conventions, effortless knee replacements to miraculous heart transplants all echoes the supernatural talent of manhood in fighting against the scientific, social, and medical challenges that stood in front of him since inception. But despite of all this notable achievement, still lies one basic factor that human folks cannot escape during their lifetime, and that reality is 'ageing'. Ageing is a natural process, which inevitably occurs in human life cycle. It brings with a host of challenges in the life of the elderly, which are mostly engineered by the changes in their body, mind, thought process and the living patterns. Once, the aged commanded great respect due to the traditional norms and values of Indian society. But disappearance of joint family system, disintegration of social norms, lack of value based education, the unwanted outcomes of economic crisis such as urbanization, industrialization, inequality of opportunities, poor allocation of resources towards elderly care, and social and political exclusions and several other reason have made not only living but also dying as a painful issue for the seniors.

Rights of Senior Citizen - Need of the Hour

The elderly constitutes 8% of the population today and it is expected to increase and reach to 19% in 2050. The population of elderly people in India will triple by 2050¹. This group needs assistance from the administrators for schemes and welfare measures that will allow them to live a life of dignity. A report by the Ministry of

¹ 'Caring for our elders: early response India Ageing report 2017' – UN population fund

Statistics and Programme Implementation states that the old-age dependency ratio climbed from 10.9% in 1961 to 14.2% in 2011 for India as a whole². Decades back, the Hindu joint family system provided social security to them and took proper care of them. They were the heads of the household and played a dominant role in decision-making. In the rural agrarian societies they were the patriarchs, executive head of the household. They controlled the budget of the family and were consulted not only in family matters by the members of the family but also in village affairs by the community by virtue of their being the light-house of knowledge, wisdom, sagacity and experience. But now that situation has undergone a big change. The institution of joint family has started disintegrating rapidly due to recent changes in social values, social structure and economy resulting from industrialization and urbanization and consequent mobility. Poverty, unemployment, under-employment and inflation have rendered the family members unable to discharge their duties to the aged. Under the changed circumstances in the urban areas one can find families where they are treated like an unavoidable burden if they cease to remain productive members. The aged thus suffer from numerous familial, social, economic, psychological and emotional problems. Modern states are Welfare States. It's the responsibility of the Welfare State to provide security against the old age which the individual cannot be expected to protect himself. In order to protect the rights of the aged legal provisions have been made. In this paper an attempt has been made to enlighten the legal protection given to the aged through the various rights guaranteed to them.

Rights of Seniors: 'Elderly or ill-derly'

Ageing is a natural process, which inevitably occurs in human life cycle. It brings with a host of challenges in the life of the elderly, which are mostly engineered by the changes in their body, mind, thought process and the living patterns. Ageing refers to a decline in the functional capacity of the organs of the human body, which occurs mostly due to physiological transformation, it never imply that everything has

² 'Elderly in India 2016' report by Ministry of Statistics and Programme Implementation.

been finished. The senior citizens constitute a precious reservoir of such human resource as is gifted with knowledge of various sorts, varied experiences and deep insights. May be they have formally retired, yet an overwhelming majority of them are physically fit and mentally alert. Hence, given an appropriate opportunity, they are in a position to make significant contribution to the socio-economic development of their nation.

International Efforts

The question of ageing was first debated at the United Nations in 1948 at the initiative of Argentina. The issue was again raised by Malta in 1969. In 1971 the General Assembly asked the Secretary-General to prepare a comprehensive report on the elderly and to suggest guideline for the national and international action. In 1978, Assembly decided to hold a World Conference on the Ageing. Accordingly, the World Assembly on Ageing was held in Vienna from July 26 to August 6, 1982 wherein an International Plan of Action on Ageing was adopted. The overall goal of the Plan was to strengthen the ability of individual countries to deal effectively with the ageing in their population, keeping in mind the special concerns and needs of the elderly. The Plan attempted to promote understanding of the social, economic and cultural implications of ageing and of related humanitarian and developed issues. The International Plan of Action on Ageing was adopted by the General Assembly in 1982 and the Assembly in subsequent years called on governments to continue to implement its principles and recommendations. The Assembly urged the Secretary-General to continue his efforts to ensure that follow-up action to the Plan is carried out effectively³.

In 1992, the United Nations General Assembly adopted the proclamation to observe the year 1999 as the International Year of the Older Persons. The United Nations General Assembly has declared “1st October” as the International Day for the Elderly, later rechristened as the International Day of the Older Persons. The United

³ The international plan of action on ageing, General Assembly, 1982.

Nation General Assembly on December 16, 1991 adopted 18 principles which are organized into 5 clusters, namely-independence, participation, care, self-fulfillment, and dignity of the older persons⁴. These principles provide a broad framework for action on ageing. Some of the Principles are that older Persons should have the opportunity to work and determine when to leave the work force; older Persons should remain integrated in society and participate actively in the formulation of policies which effect their well-being; older Persons should have access to health care to help them maintain the optimum level of physical, mental and emotional well-being; elderly should be able to pursue opportunities for the full development of their potential and have access to educational, cultural, spiritual and recreational resources of society; older Persons should be able to live in dignity and security and should be free from exploitation and mental and physical abuse.

National Efforts & Constitutional Protection

At national level, India has provided security to the aged through constitutional protection legal protections and the code of Criminal Procedure Code. The Constitution of India has provided protection to the aged through Article 41 and Article 46. According to this Article 41 the State shall, within the limits of economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement, and in other cases of undeserved want. According Article 46 the State shall promote with special care the educational and economic interests of the weaker sections of the people and shall protect them from social injustice and all forms of exploitation.

Legal Protections

Under Personal Laws the moral duty to maintain parents is recognized by all people. However, so far as law is concerned, the position and extent of such liability varies from community to community. Amongst the Hindus, the obligation of sons to maintain their aged parents, who were not able to maintain themselves out of their own

⁴ United Nation General Assembly

earning and property, was recognized even in early texts. And this obligation was not dependent upon, or in any way qualified, by a reference to the possession of family property. It was a personal legal obligation enforceable by the sovereign or the state. The statutory provision for maintenance of parents under Hindu personal law is contained in Sec 20 of the Hindu Adoption and Maintenance Act, 1956. This Act is the first personal law statute in India, which imposes an obligation on the children to maintain their parents. As is evident from the wording of the section, the obligation to maintain parents is not confined to sons only, and daughters also have an equal duty towards parents. It is important to note that only those parents who are financially unable to maintain themselves from any source, are entitled to seek maintenance under this Act. Children have a duty to maintain their aged parents even under the Muslim law. According to their prophets children in easy circumstances are bound to maintain their poor parents, although the latter may be able to earn something for themselves; a son though in strained circumstances is bound to maintain his mother, if the mother is poor, though she may not be infirm; and a son, who though poor, is earning something, is bound to support his father who earns nothing. The Christians and Parsis have no personal laws providing for maintenance for the parents. Parents who wish to seek maintenance have to apply under provisions of the Criminal Procedure Code.

Under the Code of Criminal Procedure

Prior to 1973, there was no provision for maintenance of parents under the Criminal Procedure code. The Law Commission, however, was not in favor of making such provision. According to its report, the Criminal Procedure Code is not the proper place for such a provision. There will be considerably difficulty in the amount of maintenance awarded to parents apportioning amongst the children in a summary proceeding of this type. It is desirable to leave this matter for adjudication by civil courts. The provision, however, was introduced for the first time in Sec. 125 of the Code of Criminal Procedure in 1973. It is important to note that Criminal Procedure Code 1973, is a secular law and governs persons belonging to all religions and

communities. Daughters, including married daughters, also have a duty to maintain their parents.

Governmental Protections

The Government of India approved the National Policy for Older Persons on January 13, 1999 in order to accelerate welfare measures and empowering the elderly in ways beneficial for them. This policy included the major steps such as setting up of a pension fund for ensuring security for those persons who have been serving in the unorganized sector, Construction of old age homes and day care centers for every 3 to 4 Districts, establishment of resource centers and re-employment bureaus for people above 60 years, concessional rail/air fares for travel within and between cities, i.e., 30% discount in train and 50% in Indian Airlines and enacting legislation for ensuring compulsory geriatric care in all the public hospitals.

The Ministry of Justice and Empowerment has announced regarding the setting up of a National Council for Older Person, called Age Well Foundation. It will seek opinion of the aged on measures to make life easier for them. It will attempt sensitive school children to live and work with the elderly. It will set up of a round the clock help line and discouraging social ostracism of the older persons are being taken up. The government policy shall encourage a prompt settlement of pension, provident fund (PF), gratuity, etc. in order to save the superannuated persons from any hardships. It shall also encourage to make the taxation policies elder sensitive. The policy also accords high priority to their health care needs.

According to Sec.88-B, 88-D and 88-DDB of Income Tax Act, there are discount in tax for the elderly persons. Life Insurance Corporation of India (LIC) has also been providing several schemes for the benefit of aged persons, i.e., Jeevan Dhara Yojana, Jeevan Akshay Yojana, Senior Citizen Unit Yojana, Medical Insurance Yojana. Former Prime Minister A.B.Bajpai was also launch 'Annapurana Yojana' for the benefit of aged persons. Under this Yojana unattended aged persons are being given 10 kg foods for every month. It is proposed to allot 10 percent of the houses constructed under government schemes for the urban and rural lower income segments to the older

persons on easy loan. The policy mentions that the layout of the housing colonies will respond to the needs and life styles of the elderly so that there are no physical barriers to their mobility; they are allotted ground floor; and their social interaction with older society members exists. Despite all these attempts, there is need to impress upon the elderly about the need to adjust to the changing circumstances in life and try to live harmoniously with the younger generation as far as possible.

It may be pointed out that recently the Madurai Bench of the Madras High Court has ruled that the benefits conferred on a Government employee, who is disabled during his/her service period, under Section 47 of Persons with Disabilities (equal opportunities, protection of rights and full participation) Act, 1995 cannot be confined only seven types of medical conditions defined as 'disability' in the Act. The seven medical conditions are blindness, low vision, leprosy-cured, hearing impaired, locomotor disability, mental retardation and mental illness.

Conclusion

The problem of the elderly must be addressed urgently and with utmost care. There is an urgent need to amend the Constitution for the special provision for the protection of aged person and to bring it in the periphery of fundamental right. With the degeneration of joint family system, dislocation of familiar bonds and loss of respect for the aged person, the family in modern times should not be thought to be a secure place for them. The Senior Citizens Act 2007 is a milestone which provides more effective provision for maintenance and welfare of parents and senior citizens. This Act also provides simple, speedy and inexpensive mechanism for the protection of life and property of the older persons. But when we look in depth, we cannot deny the fact that the existing mechanisms of rights of older people have failed to rise beyond the expectations of the elderly. Also though the quantity of legal and welfare documents concerning the well being of elderly have considerably increased, the quality providing the same has decreased. Hence time has arrived to draft and design more national instruments enforceable in nature, to create problem specific provisions to protect the

dignity and life of aged populations. Above all the need of the hour is to practice the provisions rather than preaching in volumes to uplift the rights and welfare of our pioneers.

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STRENGTHENING GOVERNMENT INTERVENTIONS IN THE CARE AND PROTECTION OF THE ELDERLY

ASHIK SHAJI

ABSTRACT

Old age is by and large miserable in the life of a human being. Plagued by a series of problems like fear, insecurity, ill health, loneliness, deprivation, impoverishment and above all a state of fatigue and helplessness wreck the individual physically, emotionally and intellectually. Obviously an old age home is no substitute to a natural home. But it can as well take up creditable measures for keeping the ageing population medically fit, socially happy, economically sound and emotionally contented. But are these efforts taken up sincerely and seriously by the Government? “The 2001 census had shown that the elderly population (those aged 60 and above) of India accounted for 77 million and census 2011 projections indicate that elderly population has crossed the 100 million mark. It took more than 100 years for the aged population to double in most of the countries in the world, but in India it has doubled in just 20 years” (Hemamalini Ramakrishnan, 2011). The situation demands exigent action on the part of the Government in Geriatric care management. Look at the State of Kerala. It is unfortunate that the State policy on Older Persons drafted by P.K.B. Nayar, Chairman of the Centre for Gerontological Studies (CGS), in December 2003 still remains as a paper project. The present study tries to examine the inadequacies of the current services of Government Care Homes and suggests means for providing the best possible care and protection for the elderly. Case study method was used to collect data. Geriatric care management demands two types of interventions, institutional as well as individual. The study reveals that institutional care is far from satisfactory. Many of the inmates are found to be

unhappy. The paper brings out the following suggestions for the health and well-being of the older generation.

- 1.Steps should be taken to strengthen family bonding and develop empathy among youth by educating and counselling them right from school level.*
- 2.The Government should encourage and help NGOs organize programmes off and on for creating awareness among the general public about the family responsibility of taking care of aged parents.*
- 3.The Government should take mandatory steps for providing medical insurance coverage for all senior citizens.*
- 4.The Government should provide more funds and arrange efficient professional services for improving the conditions of old age homes.*
- 5.An administrative mechanism headed by professional social workers should be devised for the surveillance of the activities of Care Homes.*
- 6.Care homes should go for better empowerment activities by including more and more recreation and outing programmes.*
- 7.Elderly persons are the light of any society. The Government has a larger responsibility to take care of them.*

Key words: *Impoverishment, Ageing, Geriatric, Empowerment*

INTRODUCTION

Old age is by and large miserable in the life of a human being. Plagued by a series of problems like fear, insecurity, ill health, loneliness, deprivation, impoverishment and above all a state of fatigue and helplessness wreck the individual physically, emotionally and intellectually. The state's burgeoning grey population is estimated by demographers to touch a whopping 4.6 million by the year-end. By 2026, this thin strip on India's map will have a whopping 6.3 million elders in the 60-74 years age group and two million aged 75 years and more. The silver lining, however is that Kerala's longevity also stands testimony to the state's high quality healthcare. In fact, it has been observed that the average life expectancy in Kerala has improved substantially — up from 68 years a quarter century ago to 74 years (like the West). (Meera Prasad, *The Hindu*, 2011).

The Government of India adopted 'National Policy on Older Persons' in January, 1999 wherein 'senior citizen' or 'elderly' is defined as a person who is 60 years of age or above. Elderly population is often viewed as unproductive in terms of Economists. Obviously for that matter and on the ruse of substantial dependency ratios, they are often viewed as a burden to the nation. But these versions which surface in the minds of ordinary people are never justifiable and they arise from our criminal neglect of older population. A few case studies done with the inmates of five old age homes situated in and around Thiruvananthapuram city show that they are deliberately disregarded and deserted by their families. The family takes evasive tactics on one pretext or other to dump them in a shelter home for the simple reason that they never want to take care of them.

Interestingly the authorities of an old age home in the outskirts of Thiruvananthapuram said that they receive a large number of calls every day for accommodating old parents on different grounds. Even if they inform that there is no facility and space to house more inmates, many of them would keep on pressurizing

them to admit their aged parents. These families have neither empathy nor compunction what so ever and ask the old age home to accept them however congested and cramped the conditions are therein. A recent study by Helpage India indicates that Kerala has the highest number of old age people and maximum number of old age homes. This is a matter of deep concern to Kerala in spite of the fact that the State has a good record of social development and the highest human development index in the country. The situation demands exigent action on the part of the Government in Geriatric care management.

It is imperative that the Government takes all possible steps to strengthen interventions for the care, protection and well-being of the elderly population. Obviously an old age home is no substitute to a natural home. But it can as well take up creditable steps to keep the ageing population medically fit, socially happy, economically sound and emotionally contented. Also that a number of other measures should be initiated by the Government with the support of Community Based Organizations to educate and enlighten the families about their duties and responsibilities to the elderly.

