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3.	R. Rajathamilanthi	"	MA(LM)		
4.	R. Devadhasini	"	MA(LM)		
5.	C. Nandhini	"	MA(LM)		
6.	B. KAPIL	TAMILNADU INSTITUTE OF LABOUR STUDIES	MA(LM)		
7.	J. MAJESH	"	MA(LM)		
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P. K. Vathani



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3.	Rinnuban. S.	"	MA (L.M)		Rinnuban.
4.	D. Vijaya <del>Sankar</del> Sankhi	"	"		D. Vijay.
5.	Archana. R	"	"		
6.	Prabha. M	"	"		
7.	Soundharya	"	"		
8.	S. Ponnarasi	"	"		
9.	R. Dheebhaga	"	"		
10.	Shantesh kumar. S. P.	"	"		
"	Jayathiryal	"	"		
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12.	Johnzen. Y	"	"		

13. Udhaya Abinaya. S

Udhaya  
Abinaya. S

Udhaya abinaya S. Udhaya abinaya


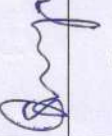




U.G. DEPT. OF SOCIAL WORK (BSW)  
Two Day training on Elder Care for College Students in Chennai.  
30.09.2019 - 01.10.2019  
REGISTRATION

S.No	Name of the Student	Name of the College	Name of the Department	30.09.2019 Signature	01.10.2019 Signature
1.	E. HORST KHARIS ASST. PROF	GURU NANAK COLLEGE CHANNINGONDA, CHENNAI	SOCIAL WORK	E. Horst Kharis	E. Horst Kharis
2.	K. DENNEB	GURU NANAK COLLEGE	SOCIAL WORK	K. Denneb	K. Denneb
3.	V. SOUJA	GURU NANAK COLLEGE	SOCIAL WORK	V. Souja	V. Souja
4.	K. PRABU	GURU NANAK COLLEGE	SOCIAL WORK	K. Prabu	K. Prabu
5.	PETER. K.Y	GURU NANAK COLLEGE	S "	Peter. K.Y	Peter. K.Y
6.	KUMUDHA	"	"	N. Kumudha	N. Kumudha
7.	MAHESWARI. S	"	"	S. Maheswari	S. Maheswari
8.	P. HELAN JENIFER	GNC	"	P. Helan Jenifer	P. Helan Jenifer
9.	S. JOSHOA	CRXC	"	S. Joshua	S. Joshua
10.	SHIKHIL.V.S	"	"	Shikhil.V.S	Shikhil.V.S
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2)	Jayakumar . N		Bsc (Maths)	N. Jayan	N. Jayan
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4)	Nikesh Kumar . P		BCA	D. Nikesh	D. Nikesh
5)	Kurashaman . S		BCA	[Signature]	[Signature]
6)	S. Talshankar		BCA	S. Talshankar	S. Talshankar
7)	Mahesh Kumar . R		Bsc (Computer Science)	R. Mahesh	R. Mahesh
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1.	Praveen K	SRM UNIVERSITY	C.S.E		
2.	N. Zanoka	Chellammal Women's	B.A. Eng	N. Zanoka	N. Zanoka
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4.	Nazeema Begum. A	Chellammal Women's	B.A. Eng	A. P. Jayasree	A. P. Jayasree
5.	A.N. Shakti priya	Chellammal Women's	B.A. Eng		
6.	D. Paritha.	Chellammal Women's	B.A. Eng	D. Paritha	D. Paritha
7.	P. Vihemaya Lakshmi	Chellammal Women's college	B. com		
8.	R. Augustiya.	Chellammal Women's college	B.A. Eco	R. Augustiya	R. Augustiya
9.	B. Keerthana.	"	"	S. Keerthana	S. Keerthana
10.	K.D. Thamiya Mullai	"	B.A. Tamil		
11.	R. THAMIZH	"	"	"	

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3.	S. Raghavendra	"	"	S. Raghavendra	S. Raghavendra
4.	S. Sri Ram	"	"	S. Sri Ram	S. Sri Ram
5.	A. VIVEK	"	"	A. Vivek	A. Vivek
6.	R. Prappan.	"	"	R. Prappan.	R. Prappan.
7.	R. Prasan	"	"	R. Prasan	R. Prasan
8.	Sharon Singh : J	"	MSW	Sharon Singh	Sharon Singh
9.	SAM. V. SAJAN	"	MSW	SAM. V. SAJAN	SAM. V. SAJAN
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1.	M. Premavathy.	Shri Krishnaswamy college For women	B.com (C.S)	M. S. I. S.	M. S. I. S.
2.	K. Kousalya	"	B.com (C.S)	K. Kousalya.	K. Kousalya.
3.	S. Bharani	"	B.com (FSM)	S. Bharani	S. Bharani
4.	R. Kirithiga	"	B.com (FSM)	R. Kirithiga	R. Kirithiga
5.	K. Suriga	"	BEA	K. Suriga	K. Suriga
6.	B. Sushmitha	"	BBA	B. Sushmitha	B. Sushmitha
7.	M. Deepa Laxmi	"	Bsc (C.S)	M. Deepa Laxmi	M. Deepa Laxmi
8.	B. Narges begum	"	B.A (eco)	B. Narges begum	B. Narges begum
9.	G. Ramya Krishnan	"	B.com (FSM)	G. Ramya Krishnan	G. Ramya Krishnan
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3.	R. Sivashree	"	"	R. Sivashree	R. Sivashree
4.	S. Kamitha	"	"	S. Kamitha	S. Kamitha
5.	R. Ajiitha	"	"	R. Ajiitha	R. Ajiitha
6.	S.M. Harshini	"	"	S. M. Harshini	-a
7.	S. Sindhuja	"	"	S. Sindhuja	S. Sindhuja
8.	R. Harita	"	"	R. Harita	R. Harita
9.	S. NITHISH KUMAR	"	"	S. Nithish Kumar	S. Nithish Kumar
10.	Mrs. S. Aravintha Vathani (staff)	VISTAS	"	S. Aravintha Vathani	S. Aravintha Vathani



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1.	R. NEYA SANTRO	THIRUTHANGAL NADALU	B.S.W (social work)	R. neya santro	R. neya santro
2.	B. RAJESTHARI	"	"	B. Raj	B. Raj
3.	N. Kalyani	"	"	Kalyani	Kalyani.N
4.	P. Ywaraj	"	"	Y. P.	K. J.
5.	Dinesh	"	"	D. Dil	D. Dil
6.	Chris Daniel Giffon. K	"	"	K. Giffon	K. Giffon
7.	A. Hari/Krishna	"	"	A. Hari	A. Hari
8.	S. RAJESH	"	"	S. Rajesh	S. Rajesh
9.	S. Soshua Franklin	"	"	S. Franklin	S. Franklin
10.	B. JEEBARAJ SAMUEL	"	B.Sc. CS	B. Samuel	B. Samuel

**U.G DEPARTMENT OF SOCIAL WORK (BSW)**

**MADRAS SCHOOL OF SOCIAL WORK**

***32, Casa Major Road, Egmore, Chennai-600 008***

**TWO DAY**

**skills development workshop**

**TRAINING ON ELDER CARE FOR COLLEGE STUDENTS**

**In commemoration with**

**INTERNATIONAL DAY OF OLDER PERSONS 2019**



**2019 UNTheme: The Journey to Age Equality**

**Date: 30.09.2019 (Monday) and 01.10.2019 (Tuesday)**

**Time: 9:00am to 5:00pm**

**Venue: MSSW - TAG Auditorium.**

## **PURPOSE OF THE TRAINING**

The growing population of ageing in India is on a high. According to the 2011 censuses there were 104 million 60+years. It is projected to go up to 326 million in 2050. The increase in ageing population creates lots of issues and challenges to their own well being, to their family, society and the government, due to various reasons like breaking of joint family system, new technologies, unemployment, migration, globalization and modern lifestyles.

All these have weakened the family relationships leaving the ageing population in a difficult state.

Ageing is not only a physical process but also the state of mind.

A large section of the society still think the elderly are always sick, disabled, unproductive and hence a burden to the family and society.

But it's the other way around. The elders possess rich experience, skills, knowledge, talents, wisdom, moral, values and ethics. Hence they should be looked up to as valuable treasures.

So the younger generation has the moral obligation to regard the elderly with dignity and to provide quality life.

Therefore this training aims to educate the younger minds to become socially responsible in looking after the older persons, to impart legal knowledge on elder care and to give awareness about various Government schemes and policies in elder well being.

Hope this training will be a sparking light and effective enough to carry the message to rest of the younger generation to act.

Thank You

Mrs.P.K.Vathani

Head of the Department of Social Work

BSW, MSSW

## DAY-1

### Inaugural Ceremony

The event began at 10:15 am as Mr. A. M. Swaminathan I.A.S (Rtd), Former Hon. President of MSSW garland the statue of Mrs. Mary ClubwalaJadhav, Founder, Madras School of Social Work, Chennai.