AIM

The paper aims at

1. The necessity of strengthening Government interventions for the care and protection of the elderly in care homes.
2. Pressurizing the Government to make use of the professional services of family social workers on a large scale for effectively addressing the issues of old age population.
3. Exhorting the Government to open geriatric counselling centers in every ward.

METHODOLOGY

The study is based on qualitative research. Inmates from five Old age homes in and around Thiruvananthapuram were identified for case studies.

PROBLEMS COMMONLY FOUND AMONG THE ELDERLY

The problems faced by the elderly in India vary according to their gender, age, socio- economic status, education and their life experiences. One of the main problems abreast with old age is the ailments related to ageing mainly non communicable diseases such as cardiovascular disease, cancer, cognitive impairment etc. Loneliness and helplessness experienced at the time of ailments are more severe than physical implications during old age. From the case studies it is clear that even if the old age home provides necessary health care facilities the inmates don't get sufficient emotional care, which they expect from their immediate relatives or children.

Other factors which hamper the elderly are lack of privacy, weakness, vision impairments, hearing impairments, loneliness, feeling of isolation, difficulty to spend the time for they don't have anything productive to involve etc. In most of the cases it is reported that increased dependence on others creates a wretched feeling and a negative attitude towards ageing. The fact of the matter is that as long as such unenthusiastic and repulsive thoughts arise they get more and more alienated from realities, which will create more and more insecurity and also loss of creativity. "A key question is that of innate psychological ability versus social expectations. Often the decline in creativity comes about because people's underlying capabilities are not being challenged - they're locked into jobs or situations that are boring." (Dr. Moody). Economic dependence is another major factor which worries a large number of old age people.

The study reveals that in old age homes most of the activities are rather stereotyped or monotonous which are of no use to keep the inmates psychologically fit or to boost their emotional abilities. The inmates have everything in an old age home

except happiness. In short they are a worried lot even if their physical needs are taken care of. Isolation from family members and children stands in the forefront of all issues encountered by the elderly.

BACKGROUND OF THE STUDY

The grim picture of old age care in Kerala

“The 2001 census had shown that the elderly population (those aged 60 and above) of India accounted for 77 million and census 2011 projections indicate that elderly population has crossed the 100 million mark. It took more than 100 years for the aged population to double in most of the countries in the world, but in India it has doubled in just 20 years” (Hemamalini Ramakrishnan, 2011).

Figure 1



“In 1961, those above 60 years constituted 5.8 per cent of the national population, which rose to 6.8 per cent in 1991. In 2016, the figure is expected to be 8.9 per cent. Going by the 1991 figures, the rate of growth of the aged is over 60 per cent, which is more than the rate of growth of the total population. Among the aged, the

growth rate of those aged above 70 is greater than that of those aged above 60”. (G. Mahadevan, The Hindu, Sep 2015).

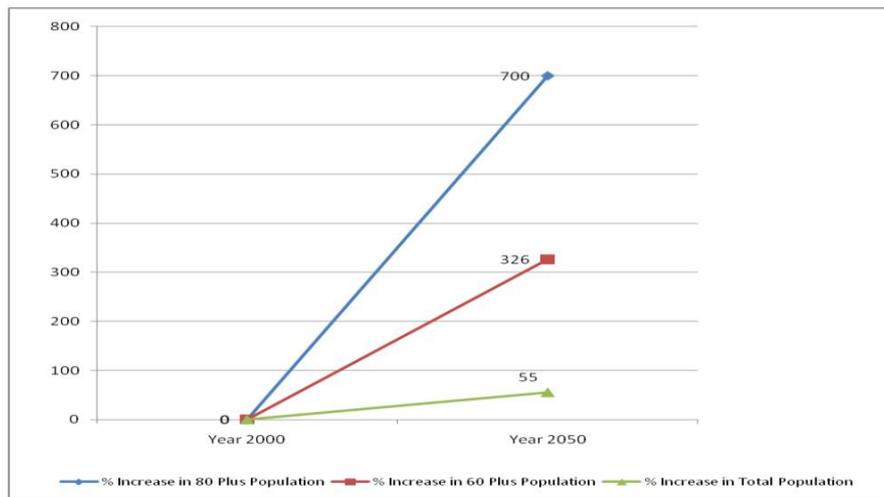


Figure 2

Source: National Policy on Senior Citizen, March 2011

Figure 2 depicts 700% increase in 80 + population in 2000, 326% increase in 60 + population in the same year and 55% increase in total population, projected for 2050.

“Kudumbasree is launching a project to offer geriatric care services. As per the State Policy for the Elderly, the government has been implementing various programmes for the welfare of senior citizens. Accordingly, geriatric-care services for the chronically ill or bedridden elderly are one of the main components of the palliative care projects being implemented by the local bodies. However, acute shortage of trained care workers and volunteers has been affecting the reach and quality of these services. A 24-hour call centre will be set up”. (The Hindu, September 27, 2017). It deserves mentioning that some of the activities by Kerala Social Security Mission, a charitable society sponsored by the Social Justice Department, Government of Kerala is providing good services to the elder community. Kerala Social Security Mission is implementing the Vayomithram project which provides health care and support to

elderly above the age of 65 years residing at Corporation/Municipal Areas in the state. The Vayomithram project mainly provides free medicines through mobile clinics, Palliative care, Counseling service, and Help desk to the old age.

Kerala has a long way to go for meeting the social, economic and health needs of the ageing population.

A broad spectrum of the Government policies and interventions in geriatric care management

Geriatric care management demands two types of interventions, institutional as well as individual. The study reveals that institutional care is far from satisfactory. Most of the inmates are found to be unhappy. For addressing the problems of the elderly a joint effort of the State Administration and Community Based Organizations is necessary. The National Policy for Older Persons was formulated by the Government of India in 1999 with a view to promoting the health and welfare of senior citizens in India. This policy aims to encourage individuals to make provision for their own as well as their spouse's old age. It also strives to encourage families to take care of their older family members. The policy enables and supports voluntary and non-governmental organizations to supplement the care provided by the family and provide care and protection to vulnerable elderly people. Health care, research, creation of awareness and training facilities to geriatric caregivers have also been enumerated under this policy. According to the policy "It aims to strengthen the legitimate place of older persons in the society and help them to live the last phase of their life with dignity and peace."

Programmes under this scheme include:

- Strengthening of primary health care system to enable it to meet the health care needs of older persons
- Training and orientation to medical and paramedical personnel in health care of the elderly.

- Promotion of the concept of healthy ageing.
- Assistance to societies for production and distribution of material on geriatric care.
- Provision of separate queues and reservation of beds for elderly patients in hospitals.
- Extended coverage under the Antyodaya Scheme with emphasis on provision of food at subsidized rates for the benefit of older persons especially the destitute and marginalized sections.

Another programme by the central government is the Integrated Programme for Older Persons which is a scheme that provides financial assistance up to 90 per cent of the project cost to non-governmental organizations or NGOs.

The National Mental Health Programme & the Central Government Health Scheme laid special emphasis on mental and physical well-being of the elderly. The National Policy on Senior Citizen 2011 envisions a series of services like promoting the concept of “Ageing in Place” or ageing in one’s own home, housing, income security and homecare services, old age pension and access to healthcare insurance schemes and programmes to facilitate and sustain dignity in old age’.

According to Article 41 of Indian Constitution “The state shall, within the limits of its economic capacity and development, make effective provision for securing the right to public assistance in cases of old age”. The saddest part is that we don’t have an administrative mechanism and professional support to translate these programmes into reality. Look at the State of Kerala. It is unfortunate that the State policy on Older Persons drafted by P.K.B. Nayar, Chairman of the Centre for Gerontological Studies (CGS), in December 2003 still remains a paper project.

Suggestions

In the light of the study the paper brings out the following suggestions for the health and well-being of the older generation. The Government

1. The Government should take appropriate steps for augmenting the existing geriatric care services effectively such that they are able to meet the growing demand of old age population
2. The Government with the support of CBOs should make use of family counselling to the best possible extent for building up moral responsibility among family members for the protection and care of the elders in the respective homes
3. The Government should devise a mechanism to subject the aged people to geriatric counselling for sustaining emotional and intellectual health
4. The Government should provide suitable recreational facilities for the elderly
5. Steps should be taken to strengthen family bonding and develop empathy among youth by educating and counselling them right from school level.
6. The Government should encourage and help NGOs organize programmes off and on for creating awareness among the general public about the family responsibility of taking care of aged parents.
7. The Government should take mandatory steps for providing medical insurance coverage for all senior citizens.
8. The Government should provide more funds and arrange efficient professional services for improving the conditions of old age homes.
9. An administrative mechanism headed by professional social workers should be devised for the surveillance of the activities of Care Homes.
10. Care homes should go for better empowerment activities by including more and more recreation and outing programmes.
11. The Government should deploy professional social workers to take up outreach programmes frequently for looking into the problems of aged people.

CONCLUSION

The objective of the national policy for older persons is to recognize that senior citizens are a valuable resource for the country. The society should create an environment which provides them with equal opportunities. We should protect their rights and enable their full participation in society. Also support and assist organizations that provide counselling, career guidance and training services.

Elderly persons are the light of any society. The Government has a larger responsibility to protect and take care of them. The well-being of the elderly population constitutes a major vision of any civilized and educated society.

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PROGRAMMES AND POLICIES FOR THE WELFARE OF THE ELDERLY PEOPLE IN TAMIL NADU

D. THIRUMALRAJA, R. GURUMOORTHY AND NAGAVENI. E

ABSTRACT

Caring for the aged or elderly or senior citizens is the fulfillment of needs and requirements that are unique to senior citizens. Caring for the aged encompasses such services as assisted living, old age homes, adult day care, long term care, nursing homes (Often referred to as residential care), and home care . Because of such wide variety of elderly care services found nationally, which is often influenced by different cultural perspectives on elderly citizens, care for the aged cannot to be limited to any one practice. For example, many countries in Asia, including India, use government established elderly care quite infrequently, preferring the traditional methods of being cared for by younger generations of family members. Elderly care emphasizes the social and personal requirements of senior citizens who not only need financial assistance but also need some assistance with daily activities and health care, but who desire to age with dignity. It is an important distinction, in that the design of housing, services, activities, employee training and such should be truly customer centered. The present paper focuses on the central and state governments policies and programmes for the welfare of the elderly people in particular elderly tribal at Kodaikanal hills in Dindigul district of Tamil Nadu, India.

Keywords: *Elderly people, Tribal people and Welfare Schemes*

Background of Study

The central and state Governments have implemented few welfare programmes for old age people to improve their socio economic status and health conditions. Aged people affected socially, economically and physically, because of disable to earn the money, unaware of health condition.

Central assistance to provide old age pension to an elderly is available to a destitute in the sense that he/she has no regular means of subsistence for his/her own source of income or through financial support from family members or other sources. The amount of old-age pension is different in different states. The scheme is implemented in the state and union territories through panchayats and municipalities.

But, there is no separate welfare scheme for the Paliyan tribes in particular and the age of other tribes in general launched by the government. In these circumstances the role of voluntary organization is the only means for the welfare of these people.

The old people are suffering from so many diseases which ultimately affect on their health. But many of the health problems can be checked or delayed to a considerable extent, if proper preventive health care is taken well in time. The people should be made aware of preventive, curative and rehabilitative needs of the old. There is no separate health service for the aged in our country. They have to make use of the general health care facilities available at the government hospitals and dispensaries. Private practitioners of various systems of medicine, medical services run by some voluntary agencies and in certain sectors insurance based schemes as employees sate Insurance Schemes, Central Government Health Scheme, and

Schemes for Railway employees, Defense personnel etc. also cater to the needs for the aged people. However, it is necessary to have adequate geriatric clinic services within the existing general medical institutions to cope with the health problems of the aged. Courses in geriatric studies should be introduced in medical colleges that physical may be motivated and equipped with deeper knowledge on the subject. Medical camps and mobile medical care facilities are also essential for the aged people. Old age is really

not a disease. But the aged people are often vulnerable to long term diseases, then the aged become dependent on the assistance of other people.

Methodology

This descriptive study was conducted among 390 elderly people with the help of interview schedule among the Elderly Paliyan Tribes at Kodaikanal hills in Dindigul district of Tamil Nadu, India.

Sampling involves the selection of a few items from the particular group to be studied with the view to obtaining relevant data that help in drawing conclusions regarding the entire group. Based on objectives of the study an Interview schedule had been used to elicit the facts and details from the respondents selected for the purpose of the study. The total number of tribal population in Dindigul District is 6,484 (3,320 male and 3,164). The total number of tribal population in Kodaikanal Hills/Taluk among the 15 Panchayats and One Town Panchayat is 2,014, among the total 1,025 male and 989 female respectively. There are 780 Elderly (above 60 years old) Tribes in Kodaikanal Hills, 412 male and 368 female, 50 percent of respondents were selected from the total number of Elderly Tribal population. 390 (212 Male and 178 Female) respondents were selected by simple random sampling through lottery method.

Role of supportive systems for the welfare of the Elderly people

There are two types of welfare facilities getting by the respondents from central and state governments. These are one from tribal welfare department and another one from old age scheme like old age pension scheme, Annapoorna scheme and so on.

Special Central Assistance is given to States / Union territories to supplement their efforts in tribal development through Tribal Sub-Plan. This assistance is basically meant for family-oriented income-generating schemes in the sectors of agriculture, horticulture, minor irrigation, soil conservation, animal husbandry, forests, education, cooperatives, fisheries, village and small scale industries and for minimum needs programme. Grants are also given to States / Union territories, under the first proviso to article 275(1) of the Constitution to meet the costs of projects for tribal development

and for raising the level of administration of Scheduled Area therein on par with the rest of the State / Union territories. Part of the funds are utilised for setting up of Residential Schools for providing quality education to tribal students.

Awareness on welfare Programmes

Government of Tamil Nadu implements several welfare programmes for the socio-economic and educational development of the Tribals in the State. The objective of these programmes is to facilitate the faster socio-economic and educational development of the Tribals so as to end their social seclusion and economic deprivation and also to speed up the process of integrating them with the national main stream.

The figure-1 portrays the respondents’ knowledge about old age welfare schemes. Out of 390 respondents, the majority (68.2 per cent) of the respondents have aware about the old age welfare schemes. 31.8 per cent of the respondents opined that they have not aware about the tribal welfare schemes and old age welfare schemes.

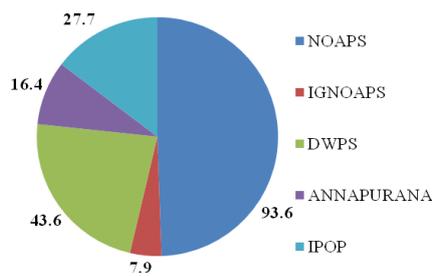
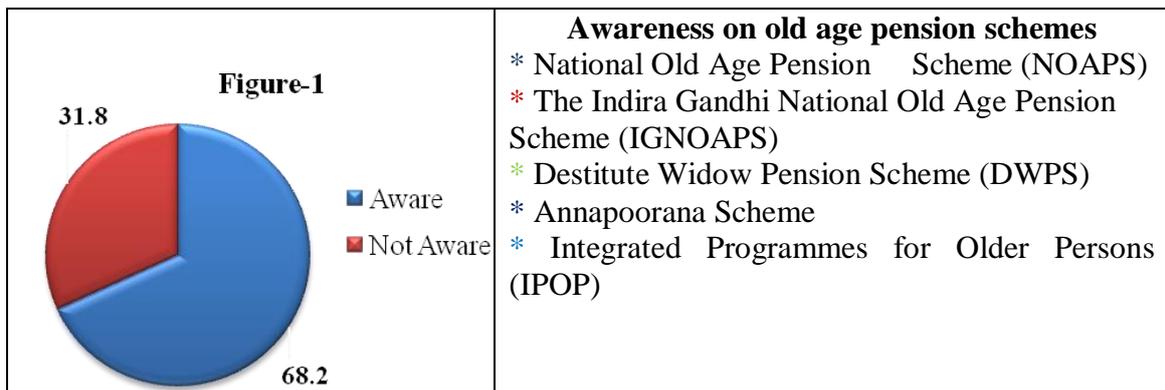


Figure – 2

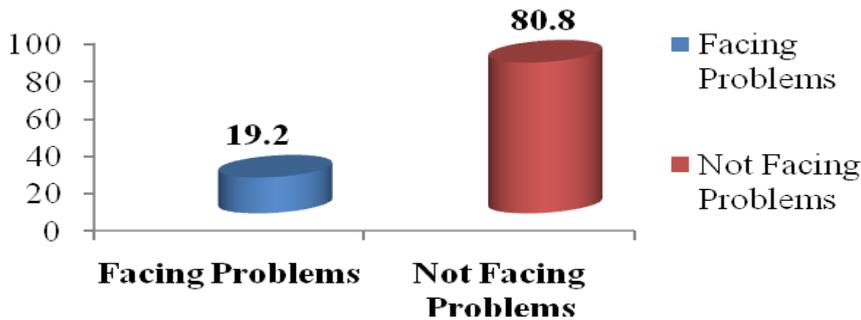
The figure-2 shows the multiple responses on awareness of the respondents about getting the various pension schemes like, National Old Age Pension Scheme (NOAPS), The Indira Gandhi National Old Age Pension Scheme (IGNOAPS), Destitute widow pension scheme, Annapoorana Scheme and Integrated Programmes for Older Persons. 93.6 per cent of the respondents have the awareness about the National Old Age Pension Scheme (NOAPS), only 6.4 per cent of the respondents' unaware about this scheme. National Old Age Pension Scheme is most common for all area, which is the main reason for most of the old age people getting this old age pension. Around 92 per cent of the respondents have not aware on The Indira Gandhi National Old Age Pension Scheme (IGNOAPS) remaining 8 per cent of the respondents were have the awareness about that scheme. 56.4 per cent of the respondents ill-bred about destitute widow pension scheme 43.6 per cent of the respondents have the wakefulness about destitute widow pension scheme. 83.6 per cent of the respondents were ignorant about Annapoorana Scheme, remaining 16.4 per cent of the respondents have the awareness about that scheme. 72.3 per cent of the respondents boorish on Integrated Programmes for Older Persons and only 27.7 per cent of the respondents have the knowledge about Integrated Programmes for Older Persons.

The researcher concludes that 93.6 per cent of the respondents have the awareness about only one scheme namely National Old Age Pension Scheme (NOAPS). But overall knowledge about all schemes very poor. Because tribal region they have very meager accessibility to know the new schemes and programmes.

The age structure of the population is changing drastically with increasing life expectancy and declining birth rates. The result of such demographic transition will be a larger proportion of older people. Collapse of joint family system coupled with pressures of urbanization and migration are also leading to deterioration in traditional means of support for the elderly. Existing schemes predominantly cover the organized workers leaving the bulk of the workforce with little access to any formal system of old age income security. The coverage is further diminishing due to stronger growth in unorganized employment. Within the organized labor force having access to some kind

of formal retirement income system, generous treatment of the public workers vis-à-vis the private workers is resulting further fragmentation of the pension system. The spiraling expenditure pattern of the non-contributory, unfunded public pension programs are putting increasing pressure on government's budgetary allocations. Unless this trend is arrested, these schemes will be financially unsustainable in near future.

Figure-3
Problems faced while Availing Welfare Schemes



The figure-3 describes the respondent's opinion about problems while getting old age pension. The data shows that majority of the respondents (80.8 per cent) opined that they have not faced problems to get pension. Some of the respondents (19.2 per cent) faced some problems to get old age pension.

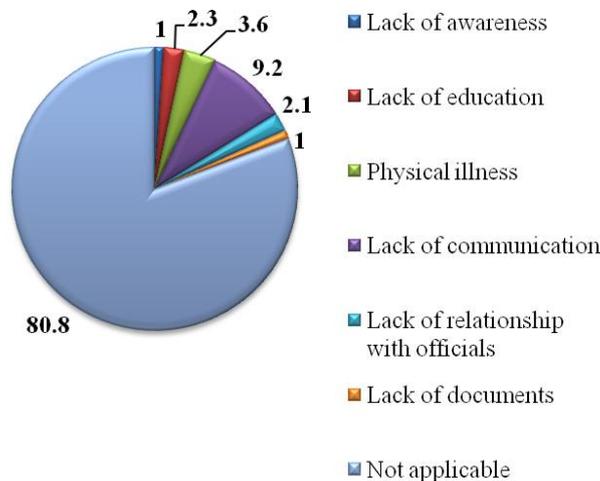


Figure-4

Types of problem faced while Availing Welfare Schemes

The figure-4 depicts the various problems faced by old age persons to avail welfare schemes in the hilly area. 9.2 per cent of the respondents were having lack of communications to getting the pension.

Communication problem between beneficiaries and providers, service providers cannot give the communication to the respondents who are residing in the remote area. 3.6 per cent of the respondents cannot get old age pension due to physical problems. Next to physical problems lack of education (2.3 per cent) was the major problem to get the pension. 2.1 per cent of the respondents were having the not relationship with official members like, Village Administration Officers, Headship of the village, Presidents and etc., And each 1 per cent of the respondents were stated that to get the pension like lack of awareness and lack of documents. Tribal aged people don't have all documents properly, some people didn't get any certificates and any other proofs, even some people still not get the community certificate. 80.8 per cent of the respondents were getting pension properly. So they come under the not applicable category.

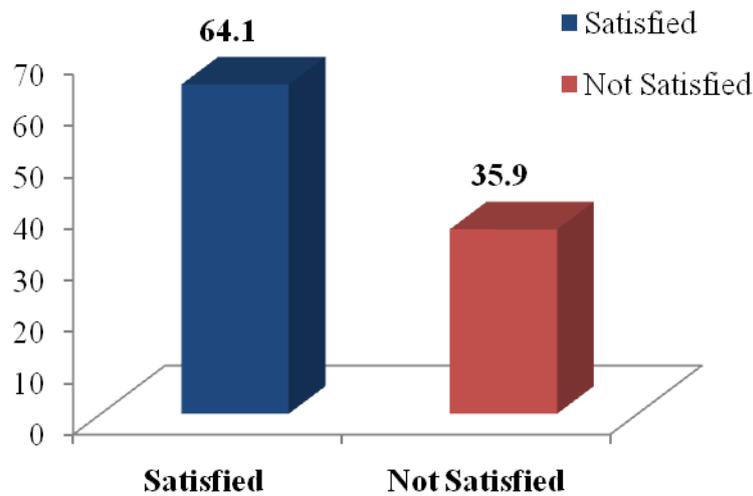


Figure-5
Satisfaction of the respondents with the existing provisions of Government Welfare Schemes

The figure-5 shows that satisfaction of the respondents with the existing provisions of government programmes or welfare schemes. Elderly tribal people are having meagre welfare programmes for fulfill their basic needs. However more number of respondents (64.1) said that they were satisfied with welfare programmes which were given by central and state government. But 35.9 per cent of respondents stated that, we have face the problems to get old age pension due to irresponsibility of the government officer, Panchayat presidents, post man and other local politicians. So they didn't satisfy of government welfare schemes and programmes.

The Indian government has established an extensive social welfare system. Among the many programs designed for betterment and enhancement of quality of life for ST or Minorities at large

- Minimum needs (food, cloth, housing, accessing education, health and drinking water) and social security programmes.
- There are also services for the blind, deaf, mentally retarded, and orthopedically handicapped. Programs for displaced persons; rural community development.
- Programs for women include welfare grants, women's adult education, working women's hostels, family planning & maternity care.

Exclusively tribals are heavily concentrated on the primary sector of the occupational structure. Mainly tribals derive their livelihood from sources like collection from the forest, different types of agricultural produces. A small chunk of tribals now-a-days are also engaged in the secondary and tertiary sectors. For a better understanding of tribal economic problems and tertiary sectors. For a better understanding of tribal economic problems and prospects a sector-wise study is made.

Conclusion

The success of any programme depends mainly upon the implementation that revolves round a strong awareness campaign, strong monitoring structure and active participation of the people. The elderly persons should take part actively in their own welfare activities. This can be done only by making them area of their rights and

facilities available for them and encouraging them to take up their issue actively. All State and Central Governments have implemented new welfare programmes for old age people to improve their socio economic status and health conditions. Aged people are affected by economic support and meagre health condition because of disability to earn the money, unaware of health condition. So government should give some special welfare, and old age scheme for tribal elderly people. It will uplift the tribal people from the weaker section.

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IS OUR CRIMINAL JUSTICE SYSTEM SAFE FOR ELDERLY?

A. ENOCH AND N. LALITHA

ABSTRACT

All the world's a stage, and all the men and women merely players. Ageing is a part of life and is a natural process. Ageing makes the body of a person weak and reliable to the person. The senior citizens of the country are the most precious sector of our country and need to be properly treated. They are very experienced and knowledgeable people and being elderly makes them non-functional and dependant, so proper laws are being declared for them so that they can live their last year of life peacefully. Tamil Nadu has one of the highest populations of senior citizens in the country, with 6.88 lakhs senior citizens living alone, according to the 2011 census. In Chennai, 8 percent of the population is over the age of 60. Police estimates reveal that around 6,500 senior citizens live alone in the city. According to National Crime Records Bureau data for 2015, Tamil Nadu accounted for nearly 10 percent of the crimes against senior citizens reported in the country, with 1,947 cases reported. The state also has the second highest number of attempted murders of senior citizens, with a total of 71 cases. Together, Bihar, Tamil Nadu and Maharashtra account for 49.8 percent of all the attempted murders of senior citizens in the country. There have also been 192 cheating cases, the fourth highest in the country¹. These statistics, along with regular media reports of crimes against senior citizens have resulted in many senior citizens feeling unsafe in the state. When it comes for perpetrator accountability or victim's protection, Tamilnadu has to go a long way and given this background this research paper attempts to expose and analyse the problems persist within the criminal justice system with special focus on the elderly. The authors have also suggested some of the possible measures for a speedy trial to ensure justice and not making the elderly as secondary victims within the criminal justice system.

Key Words: Elderly, Criminal Justice System, Legal Safe Guards

Introduction:

The population of the elderly persons has been increasing over the years. As per the UNESCO estimates, the number of the aged was around 599 million in 2005. The figure will double by 2025. By 2025, the world will have more elderly than young people and cross two billion by 2050. In India, the population of elderly persons has increased from nearly 2 crores in 1951 to 7.2 crores in 2001. In other words, about 8% of the total population is above 60 years. The figure will cross the 8% mark by 2025. A senior citizen is an Indian citizen of 60 years of age or all parents having children above 18 years of age.

Legal Safe guards for the Elderly in India:

There are various rights ensured by statutes of our country as follows: Taking care of elder parents is more or less a legal duty as well as a moral obligation. Personal laws of every religion have made it a legal and moral obligation to the children to take care of their parents.

- ARTICLE 41 PROVIDES THAT IT IS THE RIGHT OF THE CITIZEN OF INDIA TO RIGHT TO WORK, TO EDUCATION AND TO PUBLIC ASSISTANCE WITHIN THE CAPACITY OF THE STATE₂.
- After the Forty-first amendment, the age for retirement of a chairman and its members under Public Service Commission were raised from 60 years to 62 years. This was done by amending Article 316(2) of the Constitution which provides for the appointment and term of office of members. But it cannot exceed from the said age because of the fact that due to rising in the age of the existing person will not allow the young ones to showcase their work and talent. Therefore, elders are given the right to work under the dependency of the state to provide them so.
- SECTION 20 OF THE HINDU ADOPTION AND MAINTENANCE ACT, 1956, MAKES IT AN OBLIGATORY PROVISION TO MAINTAIN AN AGED PARENT.

- Maintenance of children and aged parents —
1. Subject to the provisions of this section a Hindu is bound, during his or her lifetime, to maintain his or her legitimate or illegitimate children and his or her aged or infirm parents.
 2. A legitimate or illegitimate child may claim maintenance from his or her father or mother so long as the child is a minor.
 3. The obligation of a person to maintain his or her aged or infirm parent or a daughter who is unmarried extends in so far as the parent or the unmarried daughter, as the case may be, is unable to maintain himself or herself out of his or her own earnings or other property. Explanation — in this section “parent” includes a childless step-mother³.

Muslim law makes it obligatory for a man to provide maintenance for his father, mother, grandfather and grandmother.

- ACCORDING TO TYABJI, BOTH THE SON AND DAUGHTER ARE UNDER THE OBLIGATION TO PROVIDE MAINTENANCE TO THEIR AGED PARENT. MAINTENANCE IS DUE TO A RELATIONSHIP WITHIN A PROHIBITED DEGREE OF RELATIONSHIP.
- According to Mulla, the children are bound to maintain their parents if the latter is able to earn for themselves.
- Under the Shia law, both the parents, i.e., parents, and grandparents are treated equally and are given an equal quantum of maintenance but the parents are given more preference towards the grandparents.

There is **no personal law for Christian and Parsi** for providing maintenance to the aged parents. If the parents want to seek maintenance from their children, they can apply through **the Criminal Procedure Code** to seek maintenance.

- Under Section 125 of Criminal Procedure Code, the elder parents can claim maintenance from their children.

- The Criminal Procedure Code is a secular law which is applicable to the entire region. This is not for a particular sect and is applicable to every citizen of the country. To claim maintenance under this law, it is necessary to prove that the parents are neglected and do not have the sufficient means of income to maintain themselves.
- Section 125 of the Criminal Procedure Code makes it obligatory for sons and daughters, including a married daughter, to maintain their parents⁴.

Under the Maintenance & Welfare of Parents & Senior Citizens Act 2007, the elderly who are neglected by their children can seek maintenance before the Tribunal constituted under the Act. The Act was notified by the Union Government in 2007 and the centre asked the states to formulate their Rules for the implementation of the Act. It took two years for the State of Tamilnadu to frame rules that is in 2009 the rules was framed for the implementation of the Act. In other words the Act was silent for two years in Tamilnadu which shows the extent of sensitivity and apathy the rulers have towards the senior citizens.

Under S.4 of the Act, a senior citizen including parent who is unable to maintain himself from his own earning or out of the property owned by him shall be entitled to make application seeking maintenance under Section 5 of the Act. A childless senior citizen against such of his relative refers to any legal heir of the childless senior citizen who is not a minor and is in possession of or would inherit his property after his death.

Under S.15 of the Rules of the said Act, the maximum maintenance allowance which a tribunal may order the opposite party shall, subject to a maximum of rupees ten thousand per month⁵.

Case Studies from secondary sources:

1. 58-year-old P Lakshmi Sudha was found dead in her West Mambalam apartment. Police discovered her body on Wednesday evening in a decomposed state and suspects that the murdered happened sometime on Monday. Lakshmi had quit practising as Madras High Court lawyer and was living by herself. Her son works as a software engineer in Bengaluru and Lakshmi used to visit her

elder sister who lived in the same area. Victim's 84-year-old uncle, Sundaram, also lives on the ground floor of the same building. According to the police, the culprit had scouted the area well before committing the murder. A case has been registered and police have begun investigating the case.

2. 60-year-old Shanthi was found gagged and smothered to death in her ancestral house in T Nagar. Chennai has witnessed a series of murders targeting senior citizens in the last year.