Balloons were let up in the air in the presence of Mr. A. M. Swaminathan, I.A.S., (Rtd), Former Hon. President, Madras School of Social Work, Mr. G. Perumalsamy, Joint Secretary, Tamil Nadu Social Welfare Board, Dr. S. Raja Samuel, Principal, MSSW, Dr. R. Subhashini, Dean, Self-finance of MSSW, Mrs. P. K. Vathani,

Head, U.G. Department of social work, Faculty members of Madras School of Social Work and participants from various colleges.

The two-day program commenced with the inaugural ceremony at 10:30 am. As is tradition, the students of the BSW department rendered the Tamil Thai Vazthu followed by the college song. The welcome address was delivered by Mr. T. Rufus Singh, Assistant Professor, Madras School of Social Work.



Mrs. P. K. Vathani, Head, U.G. Department of Social Work addressed the gathering. She spoke about the purpose of the two-day training program. She emphasized on the statistical data regarding the elderly

population and the rise in elderly population. She mentioned that “Ageing is not only a physical process but a state of mind”. She told that the elderly possess rich experience, wisdom, knowledge, moral values. Therefore, they are not a burden but rather an asset to the society. She emphasized that the young generation of today has an obligation to provide the elderly with a life of dignity. She concluded that this two-day training program is to educate young minds to become socially responsible to take care of the older population by being aware of various schemes, policies etc.

The Presidential Address was delivered by Dr. S. Raja Samuel, Principal cum Secretary, Madras School of Social Work. He began his address by welcoming everyone. He spoke about rise in generation gap in the recent times. He appreciated the BSW department for organizing various events, seminars and training programmes addressing this issue. He mentioned that there is a lot to learn from the elders rather than read about them in books like traditional food, customs, health tips etc. He felt bad about the fact that this generation is losing that opportunity as they do



not spend much time with the elderly in their life. He mentioned that just because of ageing, it doesn't mean that their contribution is not needed in the society and we must be able to use the knowledge as well as experience of the elderly. He told that the elderly is an asset to the nation and not a liability. He stressed on the term second

childhood and told that we should take care of our elders just like how they took care of us when we were a child. He quoted a say “Honor your parents so that you live longer”. He ended his speech by telling that while celebrating the International Day of Elder Persons, must take an oath to honor our parents and elders.

Followed that, Mr. Xavier Vivek Jerry, Assistant Professor, U.G. Dept. of Social Work, Madras School of Social Work introduced the special guest for the day,



Mr. A. M. Swaminathan. He is the recipient of several awards such as the SevRatna award, Scroll of Honor, Illustrious Alumni award by Loyola College etc. He told that the presence of Mr. A. M Swaminathansuits the theme on all aspects.



Mr. A.M. Swaminathan spoke on the differences between traditional perspective and modern perspective of life. He specified that History repeats itself; society

moves on and since history repeats itself, we tend to repeat our mistakes. It is better to learn from others mistakes than to make the mistake ourselves and then learn. Society never goes back. For example Joint families have gone. The society has got a duty to solve the problems of today such as intergenerational problems. We have a bad habit of magnifying problems. When the problem is bigger, we believe that institutions, government or society would help in solving these problems. Problems can be split and individuals must take responsibility. Institutions and NGOs can help in certain issues. According to the elderly definitely believe that social media is an evil. Youth have more stress and anxiety. The younger generation's life is more uncertain compared to the older times, as nothing is promised. It is important that the elderly understand the youngsters rather than criticizing them. At the same time, it is important that the youngsters understand the elderly too. He also emphasized that the youth today fail to plan on several aspects in personal as well as professional life.

After that, Dr.R.Subhashini, Dean – Self Finance of Madras School of Social Work, addressed the gathering. She greeted all the dignitaries. She appreciated the department for organizing the training and the presence of students representing around 15-17 colleges are part of the training program. Knowledge is no substitute to experience and must ensure that these two syncs for a brighter future.





Then Mrs. Sudarmathy, Assistant Professor of Madras School of Social Work, introduced the chief guest. She began by quoting former president APJ Abdul Kalam regarding a successful person. She spoke about the chief guest Mr. Perumalsamy and then welcomed him to address the gathering.

Mr. Perumalsamy addressed the gathering. He mentioned that he was happy to see students from various colleges present for such an event. He emphasized that the elderly must be given psychological support and that one day each and every one will be an elder person.



Mrs. ThirumagalRajam, Assistant professor delivered the vote of thanks with the quote of Martin Luthur King, “An **individual** has not started living until he can rise above the narrow confines of his individualistic concerns to the broader concerns of all humanity.”