Following the string of murders in the city targeting senior citizens, police have reinstated the process of collecting data of senior citizens residing in Chennai. Of the calculated 6,500 senior citizens living alone in the city, 4,500 have provided data so far. Helpline number 1253 has been dedicated to 'Senior Citizens Distress Call' and can be used to provide details. Presently, the number is getting close to 75 calls mostly requesting transportation or medical assistance₆.

Findings & Conclusions:

1. It is evident that the concept of joint family which is an asset to the Indian family system is diminishing. The elderly are left alone at home without proper care and they have been made merely as security to the property owned by the present generation.
2. To a considerable extent, the elderly are also proud of propagating that their wards are working abroad and earning lump sum. In fact it is the elderly who encouraged their wards to go abroad without understanding the impacts of being alone in a country like India which is not providing social security.
3. The old age pension scheme which is meant for helping the old age economically has come to stand still. Recently the government of Tamilnadu had stated that no more enrolment in old age pension scheme and it will happen only if the existing old age dies. It is a very cruel and crucial statement which indicates as to how the government view its citizens who lack and seek economic assistance.

4. Following the increasing murder of old age people in Chennai city alone, it seems that the police do not have the data of senior citizens in city which is a threat to the society.
5. It is to be noted that the procedures within the criminal justice system and the implementation of the existing laws are not sufficient in terms of protecting the senior citizens.
6. The helpline number for the senior citizens 1253 should be more vigilant and the concerned official who is attending the call should be thorough with the procedures of the legislations dealing with senior citizens.
7. The police while handling cases and complaints of senior citizens should handle with utmost care and ensure that they are not victimised again.
8. As of now the Maintenance and Welfare of Parents & Senior Citizens Act 2007 does not have penal provisions and the TN Government should include penal provisions by way of an amendment for violations of the said Act.

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ELDERS AS HEALTH PROMOTING FACTORS IN ADOLESCENT GIRLS: AN INTROSPECTIVE STUDY

R. SARASWATHI NANDHINI & K. SATHYAMURTHI

ABSTRACT

Age is a dynamic term synonymous to time. Age has close relationship with the life span development where each person is expected to show progress as it meant. At the same time, social sciences believe that each person is unique and progress in the development would vary within range. In such range, adolescents and elderly are two crucial spans each person comes across where former expects fertility and later expects mortality that prospects the future of the country. Global elderly population 2017 has numbered twice larger than that of 1980. This inevitable growth is not only due to decline of mortality rate in elders but also due to decline of fertility rate in adolescents. This qualitative study underlies the significant role of elders in the family in promoting the adolescents' reproductive health. The study includes seven elderly women highlighting the food practices during menarche, menstrual dysfunctions in adolescents and remedial measures administered during adolescence through thematic analyses.

Keywords: Elderly women, adolescent girls, fertility, food patterns, remedial measures

INTRODUCTION

Old Age is a social construct, rather than a biological stage usually associated with declining faculties, both mental and physical, and a reduction in social commitments (of any person). The precise onset of old age varies culturally and historically. However person aged 60 and more were commonly highlighted as elderly people in most countries. The world's elderly population is increasing in number and make up a growing share of the population in virtually every country, with implications for nearly all sectors of society, including labour and financial markets, the demand for goods and services such as housing, transportation and social protection, as well as family structures and inter-generational ties.

The global population aged 60 years or over numbered 962 million in 2017, more than twice as large as in 1980 when there were 382 million older persons worldwide. The number of older persons is expected to double again by 2050, when it is projected to reach nearly 2.1 billion. In 2030, older persons are expected to outnumber children under age 10 (1.41 billion versus 1.35 billion); in 2050, projections indicate that there will be more older persons aged 60 or over than adolescents and youth at ages 10-24 (2.1 billion versus 2.0 billion). Globally, the number of persons aged 80 years or over is projected to increase more than threefold between 2017 and 2050, rising from 137 million to 425 million. In general, older women are more likely than older men to live alone (United Nation, 2017).

Population ageing is the inevitable increase in the share of older persons that results from the decline in fertility and improvement in survival that characterize the demographic transition occurring throughout the world. Elderly persons in India are those who have attained the age of sixty years and above whose population will triple by 2050 (United Nation, 2017). The report observes that the section that deserves maximum attention remains old women, who are more vulnerable than men due to their longer life expectancy and meagre or no income. Everyone has a part to play for the

well being of the elderly, including the government and civil society, communities and families.

Among the challenges which India faces, the report noted that the feminization of ageing remained a key one. The sex ratio of the elderly has increased from 938 women to 1,000 men in 1971 to 1,033 in 2011 and is projected to increase to 1,060 by 2026 and all the states have higher life expectancies at old ages for women than for men. Elderly women are by and large poorly paid for the work done during their lifetime and so have meagre or no savings. Due to this, their vulnerability also rises with age and widowhood. Also, 93 percent of the workforce is in the informal sector, there is no social security for them in old age and this problem too afflicts women the most, who along with SCs, STs and the poor remain the most vulnerable in old age leading to income insecurity, lack of adequate access to quality health care and isolation are more acute for the rural elderly as most areas lacked proper roads and transport access. As per the 2011 Census, it said 71% of all old people resided in rural India.

Why Elderly Burdens

Health status is an important factor that has a significant impact on the quality of life of an elderly population. The major elements of health status are perceived health, especially psychological well-being, chronic illnesses, and functional status. The health problems of the elderly are complicated by social, economic and psychological interactions to a greater degree than younger people. Moreover, these problems are usually multiple and are often masked by sensory and cognitive impairments.

Growing globalization concepts lead to the migration of younger working-age persons from family converting the joint families into nuclear family have greater negative impacts on the elderly leading to social isolation, poverty and distress. Elderly becomes burden when their own children refuse to take care of them than their biological impairment burdens them. Nuclear families and changing life styles not only

created isolation in the elders but also in the next generations letting them isolated and opening up too many channels that spoilt their life. Most of the childhood disorders are found to be caused due to the isolation of children and improper child care by the mothers in nuclear family. Similarly, forgotten food habits of the elderly and incorporation of the junk food lies the major cause for decline in the fertility rate in India. Media and technologies are helping the elderly stay in touch with their children however the same could not understand the psychological distress.

BACKGROUND OF THE STUDY

Gaurav Viveks article on India Needs to Start Addressing Issues Concerning Its Growing Elderly Population in The wire daily (20.06.2017) reports that elderly people in India will triple by 2050 requires possible policy responses for the government and civil society. It also insist that everyone has a part to play for the well being of the elderly, including the government and civil society, communities and families.

Sweta Goswami article on The ugly truth about old age in India (15.6.2017) high lights humiliation, abuses and isolation faced by elderly people in their family after retirement. It reveals that 37 percent has been misbehaved/bad treatment, 20 percent of elders suffers restricted social life, 13 percent suffers abuse/mental torture, 13 percent had been denied for basic needs, 9 percent undergo physical harassment/assault and 8 percent suffers other kind of harassment. Most common harassments endured by elders are denial of food, medical attention/ medicines, abusing, humiliation, beating, not allowed to meet grand children/outsidars/ relatives/ neighbours/ friend, tied in case of disability, forced to do household chores, emotional blackmailing, ignoring daily needs like clean clothes and proper food, snatching their belongings, savings and useful legal documents.

Saraswathi Nandhini study on Psychosocial Issues pertaining to Menstrual Disorders among Slum Adolescents reports the cases of reproductive problems faced by the adolescent girls living in the slums who were all migrated from rural areas as family

and the problems faced by them. The study reported that 9 percent of decision makers of seeking health care centres are grandmothers of the adolescent girls.

United Nations report on Key findings of World Population Prospects shows that the declining fertility rate is the major reason for the increasing elderly population. Much of the overall increase in population between now and 2050 is projected to occur either in high fertility countries, mostly in Africa, or in countries with large populations. From 2017 to 2050, it is expected that half of the world's population growth will be concentrated in just nine countries: India, Nigeria, Democratic Republic of the Congo, Pakistan, Ethiopia, the United Republic of Tanzania, the United States of America, Uganda and Indonesia.

This signifies that decline in fertility has to be addressed to increase the young population. The estimated projection and sneak preview of population 2050, based on the fertility rate of the adolescent girls, shows that India⁵ would succeed China in population. This emphasizes the significance of adolescent girls' health in enhancing the human capital of developing countries. But, near half of the adolescent population suffers from various menstrual disorders leading to decline in fertility. Various dimensions of health seeking behaviour such as promotive and preventive dimensions are also considered along with curative dimensions with special reference to adolescent girls will be helpful in promoting the fertility rate of adolescent girls providing a holistic approach in understanding their health profile. Inclusion of elderly in the family as mandatory and proper respect to their food practices could gain mutual benefits for both elderly population and in increasing the fertility rate in adolescent.

⁵ As on 11, July 2016 report of Population Reference Bureau

METHODOLOGY

The study involves the qualitative design and aims in understanding the practices of elderly women during menarche and menstrual disorders faced by adolescent girls and also the unknown knowledge latent behind their practices. The study includes seven elderly women residing in the Vedarpuliyankulam village of Tiruparankundram Taluk, Madurai. The study includes case study design, taking Elderly food practices during menarche and menstruation as a phenomenon and explaining its medicinal benefits with the help of seven cases. The data is collected directly by visiting the respondents in their home. The collected information is organized and analyzed based on the thematic analysis method. The study includes a very few sample and hence the findings is limited and cannot be generalized.

DISCUSSION

This study focus on Elderly women food patterns and practices they undergone during menarche, menstruation and the medicinal benefits of the food undertaken during these periods. It also recommends the remedial actions undertaken for menstrual disorders.

Food Practices during menarche

The onset of menarche occurs on an average between 12 to 15 years in most of the adolescent girls, this would differ with physical, hereditary and cultural base of an individual. Earlier, the onset of menarche remains 14 to 17 years. This shows that the change in the onset of menarche may be due to the changes in the food habits. There exists a similar kind of food practicing custom for the menarche. The starch water, raw egg, sesame oil, puttu, urad kali are the common food practices stressed during menarche. The elderly women insisted the same even today to their granddaughters. They believe that having raw egg and raw sesame oil in the empty stomach during menarche would help them in normal delivery after their marriage.

“I had jaggery with starch water in the early morning every day for a month... and sat separately in the hut.” – Case A, 90 years

“I attained menarche late only in 17 years. I remember taking raw eggs and sesame oil for seven days in empty stomach. I administered the same to my two daughters and granddaughters.... My granddaughter took raw egg for 30 days.. we also gave seeds of green leaves with milk once we confirm the menarche.” – Case B, 73 years

“I took raw eggs and sesame oil for 15 days during menarche in empty stomach. My daughter refused to take.. she took only for 7 day from menarche due to compulsion... Now she is suffering in menstrual problems.” – Case C, 65 years

“I don’t remember what my mother gave. But they give more sweets, mutton and fish. My mother asked me to take rest for a month.” – Case D, 60 years

Food Practice during Menstruation

Menstruation is a natural and routine part of life for healthy girls and women. It starts from the menarche and continues till their menopause. The regulation of menstruation plays significant role in fertility. The food practices undertaken during this period is crucial in the olden day. Elderly women addressed that after menarche every month during their menstruation they used to sit aside segregated by the stick in the home and were not allowed to do any household works. They are allowed to have food and take rest during these periods. The segregation changed over the periods.

“I had been kept segregated during menstruation even after my marriage. My mother in law will take care of household works..” – Case B, 73 years.

“Yes, we use to sit aside in the family where we not allowed to play with our neighbours. Feel shy when others come to home. Mother will not give any work.. we will eat and sleep. They give urad kali every month... I remember having raw egg and sesame oil for seven consecutive months during menstruation...” – Case C, 65 years

“I did not keep my child segregated. I felt lonely and isolated and hence I never want to make her feel same”- Case E, 50 years

Remedial measures for Menstrual disorders

Menstrual cycles are often irregular during adolescence, particularly the interval from the first cycle to the second cycle. Some adolescent girls get through their monthly periods easily with few or no concerns. However, others experience menstrual disorders which profoundly affect their ability to function as they would like. The menstrual disorders may affect them physically, psychologically and behaviourally. These menstrual disorders are highly predominant during these times and are less prevalent in olden days. The common remedial measures undertaken for menstrual disorders were fenugreek, palm jaggery and sesame seeds.

“Giving starch water with fenugreek will reduce stomach pain... Avoiding plaintain flower, stem and brinjal during menstruation will control the overbleeding...” – Case B, 73 years

“Taking palm jiggery with sesame seeds will help for those who have sparse bleeding...” – Case C, 60 years

“I haven’t heard about this problems during my days... the food they have today is cause for all this problem” – Case A, 90 years.

Known Practices Unknown Benefits

The food patterns and practices they follow during the menarche, menstruation were highlighted. These practices are been followed by them from their ancestors but they are unknown of the medicinal effects of these foods and its benefits. The recent studies of Siddha practices confirms that sesame seeds, fenugreek and urad dhal plays vital role in increasing the fertility and inhibiting the menstrual dysfunctions. The starch water in the empty stomach had been recommended to avoid acidity. In addition,

fenugreek supplemented with starch water or buttermilk act as a coolant and it could rather solve any kind of discomfort in the gastro-intestinal cavities. Palm Jaggery with urad dhal seems to clean the uterus and helps in strengthening the uterus wall. The raw egg suggested by them includes organic egg which has the capability of increasing the fertility of the women.

RECOMMENDATIONS

Geriatric care is an emerging trend in the current scenario where the mere care through ashrams, day care centres, and elderly homes could not be highly beneficial. Community based rehabilitation has to be done to signify the importance of elders in the family. The food patterns and practices from the elders have to be respected. The elders in home are key resource in promoting the preventive health for all the members in the home. The importance of the custom practices can be identified and highlighted to the next generation so that the denial or abuse of elders could be eradicated.

CONCLUSION

Elderly are being projected as population with impairment and disability. The food patterns and practices which they follow as customs has remedial measures in the health of adolescent girls is highlighted here. There are similar other customs and practices they come across from the birth of child to the menopause. These unknown practices have incredible known benefits which are yet to be accredited. Rather looking elders as needy population, they could be appreciated as remedial resources in the family and community could provide mutual benefits in the society.

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SHIFTING PARADIGMS OF AGEING: STRENGTH BASED PERSPECTIVE

JINS CHACKO

ABSTRACT

Old age refers to ages nearing or surpassing the life expectancy of human beings. Some believe that old age as a flourishing period, while some others are even reluctant to speak about this period. The reluctance happens because of the association of Old age with the terms vulnerabilities, health break downs and dependence. It is true that human beings have got an innate capacity for self-actualisation and they want to be productive and self-sufficient. But there happens a problem when people associate youth period with golden ages of life and old age as a period to the unknown, impending danger. This pessimistic thought pattern produces deep fear which they have to carry out through their life span. The usual ways of compensating this fear is taking some insurance, keeping some fixed deposits in their own accounts. It is a time to accept that our society has gone far enough to damage the concept 'Old age for productivity'. Now the responsibility has to be shared by all. Now the question arises 'how to make a paradigm shift to the old people as well as society? According to Erick Erickson, a well-known psychologist, ageing period can either give you an experience of ego integrity or despair. The paper tries to answer the question 'how to help people to have a paradigm shift in their attitude towards elderly'. It analyses the major theories of ageing such as Activity theory and Disengagement theories. The study mainly focuses on the strength-based perspective – an approach to focus not on a period of vulnerabilities and ailments, but on period filled with psychological energy and ego integrity.

Key Words: Ageing, Strength Based Perspective, Theories of Ageing

1. Introduction

Old age can be defined as the final stage of human life. During this period, elderly often suffers various vulnerabilities, physical weaknesses and diseases. Due to these reasons, old age becomes more dependant and they need care and support from others. Often, diseases and vulnerabilities label this period as 'at risk' period often dominated by these problems. Because of modernization, the number of elderly admitted in residential care are significantly increasing day-by-day. In residential cares, the professionals like Social Workers, Mental Health Professionals are deploying various methods in helping profession. The problem solving approaches dominates among the various interventions deployed. But the paper presents the limitedness of the current interventions and the need for a paradigm shift. It projects strength based perspective as method powerful enough to make paradigm shift in the care of elderly and the views of and towards them.

2. Helping process in the present day

There are various types of interventions applied by professionals in gerontology in mental health as well as social work profession. There were always attempts to analyze risk factors both physiological as well as psychological factors. As the old age is a period of culmination in a person's age, it is often called as risk stage filled with mainly physical ailments, emotional traumas etc...A best example for this is if we are asked to imagine an old age home, the first thing comes to our mind is a building filled with wheel chairs and nurses and an ambulance parked in front of it. It is true that the old age has a high possibility of diseases. There are always associations of problems to this period. Traditionally, the human service agencies employee interventions based on 'problems, ailments and pathologies'. Approaches may differ based on professional's mode of working, but the basic belief underlying behind the change focused intervention is that 'A person needs help because he suffers from a problem'. Based on these perspective, when a person suffers a problem, it also implies that what kind of

person he/she is. Because the problem they encounter is somehow associated with their personality at least partially.

2.1 The cycle of problem based interventions

Then the problem solving interventions focus on the problems of people, the process leads to the cycle of deficits. When we focus on the deficits of a person alone, there is a possibility of creating negative self-image and negative experiences. Often these negative factors hinder the opportunities and interventions in many ways. It may affect the professional relationship between a client and social worker. The worker has to take extra efforts to manage the consequences of labelling.

2.2 Deficits and disempowerment

The major problem lies in the problem focused approach is its assumption that the starting point of helping process is in the rise of problems and it's emphasize on what individual is lacking. When an older person gets labelled only on the basis of problem and ailments, the question arises 'is old age a problem age?' No one can say yes to this question. Because, when we look around, we see people who use this period for their creativity and productivity breaking the ICU concept of the old age by the society. But when the organizations focus on the lacking elements of ageing and denies seeing the possibilities of this period, a dependency is created on the helping process. As a result, a process of disempowerment occurs.

3. Strength based Perspective

It is true that challenges and problems are inherent in the lives of human in particular at the ageing period and no one can run away from this fact. Problems are part of human lives and everyone spends most of their energies in tackling problems which they encounter in their everyday lives. Again, when the lives of elderly are considered, the possibility of vulnerabilities and deceases are high in all respects. But there arise questions "should then their lives only consist of these risk factors? Is life

only filled with problems, vulnerabilities and deficits?’ A simple answer to these questions can be that human lives in particular lives of elderly cannot be compartmentalised on the basis of these problems. Beyond the boundaries of the zone of problems, there always existed the place of possibilities. Every human is inherent with their unique capacities and potentials. Here comes the relevance of Strength based perspective in the lives of elderly.

A strengths based approach operates on the assumption that people have strengths and resources for their own empowerment. Traditional teaching and professional development models concentrate on deficit based approaches, ignoring the strengths and experiences of the participants. In strengths based approach the focus is on the individual not the content. Drawing on appreciative inquiry, strengths based methodologies do not ignore problems. Instead they shift the frame of reference to define the issues. By focusing on what is working well, informed successful strategies support the adaptive growth of organisations and individuals. A belief and an approach that every individual, group, organisation and community has strengths allow us to focuses on identifying, mobilizing, and honouring the resources, assets, wisdom, and knowledge that every person, family, group, or community has.

Despite of the problem based approach where it focus on ‘what is wrong’ to begin the helping process, the strength based approach stresses on ‘what is right’ in every human. The process of Strength based approach starts by identifying a person’s strengths and capabilities for the growth and empowerment. During the process, community resources or specialised resources can be utilised for achieving the purpose. The result of the SBP is to improve the resilient coping of the individual and thus leads to empowerment

4. Applying this perspective in the field of ageing

Strengths Based Practices (SBPs) concentrates on the inherent strengths of individuals. Therefore ageing is families groups and organisations deploying peoples’

personal strengths to aid their recovery and empowerment. SBPs are empowering alternatives to traditional methods with individuals, group or organizational work. SBPs refrain from allowing crippling, labelling and stigmatized language on the elderly. The strength based perspective invites the community members and care providers to view the elderly population to view ageing and elderly period as having ‘potentials’, rather than being at risk.

The major advantage of SBPs is its emphasis on person’s strength and resource (internal and external) in the process of change. When Ageing brings challenges (physiological and emotional), strengths are identified and highlighted than the vulnerabilities and weaknesses. It doesn’t mean that we ignore the problems, but we acknowledge and validate problems with a vision based on the possibilities. Again the approach is powerful enough to create positive expectations on the old age population and opens the door of possibilities even in this period. Thirdly, it challenges the assumption of the necessity of change agents in the helping profession. Old age is no longer seen as ‘population in need’, but as a population thriving and fulfilling potential amidst of crisis and problems.

5. Implications of SBP on the field of gerontology

The implications of the SBPs in the field of gerontology are vast in many respects. The change begins even from our daily interactions with the elderly to the level of skill sets and interventions employed. The language of sympathy eventually changes to dynamic and growth oriented communication styles where the physical ailments or vulnerabilities are never discussed or focused. The communication patterns are mainly focus on meaningful relationship and growth oriented. The care providers must focus more on person centred approach and also interventions that results in capacity building and strengthening key process for resilience. The interventions employed are no longer depends upon the worker, but are client driven and relationship focused. The process of capacity building is seen as long term project than working

with the short term aspects of the elderly life. The elderly is no longer seen as a burden, but the perspective helps people to affirm potential in them to enhance strength as opposed to deficits. The approach focuses on successful ageing through connecting a person's strength and aspirations than focusing more on deficits.

The SBP never sees elderly as 'used bottles', but as 'filled bottles' with lot of life experiences and psychological strengths. In strength based approach not only are the types of resource are important, but how they are offered and mobilized to facilitate the growth are also very crucial. When intervention strategies are client driven and relationship focused, person's perspective of reality becomes important – therefore, need to value and start change process with what is important to the person. Community care providers can set the effective management, collaboration of elderly. The major advantage of SBPs in the lives of elderly is that they are no longer guided with shame or fear, but they have more confidence and to complete their journey with hope and dignity.

Conclusion

The interventions deployed for the care of elderly are dominated by 'problem' based interventions. It focuses on the 'at risk' factors of an individual and the possible vulnerabilities. There are some serious side effects for this problem based approach. It often produces negative expectations and labelling on the elderly. This often creates stumbling block in the problem solving profession. It compartmentalises the elderly and label them as the 'preys of fate'. The strength based approach is a recent development powerful enough to make a paradigm shift in the care of elderly. Yet it is either unused or partially used in the residential cares. The paper also depicts the advantages of using strength based approaches in the helping profession and the possible changes may happen after employing this perspective in the helping profession.

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COMMUNITY SOCIAL WORK WITH ELDERLY

MINI PRADEEP AND K. SATHYAMURTHI

ABSTRACT

The size of the elderly population, i.e. persons above the age of 60 years, in India is fast growing. The mounting need for intervention in elderly welfare is demanding a strong policy and programme response. The State of Kerala with the highest proportion of elderly persons in India is in the forefront in implementing social security programmes for senior citizens. The Kerala Social Security Mission (KSSM) under the Government of Kerala launched Vayomithram Project in 2011 exclusively for the elderly in the State. The project is the first of its kind in India providing health care and support to elderly above the age of 65 years residing at Corporation/Municipal areas in the State. It is a community focussed project, involving social workers at different levels of practice with elderly. Professional social workers are working as the Coordinators of the project in all the municipalities and corporations and as District Coordinators in all the districts of the State. This case study explores the experiences of such social workers in five municipalities of Ernakulam district in Kerala to understand community social work with elderly. The concept 'community social work' is adopted in the study to indicate 'the professional social work practice with communities incorporating micro, meso and macro practices'. The attributes, skills and principles applied, and the issues and challenges in community social work with elderly are discussed to emphasise the role of social workers and the scope for community social work in the well-being of elderly. Vyomithram project is an excellent model that signifies community social work with elderly and can be replicated in other States of the Country.

Key Words: *Community Social Work, Elderly, Case Study, Social Work with Elderly*

INTRODUCTION

Elderly or old age consists of ages nearing or surpassing the average life span of human beings. The boundary of old age cannot be defined exactly because it does not have the same meaning in all societies. India's National Policy on Older Persons (1999) defines 'senior citizen' or 'elderly' as a person who is of age 60 years or above (Government of India, 2011). The size of the elderly in India is fast growing. India is having around 104 million elderly persons (8.6% of the population comprises 60 plus population, Census 2011) and the number is expected to increase to 296.6 million constituting 20 per cent of the total population by 2050 (United Nations, 2013 as in BKPAI: Kerala Report, 2013). The Global Report on Ageing in the 21st Century (2012) reinforces the observations made in India that there is multiple discrimination experienced by older persons, particularly older women, including in access to jobs and health care, subjection to abuse, denial of the right to own and inherit property, and lack of basic minimum income and social security (UNFPA & Help Age International, 2012). In India, there are schemes addressing the elderly below poverty line, but there are no universal social security measures for the elderly. (BKPAI Report, 2012). Constitution of India, Item No. 9 of the State List and item 20, 23 and 24 of Concurrent List relates to old age pension, social security and social insurance, and economic and social planning. Article 41 of Directive Principles of State Policy has particular relevance to Old Age Social Security (Help Age India, 2016).

The State of Kerala with the highest proportion of elderly persons in India has recognized the challenge of taking care of various needs of the older persons such as their social, economic, health, living arrangements and security. The state had 11 per cent of the elderly population in 2001 is expected to have 18 per cent by the year 2026, with an absolute number of around seven million elderly people (BKPAI Report, 2012). Kerala is in the forefront in implementing social security programmes for senior citizens. The Social Justice Department, Government of Kerala, coordinates the social welfare measures that provide social security to the elderly population in the state and

implements schemes sponsored by the central and state government. The Social Justice Department is the nodal agency which implements the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 and the State Old Age Policy, 2013. The Kerala Social Security Mission (KSSM) was set up in October 2008 and registered as a Charitable Society under the Government of Kerala with its headquarters at Thiruvananthapuram. The mission launched *Vayomithram* Project in 2011 exclusively for the elderly in the State. (BKPAI: Kerala Report, 2013).

The project is the first of its kind in India providing health care and support to elderly above the age of 65 years residing at Corporation/Municipal areas in the State. Now, there are 83 Vyomithram Projects in Kerala covering all the 14 districts of the State. Professional social workers are working as the Coordinators of the project in all the municipalities and corporations and as District Coordinators in all the districts of the State. This case study explores the experiences of such social workers in five municipalities in Ernakulam district of Kerala to understand community social work with elderly. The attributes, skills and principles applied, and the issues and challenges in community social work with elderly are discussed to emphasise the role of social workers and the scope for community social work in the well-being of elderly.

BACKGROUND

Social work with elderly is a vast area of practice in which community holds a vital share. The concept 'community social work' is adopted in the study to indicate 'the professional social work practice with communities incorporating micro, meso and macro practices'. The Vyomithram in Kerala is a community focussed project involving social workers at different levels of practice with elderly. The main objective of Vyomithram project is to provide free health care to the old age people. Services provided under the Vayomithram are Mobile Clinics Service, Palliative Care Service, Counselling Service, Help Desk to the old age. Other services include Special Medical Camps, Special entertainment programmes like *Sallapam*, *Snehayathra* mainly for the destitute in old age home and Vayomithram beneficiaries, sponsorship programmes

with the help of NGO's or institutions in the project area, special day programmes (related to health and welfare) in the area and active involvement of Vayomithram in social issues related to old age in the area. (www.socialsecuritymission.gov.in).

The project is implemented as a joint initiative to Local Self Government Departments in the area. With the help of ICDS and Ward Councillors, 20 centres are identified and selected for mobile clinics in every municipality or corporation. Vyomithram Clubs are formed in each centre with a president, secretary, treasurer and four executive members. The Anganwadi teacher and the Ward Councillor are patrons for these clubs. Number of members in the clubs vary from 25 to 170 based on the population of the area. Each municipality is having one unit of Vyomithram Mobile Clinic (two units in corporations and highly populated municipalities) comprising of a Medical Officer, a Staff Nurse and a JPHN. They conduct clinics in Anganwadi centres or community centres from Monday to Friday in every week, covering all the 20 centres in 10 days and it is repeated on regular basis. Leisure trips, entertainment programmes and awareness classes on health (physical, social and psychological health problems and issues) and nutrition (food habits) are provided to the beneficiaries with the active participation of all sections of the community.

METHODS

The study followed Case Study Method to understand community social work with elderly. It is conducted in the Ernakulam district of Kerala, situated in the central part of the State. Ernakulam district has the most number of municipalities in the state i.e. 13 namely North Paravur, Piravom, Muvattupuzha, Koothattukulam, Perumbavoor, Aluva, Angamaly, Thripunithura, Kalamassery, Kothamangalam, Eloor, Maradu and Thrikkakara. The elderly in every municipality of Ernakulam district constitute 13 to 15% of total population. The average number of Vyomithram beneficiaries varies from 1000 to 2000 in different corporations and municipalities of the District.

Five from these municipalities viz. Perumbavoor, Angamaly, Thripunithura, Thrikkakara and Maradu were selected for the study. Vyomithram Project Coordinators

of these municipalities, who are professional social workers, were interviewed to get primary data for the study. The data were analysed based on three broad themes: Attributes of Community Social Work with Elderly, Skills and Principles Applied in Community Social Work with Elderly, and Issues and Challenges in Community Social Work with Elderly.

FINDINGS AND DISCUSSION

Attributes of Community Social Work with Elderly

- All the major attributes of community social work are there in practice while the social workers act for and work with the elderly.

The nature of community social work with elderly is mostly *proactive and preventive*, but it has developmental, rehabilitative and curative aspects also. Community social work with elderly gives *simultaneous emphasis on elderly, their groups and the community they live in*. It mainly focuses on social and psychological dimensions of *empowerment* of the elderly in individual, group and community levels. In their work with elderly, social workers always make *partnership with statutory bodies, voluntary agencies and informal sections of the community* and frequently involve in *statutory activities and team work*. They do *networking* with voluntary agencies, NGOs, community-based organisations, religious and political associations in the area and with the government departments. They always *work with both formal and informal local networks in the community*, mainly by tapping and supporting them. They facilitate *harnessing of community resources*. They emphasise *self-help and mutual aid*, and encourage *community participation and collective responsibility* among community members for ensuring the welfare of elderly in the community.

Skills and Principles Applied in Community Social Work with Elderly

- Community work skills, Key skills of Advocacy, Counselling and Leadership skills are applied by the social workers in their practice at different levels

Skill in rapport building is applied by the social workers to develop professional relationship with the urban or city community where the targeted elderly lives in, with funding organizations and with their colleagues. *Skill in identification of needs* help them to identify the needs of elderly as a section of the community, classifying their needs and fix priorities, and make them arrive at a consensus about their needs. *Skill in resource mobilisation* is mainly applied in identifying sources which can be tapped to secure resources for various aspects of elderly needs. Using *skill in programme planning*, social workers develop programmes in accordance with the needs of the elderly, try to keep the programme in harmony with the cultural needs and traditional practices of the community and try to achieve self-sustainability with minimum resources. *Skill in programme management* helps them to break each task into specific activities to allocate to different persons, find the right person for the job, frequently to develop an adequate system of monitoring and supervision. Using *skill in evaluation* they could frequently identify the specific indicators which will help in measuring the extent of success in achieving programme objectives, develop relevant tools for gathering information, and draw conclusions based on facts. They apply *skill in recording* to summarise the informal discussions with groups and individuals and writing periodic reports, maintaining proper records and keeping personal records of their activities. With their *skill in encouraging community participation*, they identify ways to involve people in decision-making at every stage and gradually transfer programme management to the people. *Skill in working with the group* is frequently applied to analyse the group situation, deal with group feelings and to develop inter-group relationship in Vyomithram clubs. They use *skill in working with individuals* frequently to identify and accept individual cases, in assessing their problem and the referral. The *skill in using mass media* is applied for publicity, arousing awareness among people and to mobilise people. They do group and community advocacy applying *skills in persuasion, representation and negotiation*. They apply *counselling skills* in individual and group counselling and *leadership skills* while working with elderly.