## Session I

**Topic: Community based supports and services**



**Resource Person: Mr. Edwin Babu, Joint Director, Programmes, HelpAge India, Chennai**

He began by interacting with the audience and spoke about the current day scenario of elders. Then he spoke about the organization HelpAge India. He mentioned that HelpAgeIndia has been helping close to 30lakhs elders every year all over India. He mentioned that elders are not

just in need of physical support and assistance but also want to live a dignified life. Help Age India receives about 250crores of funding. The organization doesn't avail funds from government and foreign countries. Individuals, organizations, NGOs across the country provide as much funds as they can. He emphasized that our lifestyle and habits determine our health and that it is important to take care of ourselves. Mr. Edwin then stressed on the topic 'Joint families'.He spoke about how there is a growing gap between parents and their children as the youth are unable to allocate time for themselves and their families amidst their fast pacing routine. He posed a question to the audience asking who is going to take care of you as an individual and answered that this is when the role of community support rises. He spoke about the struggles that parents go through in all phases of nurturing their children. He concluded by saying that the elderly do not want charity, they only want dignity.

## Session II

**Topic: Government initiatives, policies on elder well being**

**Resource person: Mr. A. Purushothaman, Founder, KalaiselviKrunalaya Social Welfare Society, Chennai.**

He began his session by telling about the stages of life and told that elderly is the last stage of life. He presented statistical data about the population of elderly in India and Tamil Nadu. He briefed about the golden rules of aging and told that the elders must be aware about these rules. He gave an overview about the helpline numbers available for the elderly, dedicated social workers in the field of elder rescue, eminent geriatric doctors available in Chennai, Government initiatives like old age homes, MobileMed care, physiotherapy, Dementia care and RRTC, night care shelter homes, private shelters, paid old age homes etc. He briefed about the activities of old age homes which included basic care like shelter, food, medical care, entertainment, encouraging productive and active aging.





He gave an overview about the necessary criteria needed to build an old age home like fire license, building license, sanitary certificate, registration with senior citizens act etc. He finally briefed about the challenges faced by the caretakers of the elderly which included availability of good housing facilities, medical facilities, recruitment of caregivers and their retention etc. The session finally ended with a feedback and questions by the students.

### Session III

**Topic: Physical changes in elders**

**Resource person: Dr. A. ThirumagalRajam, Asst. Professor, Madras School of Social Work.**



Mrs. ThirumagalRajam began by quoting the definition of the term ‘Elderly’ given by United Nations. Since, physical changes are a major aspect in the aging process, she emphasized on the importance of nutrition to the elderly. She mentioned about the various types of physical illness and physical changes in elders. She gave an overview about the global scenario of aging. She gave statistical information regarding life expectancy. She gave inputs on how advancement in medical care will help the elderly to cope with physical changes. She finally briefed about the role of youth in building and supporting the elders to cope with their physical

changes, activities that initiate, strengthen, and build intergenerational relationships and ways to develop connections with the future generations. She concluded the session by story which expresses the importance of patience. Expectation kills so stand with minimum expectation. Don’t treat elderly as a patient and be patience with them.

#### Physical Changes in Elderly

Aging is a process of gradual change over time that is most noticeable in children and older people. ... Most physical changes associated with normal aging have little effect on a person's quality of life. Changes resulting from disease and lifestyle choices are not considered part of normal aging.

Age-Related Physiological Changes and Their Clinical Significance. Physiological changes occur with aging in all organ systems. The cardiac output decreases, blood pressure increases and arteriosclerosis develops. ... Lean body mass declines with age and this is primarily due to loss and atrophy of muscle cells.

Physiologic Changes of Aging. With age, progressive physiologic changes occur that ultimately lead to a decrease in the function of various organ systems. In fact, aging has been defined as "processes in an organism that increase the mortality risk as a function of time". ... Renal function declines progressively with age.

The aging process involves changes in physiological, pathological, social, and psychological conditions of a person. Nutrition is an important element of health among the elderly, and it affects the whole process of aging. The prevalence of malnutrition is increasing in this population and is associated with a decline in functional status, impaired muscle function, decreased bone mass, immune dysfunction, anemia, reduced cognitive function, poor wound healing, delayed recovery from surgery, higher hospital readmission rates, and mortality.

Due to changing socioeconomic environment, elderly people are often left alone to fend for themselves to maintain their health, which may interfere with the maintenance of a good nutritional status. Regular diagnosis of malnutrition among older patients increases the need for more education regarding nutritional status in older patients, and the purpose of this article is to provide information with an educational overview of essential nutritional aspect associated with changes in aging.