- The application of major principles of community work are relevant for social work practice with elderly

Principle of specific objectives is applied mainly for formulating specific objectives for working with different categories of the elderly and suggesting some concrete programmes for different groups. Sometimes, the *principle of planning* is used for meticulous planning of activities to act professionally. *Principle of people's participation* helps social workers to work for the need of elderly as a section of the community, plan a strategy for involving them in programme implementation, make them understand the merit of programme by convincing them both individually and collectively, and occasionally enabling them to do things and take their own decisions. *Principle of inter-group approach* is applied while identifying and forming groups of elderly in the initial stages for undertaking variety of programmes catering to their needs. *Principle of democratic functioning* is used in adopting periodic rotation of leadership to curb the tendency of domination by a few people among the group members. *Principle of flexible organization* is applied mainly by accommodating people with varied experiences and abilities in the Vyomithram clubs. While organizing entertainment programmes and awareness classes for the beneficiaries, *principle of optimum utilization of indigenous resources* is applied always to mobilize indigenous physical resources and putting indigenous human resources to maximum use. *Principle of cultural orientation* is used to go along with local customs of different community, respecting their cultural difference.

Issues and Challenges in Community Social Work with Elderly

Sometimes, application of theory is difficult for the social workers while working with elderly in communities mainly due to the difference in spatial and temporal contexts and the dearth of indigenised knowledge base. In most cases, social workers are regarded as non-professionals due to the lack of clarity in and awareness about the meaning, activities, practices and the need of social work, and due to the absence of strong and effective registered collective associations. The difference

between social work and social service is not clear for even the authorities at the top level.

The lack of initiatives from the community representatives in supporting and facilitating beneficiaries to avail and access the services provided, sometimes creates extra burden for the social workers. People having no faith in government matters and the procedural lag in government affairs make difficulties for the social workers to gain the confidence of beneficiaries and affects the smooth running of activities in the community. The unfavourable attitude of young generation towards elderly sometimes reflects in the form of threatening of and abusive conversations and behaviour with the social workers.

CONCLUSION

The role of social workers and the scope for community social work are vital in the well-being of elderly. Vyomithram project is an excellent model that signifies community social work with elderly which can be replicated in other States of the Country. The mounting need for intervention in elderly welfare is demanding a strong policy and programme response. The government needs to give further significance to the services and schemes for them ensuring their participation in all levels. Public places and amenities are to be more elderly friendly. Old age persons those who live alone can be provided with community living opportunities. The experience and expertise of the elderly can be tapped and utilised for benefiting the younger generation of the community, which in turn will help in reducing the existing generation gap, and as well provide social recognition and economic security for the elderly.

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NON-GOVERNMENTAL ORGANIZATION MODELS

- A CASE STUDY OF HELP AGE INDIA

VISHAL MISHRA AND LOLI KAIKHO

ABSTRACT

Populations around the world are rapidly ageing. Every person – in every country in the world – should have the opportunity to live a long and healthy life. Today the world is facing a situation without precedent: soon we will have older people than children and more people at extreme old age than ever before. The proportion of older people and the length of life is increasing throughout the world. Since the beginning of recorded history, young children have outnumbered their elders. In the five years' time, however, the number of people aged 65 or older will outnumber children under age 5. According to Population Census 2011 there are nearly 104 million elderly persons in India; of them 90 million still need to work to survive, yet 55 million sleeps hungry. The elderly have long been neglected as the addressee of health promotion activities. The need to promote health among older people was first highlighted in the 1990s. Before that, it was commonly assumed that the older generations were not a good target for health promotion as it was thought it was too late to change their lifestyle. The elder persons in the society face a number of problems due to absence of assured and sufficient income to support themselves for their healthcare and other social securities. The trend clearly reveals that ageing will emerge as major social challenge in the future; and vast resources will be required towards the support, service, care and treatment of the elderly persons. This paper aims to present a case study of the non-governmental organization Help Age India and its various programs towards the betterment of elderly people.

Keywords: *Elderly, Case study,, Help Age India*

INTRODUCTION

Old age comprises "the later part of life; the period of life after youth and middle age usually with reference to deterioration". At what age old age begins cannot be universally defined because it differs according to the context. Today there are estimated 104 million elders out of these 55 million go to sleep on an empty stomach every night just about the population of UK, 30 million live alone, 12 million are blind & cannot afford treatment, 1 out of 8 elderly feel no one cares they exist, 90 million need to work to be able to live and eat, an estimated 50 lakh live alone more than all of Australia, In 2030, the elder population is expected to touch 200 million elders, the elder issue deserves even more and urgent action. The definitions of old age continue to change especially as life expectancy in developed countries has risen to beyond 80 years old.

WHO ARE THE HELPAGE INDIA

HelpAge India is a leading charity in India working with and for disadvantaged elderly for nearly 4 decades. It was set up in 1978 and is registered under the Societies' Registration Act of 1860. There are an estimated 104 million elderly in India. HelpAge advocates for their needs such as for Universal Pension, quality healthcare, action against Elder Abuse and many more at a national, state and societal level with Central and State governments. It advocates for elder friendly policies and their implementation thereof. It works hand-in-hand with Senior Citizens Associations understanding elder needs working with and for them. The aim is to serve elder needs in a holistic manner, enabling them to live active, dignified and healthier lives. Their Mission is to work nationwide for the cause and care of disadvantaged older persons and to improve their quality of life.

WORK OF HELPAGE INDIA

HelpAge India runs and implements various Programme & Projects across the country, to help elderly live a life of dignity and independence. Through its various

programs & services, HelpAge has moved from only welfare to a welfare, development and rights based organization. The organization has categorized the work in two categories.

Welfare and Development Programs	Rights and Entitlements Programs
<ul style="list-style-type: none"> · Mobile Healthcare · Cataract Surgeries · Physio care · Cancer Care · Disaster Management · Support a Gran · Old Age Homes · Livelihood Support · Elder Helplines 	<ul style="list-style-type: none"> · Impacting Elder Policies · Empowering Elder Lives – AdvantAge Program · Working with Senior Citizens Associations · SAVE – Student Action for Value Education

Mobile Healthcare: In a country where more than 90% elders have to work in order to survive, affording quality medical care is a far dream. HelpAge’s Mobile Healthcare program seeks to provide sustainable healthcare solutions to destitute elders and their community where these are none available through its Mobile Healthcare Units (MHUs). Each MHU has a doctor, pharmacist and a social worker. Medicines & treatment are dispensed virtually free of cost to the elderly. These MHUs go into the interiors of urban slums and villages, bringing healthcare virtually at the doorsteps of these destitute elders. For most elders it saves them from the long lines at hospitals which are also situated far from their communities and they get free medication on a monthly basis. These MHUs often conduct specialized health camps on various diseases and free health check-ups are conducted. HelpAge’s MHU service has been recognized as Asia’s largest mobile healthcare network for elders. **Example:** Indrabali Finds Healthcare at His Doorstep- this is a story of 67 years old Indrabali who was

working at construction sites lives in kandivali, Bombay. He had heart problem also frequent shortness of breath and he found it difficult to walk to the hospital. His wife also had bypass surgery but they could not afford the medicine for both of them. Their only son also doesn't earn much. After knowing about the mobile health care unit he along his wife started coming here and by making regular visits in two years Indirabali could improve his health and today he is living a healthy life.

Livelihood Support: The organization mobilizes elders through the formation of Elder-Self-Help-Groups (ESHGs) that are centred on sustainable methods of income generation. These ESHGs are then federated into higher level community institutions so that they gain additional robustness. This model of HelpAge India has been appreciated and adopted by the Ministry of Rural Development. HelpAge supports 5400 Elder-Self-Help-Groups consisting of 71,272 senior citizens across 17 states, helping elders regain their dignity. Income generation schemes enable otherwise needy elders to set up self help groups to avail micro credit and start commercial enterprises. It helps them regain their financial independence.

Support A Gran: Today there are thousands of destitute elders who do not even have access to two square meals and the means to meet their basic needs. In this program monthly rations of wheat, rice, pulses, cooking oil and basic spices are provided along with daily use items such as detergent, soap, clothing and some pocket money is provided to elders to help them sustain themselves and live a life of dignity. **Example:** Kantabai a 70 year old woman who works as a maid lives in Bombay is a beneficiary of this program. Kantabai had 2 sons. One son with his wife passed away. Her younger son used to be very violent and he often hit kantabai very badly. One day he left kantabai and his son and moved away. Now kantabai with her grandson somehow managed to sustain by doing work as a maid. Since 12 years she is getting ration from the organization that is enough for both of them. She is also getting some financial support. Today she is very happy and for her this ration is her dignity.

Elder Helplines: HelpAge runs a Toll-free Elder Helpline across 22 state capitals in India offering assistance to elders in need. The services offered are – rescue of abandoned elders, counselling of those in distress, legal support, information related to services available etc. The Helpline links elders to various institutions such as old age homes, hospitals, police, government and non-governmental organizations. In keeping with today’s technology and the world of mobile applications, recently HelpAge launched the ‘HelpAge SOS’ App for mobile phones. ‘SOS’ stands for Save Our Seniors. The App has three core features:

- The primary and first use of the App is to provide a one-click emergency service to senior citizens in need: In cases such as abuse, accident and rescue.
- The second is an information kit consisting of information on: Rights & Entitlements, Health, Financial Planning, Will & Legacies, Active Ageing and how to tackle Elder Abuse.
- The third feature provides real time GPS enabled information on retail outlets that provide discounts to senior citizens who are members of the HelpAge AdvantAge Card.

Save – Student Action for Value Education: SAVE is the School Action for Value Education program, with three core tenets: Inculcating values of care & respect for the elderly in school going children, preparing today’s children & youth for their old age and creating an age friendly society. Talks on Value education are given during school assemblies. The school value education program is now carried forward to the young college going and working adult through the HUG program, HUG stands for Help Unite Generations, aiming to creating empathy among young adults towards the older generation.

Advocacy: HelpAge advocates for elder rights through its various interventions. Raising public awareness, interacting with media, legislators and governments to

espouse elder cause is an essential and continuous activity of HelpAge India. Today the organization works with almost 1000 Senior Citizen Associations across the country.

Working with Senior Citizens Associations: HelpAge is working with more than 1000 Senior Citizen Associations (SCAs) across India with over 12 lakh members. These elders are encouraged to become a unified voice raising elder concerns. HelpAge arranges awareness sessions on important issues like: old age pensions, reverse mortgage, financial planning, wills & legacies, and of late concentrating on digital literacy training sessions.

Research: By knowing the importance of research the organisation also have a research wing. According to them research is essential to understand the bio-medical and social aspects of Ageing. Its understanding would unravel the possible challenges that this would pose to the society at a whole and the possible solutions to most of these challenges. They are conducting various research studies like Preliminary Study on the Effectiveness of Maintenance and Welfare of Parents and Senior Citizens Act, Senior Citizens Guide – 2016, Social Security in old Age, Elder Abuse How India treats its Elderly (2017) and also they are releasing annual report.

CONCLUSION

Help Age India is a secular, apolitical, non-profit and a non-governmental organisation. Its mission is to work for the cause and care of disadvantaged older persons, in order to improve the quality of their lives. By various programs today the organization is helping the elderly people and leading towards to an inclusive society.

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EFFECT OF POSITIVE REMINISCING ON OVERALL LIFE SATISFACTION AMONG THE ELDERLY - USING NARRATIVE EXPOSURE THERAPY TECHNIQUES

BESY B, SRUTHY ANAND AND S. THENMOZHI

ABSTRACT

According to Erikson's model of psychosocial development, the eighth stage explains about ego integrity vs. despair among the individuals of age 60 years and above. Ego integrity can be understood through the extent of overall life satisfaction. The aim of this study is to study the impact of positive reminiscing on life satisfaction among elderly at old age homes. The participants of the study were selected from old age home who are above 60 years, using purposive sampling design. Quasi experimental design was used to conduct the study. Satisfaction with Life Scale developed by Diener, Emmons, Larsen and Griffin (1985) was employed to measure the overall life satisfaction of the participants. Narrative Exposure Therapy techniques were adopted to elicit positive reminiscing from their life. Pre and post tests were administered to find the impact of positive reminiscing on overall life satisfaction. High significance of the data was identified through t-test, rejecting null hypothesis at 1% level. Therefore, this enables us to gain a better understanding of therapeutic options that are available for the elderly.

KEYWORDS: Positive Reminiscing, Narrative Exposure Therapy, Life Satisfaction, Elderly.

INTRODUCTION:

One of the prominent challenges faced by the elderly population is the lack of overall life satisfaction. This can be due to various reasons. Some social factors include lack of current family support, loss of spouse, unfriendly environment and lack of others' attention to their needs. Biological factors also contribute greatly to inhibit the satisfaction with one's life, such as deteriorating sensory system, arthritis, degenerating and deforming of the body systems. A research in Canada showed a significant effect of reminiscing on predicting change in the physical and mental health of older adults over time (David. B. King, et. al.,2017). Similarly, psychological contributing aspects are emptiness, meaninglessness, boredom, feeling of being dependent, inability of living an ideal life that they desired, dementia and several other memory and cognitive problems. The aspect of spiritual reminiscence is found to have an enhancing effect on hope, life satisfaction and spiritual well being of older adults with dementia with a 6 week intervention (Li-Fen Wu, Malcom Koo, 2015). Even though there were a lot of happy moments to cherish in their life, they still have a tendency to ruminate on the negative events in their current life. Thus, making them reminisce, embrace and cherish the happy moments in their life can enhance their sense of overall life satisfaction to some extent.

Life satisfaction is the overall contentment with minimal or no regretful feelings in life. Even though if there is regret, it depends on how they cope with it and take the best out of their experiences. Life satisfaction is subjective. Just like stress, it depends on how it is being perceived by the individual. For example, for some, life satisfaction depends on whether they have had good family while for someone else it is whether they have received the education and exposure that they have longed for. This is what is being measured in this study.

Reminiscence is the process of recollecting the past personal experiences and significant events. Positive reminiscing focuses on recollection of the positive events of one's life. Reminiscence therapy as defined by the American Psychological Association

is, “the use of life histories- written, oral, or both-to improve psychological well-being. The therapy is often used with older people.” Reminiscence is a good non invasive treatment for the prevention and treatment of mental diseases in Taiwanese older adults (Yen, Hsin-Yen: Lin, Li-Jung, 2017). The benefits of reminiscence therapy are that it increases social interaction, the individual identity, encourages creativity, self worth, and enhances life satisfaction. Effect of reminiscing on depressed moods, life satisfaction, and well being proved to be a useful intervention to improve the quality of life among elderly (Paz Viguer, et. al.,2017). Narrative Exposure Therapy techniques include enabling them to regain their dignity and satisfaction by guiding them to talk about specific incidents in their life. Although Narrative Exposure Therapy is widely used in working with individual’s trauma, it need not focus only on traumatic incidents. It can also be used to elicit responses of their positive experiences.

Through the Reminiscence Therapy and Narrative Exposure Therapy techniques, one’s ego integrity can be facilitated. This concept of ego integrity was proposed by Erik Erikson in the model of psychosocial development. He believed that people of age over 60 tend to reduce in their productivity and look back on their life as a retired person. If they feel guilty about past events or feel that they have not accomplished their life goals, they become dissatisfied with life and they develop “despair”. This may lead further to depression and hopelessness. On the other hand, if the individual is satisfied with life and have no feelings of guilt or regret, they tend to become satisfied with life and they develop “ego integrity”. Reminiscence therapy was found to be effective for boosting integrity, self esteem, along with alleviating depression, enhanced well being and life satisfaction in the older population(Juan. C. Mendelez et. al. ,2014)

METHODOLOGY:

The study was conducted using Quasi-Experimental Research Design.50 participants were selected using purposive sampling design. Individuals above the age

of 60 who are residing at old age home for more than 6 months were included in the study. Individuals with depressive symptoms, undergoing grief or psychopathological conditions were excluded from the study. A total of 53 old age homes were identified in Chennai city as per census taken in 2011. Among that, as a small scale study in one of the homes, with 110 inmates was chosen using random selection method. Satisfaction with Life Scale developed by Diener, Emmons, Larsen and Griffin (1985) was used to collect the data . The statistical procedures employed were descriptive methods and the Student t-test.

ANALYSIS:

TABLE: Shows the values for number of participants, difference and t scores of pre test and post test.

LIFE SATISFACTION	N	Mean	Df	't'
PRE TEST	50	29.10	49	39.411*
POST TEST	50	31.74	49	55.305*

*p < or = 0.001

From the above table, it is revealed that there is a mean difference between the pre test and the post test t scores with 0.001 significance level and rejecting null hypothesis.

DISCUSSION:

The results indicate an overall increase in the scores of the post test. From this, it can be interpreted that the intervention given through positive reminiscing is effective in increasing the overall life satisfaction among the elderly population. Although the review was done based on research in other countries, it is found through this study that positive reminiscence is effective for older adults in the Indian population as well.

IMPLICATIONS:

Since it is found to have a significant effect on the life satisfaction, positive reminiscence can be used as a therapeutic intervention for the older adult population.

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AGING PERCEPTIONS ON THE BASIS OF EARLY INCOMPATIBLE SCHEMAS AMONG ACTIVE ELDERS

ANITHAMOL BABU AND SONN JOSE

ABSTRACT

Aging is a global phenomenon, which has already been experienced in the developed countries and is now being felt in the developing countries too. According to Population Census 2011, there are nearly 104 million elderly persons (aged 60 years or above) in India. Primary incompatible schemas are patterns or deep or pervasive essences that are formed in childhood or adolescence and are continuous in life. Self-perceptions of ageing 'refer to individuals' perceptions of their own age and a personal evaluation of one's own ageing. Healthy ageing is associated with predictable biological changes that lead to systematic age differences in physical abilities and cognitive performance. The purpose of the study is to understand the perception of ageing on the basis of early incompatible Schema among active elders. Case study method is used for the study. The study adopted purposive sampling to select the participants. The data was collected through in-depth interviews. Central to this paper is the assumption that the older adults who feel younger than their chronological age have been described as engaging in self-motivation or self-enhancement, an approach reflecting positivity bias or positive illusions, since to feel, look, and act younger is generally considered beneficial and contributes to well-being and functioning. The study attempts to understand the perception of ageing on the basis of early incompatible Schema inactive elders

Keywords: *primary incompatible schema, perception of ageing, active elder and inactive elder*

INTRODUCTION

Throughout the world, populations are growing older; although in developed countries population Aging started early in the XX century [1], less developed countries begun more recently. Therefore, it can be stated that population ageing is a global phenomenon (UN). Based on the profile of an elderly person in the country, it stated that there was 10.38 crore (8.6 percent of the population) elderly persons in 2011 as compared to 7.66 crores (5.6 percent) in 2001(THE HINDU). In this scenario, the importance of healthy ageing is significant. Healthy ageing means optimising opportunities for physical, social and mental health to enable older people to take an active part in society without discrimination and to enjoy an independent and good quality of life. It means taking a holistic approach, taking into consideration the many different aspects of life which play a role(Eurohealthnet).

As the population gets aged, a better understanding of the ageing process is important in order to improve quality of life among older people. With increasing age, older people become frail and vulnerable to a large range of adverse outcomes(Ballesteros et al, 2015). Healthy ageing is associated with predictable biological changes (DiGiovanna,2000) that lead to systematic age differences in physical abilities and cognitive performance (Löckenhoff et el, (2009)).

"Subjective age" is a multidimensional construct assessing facets, such as felt age, perceived age, or desired age (Kotter-Grühn & Hess,2012). "Self-perceptions of ageing" refer to individuals' perceptions of their own age and ageing (Snned @ Whitbourne,2005: Levy,2003). Older individuals' internalized age stereotypes contribute to the formation of their self-perceptions of ageing (Levy et al, 2002). Self-perception of ageing is defined as a personal evaluation of one's own ageing. The process by which individuals develop perceptions about themselves as old persons draw on two stages of expectations. First, there are the expectations internalized during the lifetime that preceded old age. These ageing expectations include trajectories of attributes that will increase or decrease at different points over the lifespan. Some

authors found that a positive self-perception of ageing among people aged 50 years and older was predictive of greater longevity. People with a favourable self-perception of ageing lived, on average, seven years longer (Levy et al,2002).

Yang's definitions (2003), primary incompatible schemas: the patterns or deep or pervasive essences that are formed in childhood or adolescence and are continuous in life. Yang defines several schemes, which been called primary incompatible schemas. He defines five scopes that each one of them has subsets and they are: 1. Being exhausted from life includes Abandonment/instability, Mistrust/abuse, Emotional deprivation, Defectiveness/shame and Social isolation/alienation, 2. Autonomy and dysfunction include Dependence/ incompetence, Vulnerability to damage and disease, Not self-evolution and a foul and failure. 3. Disrupt limitations includes: eligibility/ hauteur, Self-control/ inadequate self-discipline. 4. Other directions include: Obedience, self-sacrifice and attract attention. 5. Excessive preparation and Inhibition includes Negativity/pessimism, emotional inhibition, hard Criteria / extreme blame and punishment (Mehnoush Esmaeili, 2015: Nazemi et al,2015).

This study tries to understand the perception of aging in elder adults with an assumption that the "older adults who feel younger than their chronological age have been described as engaging in self-motivation or self-enhancement, an approach reflecting positivity bias or positive illusions, since to feel, look, and act younger is generally considered beneficial and contributes to well-being and functioning”.

LITERATURE REVIEW

Old age should be understood as a biological phenomenon with psychological consequences (Freitas et al, 2010). Multidimensional nature of age refers to age related changes and life course transitions that are not only biological and maturational but also psychological and social in nature. This multidimensionality implies that people do not consider age only physically (biological age), but in relation to the social world(social age) and to the personal goals and intentions(personal age) as well as in relation to what the people feel they are on the inside (subjective age) (Uotinen,2005).

The concept of subjective age is known as age identity and cognitive or perceived age. In most of the cases the term subjective age and personal age are used as synonyms referring to an individual's personal perception of his or her age(Uotinen,2005).

Rajabi et al(2016) states that unlike race and gender stereotypes, which individuals encounter while developing group self-identities, individuals acquire age stereotypes several decades before becoming old. Thus, younger individuals are likely to automatically accept age stereotypes without questioning their validity (Nelson,2002). When individuals reach old age and the stereotypes become self-relevant, they have already internalized these stereotypes (Giles et al,1993)They also found that that there is significant relationship between perception of aging and schemas of Failure, Self-sacrifice, Emotional inhibition & Insufficient self-control/self-discipline at active elders. Also, schemas of Insufficient self-control/self-discipline, Self-sacrifice & Emotional inhibition predict perception of aging at active elderly.

Tkatch et al(2017) states that key concepts of successful aging includes self-perception of health, psychological and social resources, coping mechanisms, and the ability to adapt to life's changes. Thus, the health of older adults can be conceptualized as a dichotomy between the objective and subjective perspectives. The objective aspects of health, is the clinical status while subjective aspect is self-reported health.

There is no study has been performed in India on the relationship elderly incompatible schema and perception of ageing.

OBJECTIVES:

GENERAL OBJECTIVE:

To assess perception of ageing and self-motivation on the basis of early incompatible Schema at active elders

SPECIFIC OBJECTIVES

1. To understand the ageing perception of active elders
2. To understand the early incompatible Schema at active elders

3. To analyze the difference in the perception of ageing on the basis of early incompatible Schema at active elders.

SIGNIFICANCE OF THE STUDY:

Aging is a global phenomenon, which has already been experienced in the developed countries and is now being felt in the developing countries too. Therefore it is important to understand the ageing perceptions among elders. Because feeling younger and being satisfied with one's own ageing will help them to be self-motivated and more productive. The present study attempts to study the perception of ageing on the basis of the primary incompatible schema at active elders in an assumption that positive ageing perceptions will increase self-motivation. Being a developing country India needs to do more works to increase GDP and to reach the level of a developed nation. For that aim, every citizen of India should be productive in one way or another.

METHODOLOGY:

For the purpose of the study, 3 cases are selected from Thiruvananthapuram district. The study adopted purposive sampling to select the participants. The selection criteria for the participants were retired elderly persons who earns money and who is economically independent. The data was collected through in depth interview. Case study method is used for the study and it adopts cross-sectional research design.

CASE VIGNETTES

CASE ONE: X

X is a retired principal of a college. He is 57 years old. Currently, he is a farmer. He is the head of a nuclear family with one son.

He claimed that there is a relationship between sociological ageing and subjective ageing. In his perception the sociological aging refers to chronological aging. But the term old age is defined with chronological age. So psychologically it will affects the thoughts of adults.

According to him being young in mind will help a person courage and self-motivated. Therefore he is not classifying himself as old. But he is aware about getting older and accepting that as a natural process.

He said that the life expectancy is increasing in Kerala, but that does not means older population are healthy, since the morbidity rate is increasing. He was health conscious as getting older like finding time for exercise, food intake control etc.

While in the early adulthood, he has some negative experience with older people, at that time he decided that when he become older, he will accept the generation gap. Now he is able to understand the feelings of his elder ones and he can empathized with them easily.

He claimed that he feel age in sometimes. He believes that aging will decrease freedom. For example now he cannot travel by bus since it will cause backpain. And he said that “my body does not obey my will”. He also said that he as worry about the effects that getting older may have on his relationships with others. Because when he was the principal of a college, his social interaction was more now it is decreased.

CASE TWO:Y

Y was a daily-wage employee. He is 64 years old. Currently he is working as the security guard of a college. He is the only earning member of his family consists his wife and daughter.

He claimed that he is always classified himself as old and he is aware of the fact that he is getting older. He always feel his age in everything that he do. He does not think that as get older he will get wiser and mature. He said that as getting older life experiences will increases and it will help him to understand things in a better way.

He claimed that now he used to appreciate things more. Because he has an attitude that he can sacrifice his wishes for the decisions of his son while discussing important matter and his wife will also try to suppress him by “you have become old and the children are grown up. Let them take the decision. Don’t interfere”. He said that

the quality of social life and social relations in later years depends on him. Since he is the only earning member of the family, he needs to work and find money for the day today needs of the family.

He also claimed that whether he continue living life to the full depends on him. In his perception getting older restrict him to take part in fewer activities due to health problems like osteoporosis, backpain, BP, diabetics etc.

In his perception getting older will restrict freedom and things which are used to do previously. In his early adulthood, he used to visit friends who live far away from his home by bus. But now, long bus journey is not possible, since his health is not good.

He mentioned that he wants take rest since he is older enough to take rest (according to his perception), but his family conditions are not allowing him to do like that.

CASE THREE: Z

Z is a retired teacher of a college in Trivandrum. He is 65 years old. After his retirement, he holds the following posts: chairman of CWC, manager of Loyola institutions and Director of Loyola extension service.

He claimed that he is not classifying himself as old, but he is aware of the fact that he is getting older. Sometimes he may feel age in everything that he does. As he getting older, his life experience will increase, so that he can analyze things in the better manner.

He also claimed that the quality of social life and social relationship depends upon him. He has worry about the effects that getting older may have on his relationship with others. He did not feel angry when he thinks about getting older.

He believes that whether he continue living life to the full depends on him. And he claimed that getting older does not make full independent. He did not think that getting older will restrict to take part in activities. Sometimes he will get depressed

when he thinks about ageing might affect the things that he can do earlier. As getting older he used to cope with the problems that arise.

DISCUSSION

The three participants of this study are from three backgrounds. But all the participants are active elders in the sense, they are productive and earning money, which means all the participants are economically self dependent. Two participants were retired teachers and one participant was a daily-wage employee. But currently one participant holds the top level administration post; one participant is a farmer and one participant is working as a security guard. The two participants are family men and one participant is a priest.

The perception of aging is different in all participants. They are aware about the fact of getting older, but only one participant is considering himself as an old person. One participant felt that it would be appropriate to consider a revised definition of “older person” if the criteria of chronological age — raised to a higher age (e.g., 65 or 70) — and positive attributes were taken into consideration. The perceived positive impacts, if redefined, include better mental health, longer employment and increased value of older people. Reduced job opportunities for younger cohorts and a shortage of care providers for grandchildren were reported as possible negative impacts.

Concerning social policy implications, older adults’ positive attributes should be highlighted to offset negative stereotypes that may lead to age discrimination and ageism, particularly in the workplace (Rosigno, Mong, Byron & Tester, 2007; Snape & Redman, 2003). This is necessary due to impending economic implications of changing demographics, increasing retirement age, workforce shortages, and the need and desire for older adults to continue working.

The participants reported that they have experiences which forced them to feel age in everything that they did (for example; long travel by bus). The participants felt that as getting older they used to appreciate things more. The deep-rooted reason

behind that thought is the learning from life experiences(INNES,2013). They did not think like being an older adult will improve their maturity and personality.

The participants reported that getting older made them less independent. For example: one participant said that, since he is suffering from health problems one participant cannot carry things, which has weight. They do not want to become a burden to their family. The participants are depressed when they think aging might affect things that they can do. They are worried about the effects that getting older may have on their relationship with others.

One participant claimed that he was very conscious about health from early adulthood by doing exercise and controlling intake of food etc. Taking care of health in old age is important for maintaining good health and feeling younger. The participants reported feeling and looking younger than their chronological age and being relatively satisfied with their own aging(Gana et al., 2004; Rubin & Berntsen, 2006). The extent to which feeling younger and being satisfied with one's aging translates into behavior and physiological parameters on a daily basis is also intriguing. The participants reported that the quality of social life and social relationship is depends upon them. How they are defining their socialization process is the matter. In the perception of researchers the interaction with the society will helps older population to feel younger than their actual age like a proverb in the Malayalam ‘ Mulla poombodi eetyu kidakkum kallinum undoru saurabyam’’. One participant claimed that he will always try to understand and accept the generation gaps. Since there are more technologies which can act as a short cut for solving many problems.

The interpretation of the term “older person” takes into consideration: (1) chronological age or, generally, age 60, in accordance with the government’s criteria; (2) external appearance (e.g., wrinkles, white hair); (3) failing health and memory, and increased dependency on others for daily functioning; (4) reduced ability or inability to work; (5) change in behavior and moods such as increased irritability or repetitive

speech and behavior; and (6) change of social status in being referred to as a grandparent or great-grandparent.

It was also observed that the elderly need believe in themselves, and make the necessary changes the aging process, accepting the losses, but realizing with possibilities to develop new interests and opportunities to continue learning experiencing new situations.

The researcher(s) felt that the positive perception of aging will help the elderly to feel younger in their mind. Sometimes engaged in works make them to forget about their age. The social interaction with young people will ease the worries of elders and they may feel in positive someway.

FINDINGS:

Taken together, the present results demonstrate the value of investigating the aging perception in the basis of early incompatible schemas. In particular, this study suggests that an examination of *changes* in self-perceptions of aging over time in old age provides information about the resilience and vitality of the older self. Being younger in mind will help to be more productive. "older adults who feel younger than their chronological age have been described as engaging in self-motivation or self-enhancement, an approach reflecting positivity bias or positive illusions, since to feel, look, and act younger is generally considered beneficial and contributes to well-being and functioning". Future research should (1)examine the same research with more samples and (2)examine whether and how changes in self-perceptions of aging are associated with survival. Initial insight into the importance of maintaining a sense of positive well-being during old age has been gained from findings that satisfaction with aging and emotional vitality predict mortality.

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ADULT DAY CARE REHABILITATION OF ELDERLY

ANJALI U S AND K.SATHYAMURTHI

ABSTRACT

Late adulthood is a period which a human reach after completing third quarter of their life journey. In fact, as a part of aging it is a period in which they experience physical disabilities due to deterioration of physical functions, decline of memory and a feeling of being less productive. Many health problems faced by the elderly result in functional, psychological and social disabilities. Functional disabilities result in restricted activity days, work loss days (if working), bed disability days, social isolation, reduced vigorous physical exercise, drop in activity tolerance, weakened muscles, bone loss and, feeling of physical incompetence. Psychological disability can result in loss of confidence, exaggerated withdrawal from unusual activities, feeling of physical incompetence, depression, anxiety, hypochondriasis, sleep disturbances, suicidal tendencies. Social disabilities as a result of these chronic problems affect family relationships, worse in nuclear families and if the elderly is living alone in widowhood. Institutionalising for acute intercurrent problems or long term care can occur too. (RL, 1986). Institutionalisation of elderly as a part of rehabilitation is not perceived in a right way as it intends to be. Adult day care system can be used as a rehabilitation method which currently prevails but not properly functioning at its fullest. Effective rehabilitation is essential for the recovery and the development of personal independence and the ability to do as many as possible daily living activities. This paper focuses on the issues and challenges of elderly and proposes a model for adult day care as an effective rehabilitation method which could reduce those issues to a certain extend and enhances their psychosocial wellbeing.

Keywords: Elderly, Rehabilitation, Adult day care

INTRODUCTION

Late adulthood is the evening of life. Elderly can be defined from different perspectives. It is defined in terms of chronological age with a cut off age of 60 or 65 years which varies culturally and historically. Biological definition for ageing is as follows: "Aging can be defined as the time-related deterioration of the physiological functions necessary for survival and fertility. The characteristics of aging—as distinguished from diseases of aging (such as cancer and heart disease)—affect all the individuals of a species. (Sunderland, 2000). Psychological perspective focuses on cognition, self and personality, social relations and mental health of aging. From a sociological point of view, Social aging refers to changes in a person's roles and relationships, both within their networks of relatives and friends and in formal organizations such as the workplace and houses of worship. (2018)

BACKGROUND

Aging is a global and natural process. It is a biological as well as social process in which one becomes older and attains maturity. "The ageing process is of course a biological reality which has its own dynamic, largely beyond human control. However, it is also subject to the constructions by which each society makes sense of old age. In the developed world, chronological time plays a paramount role. The age of 60 or 65, roughly equivalent to retirement ages in most developed countries is said to be the beginning of old age. In many parts of the developing world, chronological time has little or no importance in the meaning of old age. Other socially constructed meanings of age are more significant such as the roles assigned to older people; in some cases it is the loss of roles accompanying physical decline which is significant in defining old age. Thus, in contrast to the chronological milestones which mark life stages in the developed world, old age in many developing countries is seen to begin at the point when active contribution is no longer possible." (M, 1999)

Issues and challenges of elderly

- **Physical Issues**

Health is the primary aspect which indicates the elderly that they became part of so called “aged population”. Decline in health is a part of aging which includes decline in sensations, bone pain, arthritis, muscle weakness and so on. Mohd sadhik’s study on Physical and Mental Health Problems of the Elderly in a Rural Community of Sepang, Selangor found that 50 -60% of the elderly population has chronic illness which descends from hypertension, diabetis mellitus, respiratory problems to joint pain. Functional disabilities result in restricted activity days, work loss days (if working), bed disability days, social isolation, reduced vigorous physical exercise, drop in activity tolerance, weakened muscles, bone loss and, feeling of physical incompetence. So physical challenges of elderly is a door which opens to the psychological, social and economic issues.

- **Psychological Issues**

A study by Agewell foundation (2018) found that 43% older adults are facing psychological problems due to loneliness, relationship issues. If one of the spouses dies, living the other in the middle of life, then it creates a space in the life of a person. Death of spouse increases the loneliness of the elderly. Depression, neuroticism, psychosis, schizophrenia, hallucinations, etc psychological problems are developed in the elderly. Psychological disability can result in loss of confidence, exaggerated withdrawal from unusual activities, feeling of physical incompetence, depression, anxiety, hypochondriasis, sleep disturbances, suicidal tendencies. Psychological issues are in fact the primary thing which is to be addressed since all the physical, social and economic issues can lead to psychological issues.

- **Socio-economic Issues**

According to Williams, “with the passage of time, deterioration tends to occur first with sociability, followed by breakdown in carrying out domestic tasks and finally

in personal tasks". (EI, 1996). Lawton's (1982) Person-Environment-Fit Theory proposed that capacity to function in one's environment is an important aspect of successful aging, and that function is affected by ego strength, motor skills, biologic health, cognitive capacity and sensory-perceptual capacity, as well as external conditions imposed by the environment. Functional capacity influences an older adult's ability to adapt his or her environment. Social issues (such as living arrangements or type of work) influence an older person's risk and experience of illness. Urbanisation and modernization has a larger impact on the life of elderly. Urban culture leads to lack of socialization and inactivity. A paradigm shift has happened in the family system, inter-generational bonding, living arrangements and so on results in webbing of elderly into a stressful life. Rapid Industrialization leads to decline in working age population, increased health care costs and increase in dependency ratio.

Existing Policies and Programmes

The Ministry of Social Justice and Empowerment focuses on the policies and programmes of senior citizen which is implemented in association with State Government, NGO and civil society.

- **National policy on senior citizens 2011.**

National Policy on Senior Citizens was announced by Central Government in 1999 and later it was amended in 2011. It focuses on the following:

Financial Security is ensured through Old age Pension Scheme for poor and destitute older persons. They provide loans at reasonable rates of Interest to start small businesses and it is supported through guidelines issued by Reserve Bank of India.

Health Security:- Strengthen Primary health care and orient the structure of public health care to meet the health needs of elderly. Preventive, curative, restorative and rehabilitative services are provided for elderly at secondary and tertiary levels. The policy will strive to create a tiered national level geriatric healthcare with focus on

outpatient day care, palliative care, rehabilitation care and respite care. A special screening of the 80+ population of villages and urban areas and public/private partnerships are worked out for geriatric and palliative healthcare in rural areas twice in a year by the PHC nurse or the ASHA. Health Insurance schemes were established. Special programmes were developed to increase the awareness of psychological and neurological problems of elderly. Hospices and palliative care of the terminally ill are to be provided in all district hospitals and the Indian protocol on palliative care will be disseminated to all doctors and medical professionals.

Safety and Security:- Framed provisions for stringent punishment for abuse of the elderly. Established protective services and linked to help lines, legal aid and other measures. Police were directed to keep a friendly vigil and monitor programmes which includes a comprehensive plan for security of senior citizens whether living alone or as couples.

Housing:- Since Shelter is a basic human need, National Policy for old persons earmarked 10 percent of housing schemes for urban and rural lower income segments. This includes the Indira Awas Yojana and other schemes of the government.

Productive Ageing:- Policy promoted measures to enhance the education and employment/ post retirement opportunities for elderly

Welfare:- Welfare fund for senior citizens were set up by government and its revenue is shared to the states in proportion to their share of senior citizens. Promoted Non Institutional services by voluntary organization to deal with the problems of elderly. Larger budgetary allocations were earmarked to pay attention to the special needs of rural and urban senior citizens living below the poverty line.

Multigenerational bonding:- In order to promote bonding of generations, relevant educational materials were incorporated in school curriculum.

Media:- Media plays a role of highlighting the changing situation of senior citizens and identifying emerging issues and areas of action. (National Policy for Social Citizens, 2011)

- **Central Sector Scheme Of Integrated Programme For Older Persons**

This scheme aims to improve the quality of life of the Senior Citizens by providing basic amenities like shelter, food, medical care and entertainment opportunities and by encouraging productive and active ageing through providing support for capacity building of Government/Non-Governmental Organizations (NGOs)/Panchayati Raj Institutions (PRIs) / local bodies and the community at large. Programmes admissible for assistance under the scheme includes maintenance old Age Homes including those under Sansad Adarsh Gram Yojana (SAGY), Maintenance of Respite Care Homes and Continuous Care Homes, Running of Multi Service Centres for Senior Citizens to provide daycare, educational and entertainment opportunities, healthcare & companionship; Maintenance of Mobile Medicare Units to provide medical care to the Senior Citizens living in rural, isolated and backward areas, Running of Day Care Centres for Senior Citizens afflicted with Alzheimer's Disease/Dementia, Multi Facility Care Centres for Older Widows, Physiotherapy clinics for Senior Citizens, Regional Resource and Training Centres, Helpline and Counselling Centres for Senior Citizens, Programme for Sensitisation of School/College Students and so on. (Persons)

- **National Programme For The Health Care Of Elderly**

This programme is envisaged under UN Convention on the Rights of Persons with Disabilities (UNCRPD), National Policy on Older Persons (NPOP) adopted by the Government of India in 1999 and Section 20 of “The Maintenance and Welfare of Parents and Senior Citizens Act, 2007” dealing with provisions for medical care of Senior Citizen. This programme is meant for health promotion, preventive services, diagnosis and management of geriatric medical problems (out and in-patient), day care services, rehabilitative services and home based care as needed.

There are a lot of programmes and policies implemented by Government of India. But still how far it is properly utilized is still an unanswered question. While reviewing policies and programmes for the elderly, it is obvious that proper implementation and utilization of the existing schemes and funds is good enough to solve their biopsychosocial issues to certain extent. There are provisions for maintaining day care centers of elderly adults but its functioning determines its quality and results.

Model of Adult Day Care

Adult day care center is actually not a new concept. There are many adult day care centers which functions in India as well as in abroad. But in India, adult day care centers are not exactly functioning based on a scientific model or criteria. Generally, there are two models of adult day care centers which are in practice: Social model and Medical model. In Social model, Day programs are structured and comprehensive programs that provide individuals with socialization, supervision and monitoring, personal care and nutrition in a supervised setting. It emphasizes on group activities such as gardening, crafts etc and some may require assistance to do activities of daily living but they do not need assistance of skilled nursing professionals. Medical model has primary focus on intensive nursing care and rehabilitative service. Participants who attend such programs usually have multiple chronic conditions that require monitoring and/or a nursing intervention, and medication administration at least once during the day.

Dabelko and Zimmerman proposed a conceptual model for adult day care services which satisfies psychosocial and physical needs of elderly. They tried to give a broader idea of the service and its outcome. Practically it is difficult to manage participants in psychosocial and physical domains together in an adult day care center. It also might bring negative affect for physically disabled participant and vice versa.

The table below shows the model of adult day care proposed by them:

NEEDS	SERVICE ELEMENTS	PROXIMAL OUTCOMES	DISTAL OUTCOME
Psychosocial domain of influence	<ul style="list-style-type: none"> • Activities • Relationships with staff and other clients • Social work services (advocacy, care management, crisis intervention) 	<ul style="list-style-type: none"> • Maximising independence /control • Personal growth • Positive relationships with others • Increased sense of purpose in life • Increased sense of self acceptance 	Emotional well-being (reduced depression and anxiety)
Physical functioning domain of influence	<ul style="list-style-type: none"> • Rehabilitation therapy • Personal assistance • Medical services (podiatry, dental services, ophthalmology etc) • Nursing services (tube feeding, wound care, etc) • Nutritional Services 	<ul style="list-style-type: none"> • Less assistance needed with activities of daily living • Less assistance needed with instrumental activities of daily living • Reduced nutritional risk 	Physical well being (lower health care utilizations and positive perceived health)

Source: (Dabelko, H & Zimmerman A)

Theory of change: “A theory of change is the articulation of the underlying beliefs and assumptions that guide a service delivery strategy and are believed to be critical for producing change and improvement. Theories of change represent beliefs about what is needed by the target population and what strategies will enable them to meet those needs. They establish a context for considering the connection between a system’s mission, strategies and actual outcomes, while creating links between who is being served, the strategies or activities that are being implemented, and the desired outcomes.” A theory of change has two broad components. The first component of a theory of change involves conceptualizing and operationalizing the three core frames of the theory. These frames define:

- Populations: who you are serving.
- Strategies: what strategies you believe will accomplish desired outcomes.
- Outcomes: what you intend to accomplish

The second component of a theory of change involves building an understanding of the relationships among the three core elements and expressing those relationships clearly. The theory of change is defined by the three core elements and the relationship that exists between them (INSP, 2005)

Dabelko and Zimmerman's model of adult day care focuses on population and outcomes. It attempts to meet the needs of elderly through activities but does not define any process or strategies. From the perspective of theory of change, there seems a research gap in the Dabelko and Zimmerman's model. The present study focuses on proposing a process for the functioning of adult day care and thereby frames out a model which effectively meets the needs and produces a desired outcome in a systematic way.

DISCUSSION

Many literatures pointed out that elderly is suffering from psychological, social and economical issues in addition to the physical difficulties. So the model aims to reduce the intensity of these issues and meet their needs. The process which can be implemented in an adult day care system which smoothen its functioning is shown below:

- Intake → Collect their personal history, educational history, family history, medical history and other relevant details
- Assessment → Based on the collected details of the participant; sketch out the required services to be provided for each individual.

- Networking → Link the participant to a skilled job if he/she is capable to do. Otherwise, plan some vocational training for them based on their interest and residual capacity.
- Monitoring → Observe their activities and intervene if necessary. Ensure that the participant is enjoying and experiencing freedom with responsibility.
- Research → Explore on different areas of gerontology and based on it, make necessary alterations in services.

To travel within this process, services/ tasks are an important component. These services should be based on the needs and abilities of the participant. As the theory of change proposes, there must be a relation between the need, process and the outcome. So services are the link which makes connection in between these three components.

Generally, it is said that limitation in economic productivity is one of the issues faced by elderly. It can be identified by the initial steps in the process (Intake & Assessment). During Assessment, the geriatric social worker should sketch out what are the services the particular participant required. For the issue of limitation in economic productivity, the social worker can make arrangements for a part time job(for eg, tuition) which suits them based on their skill and knowledge through networking ; or engage them in vocational training. Likewise, services have to be designed based on the needs and what service has to be provided should be based on the assessment process. It may include, health check ups, classes on different health based topics, counseling services, vocational training, forming clubs and plan activities related to each club, celebration of special days, planning trips and so on. Rather than doing everything for them, an approach of facilitating them to do their activities makes them more comfort and might have a “we” feeling.

Conclusion

Late adulthood is a period which a human reaches after completing third quarter of their life journey. Aging is an inevitable and irreversible process. Since it is a journey towards the end of life, conflict buds up within the elderly's psyche to their physical, social and economical aspects. Caring and consideration is what they really wants and expects in this age. So, as a part of giving effective care or as a rehabilitation process, the study proposed a model for adult day care center.

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