## 1. Introduction

As a population, older adults are more prone to age-related diseases, functional impairment, and physical inability that may interfere with the maintenance of a good nutritional status (Figure 1).<sup>1</sup> Aging refers to a multidimensional process in humans, the process of physical, psychological, and social changes.

The cut off for old age cannot be defined exactly because the concept of old age does not have the same meaning in all societies. Government of India adopted the "National Policy on Older

Persons” in January 1999. The policy defines “senior citizen” or “elderly” as a person who is 60 years of age or older; however, the age of senior citizen differs in various parts of the world. According to the definition given by the National Policy on Older Person (Government of India), the elderly group is stratified on the basis of age (Table 1).<sup>3</sup>

Table 1. Age stratification among the elderly.

60–69 y	70–79 y	80 + y
Old	Old old	Oldest old
60–74 y	75–84 y	85 + y
Young old	Middle old	Old old

Note. From “National Policy on Older Persons”, by Ministry of Social Justice and Empowerment, Government of India, 1999. Copyright@ Government of India. Ministry of Social Justice and Empowerment, 1999.

Demographically, aging is the growth of the aged population (60 + years) in proportion to the total population over a period of time. A country is said to be aging if the proportion of people over 65 years of age reaches 7%.<sup>4</sup> The elderly population is the fastest growing segment throughout the world. In the next 30 years, there will be a rise in elderly population of up to 300% in Asia and Latin America (Table 2).<sup>2, 5</sup>

Table 2. World trends in population growth of people aged 60 + years, 1980–2020 (in millions).

	1980	1990	2000	2010	2020
World	381.2	484.7	608.7	754.2	1011.6
Developed countries	173.3	203.6	234.6	232.4	308.2
Developing countries	207.9	281.8	374.1	491.8	703.4
China	78.6	101.2	131.7	167.9	238.9
India	44.6	60.2	81.4	107	149.7

Note. From “United Nations' world demographic estimates and projection.”. Copyright@ United Nations. United Nations Department of Economic and Social Affairs, Population Division, 2013.

The life expectancy at birth in developed countries is over 70 years. According to the global estimation, 605 million people are older than 65 years. Aging of the world's population is the result of two factors: a decline in fertility and an increase in life expectancy. There has been a decline in fertility rates in developing countries during the preceding 30 years and in developed countries throughout the 20th century.<sup>7</sup> In developed countries, the largest gain ever in life expectancy at birth occurred during the 20th century, averaging 71% for females and 66% for males. Life expectancy at birth in developed countries now ranges from 76 years to 80 years. Life expectancy has also increased in developing countries since 1950, although the amount of increase has varied. A higher life expectancy at birth for females compared with males is almost universal. Advances in medical science, improved health care, and improved standard of living have helped people to stay healthy and prolong their life. From the health perspective, the goal is to keep people alive and healthy as long as possible. Health education and health promotion play very important roles in maintaining good health, good mobility, and independent functional status in the elderly.<sup>8</sup>

## 2. Age-related changes relevant to nutrition

Nutritional needs change throughout life. Especially for the elderly, these changes may be related to the normal aging process, medical conditions, or life style. Over the past decades, the importance of nutritional status in the elderly has increasingly been recognized in a variety of morbid conditions such as cancer, heart disease, and dementia.<sup>9, 10</sup> Nutrition is an important determinant of health in elderly patients. Nutritional status assessment is essential for preventing or maintaining various chronic and acute disease, and even for healing. As people age, various changes occur in the body, which may or may not affect the nutritional status of an individual. A common problem related to aging is loss of bone density, which can increase the risk for osteoporosis. Sarcopenia is the other age-related change. The loss of lean muscle mass can lead to a gain in body fat. Muscle loss is seen even in healthy people, which implies that metabolic changes occur during aging, making it a universal phenomenon. It may be more noticeable by loss of strength, functional decline, and poor endurance. This loss also leads to reduced total body water content.<sup>12</sup>

Various other changes occur throughout the digestive system. There is a decrease in gastric acid secretion, which can limit the absorption of iron and vitamin B12. Saliva production decreases, leading to slower peristalsis and constipation. Appetite and thirst dysregulation also occurs. Sensory changes affect the appetite in many ways. Vision loss makes cooking, and even eating, more difficult. Diminished senses of taste and smell make the food less appealing. These changes typically alter eating habits and reduce nutrient availability and absorption, which can lead to nutritional deficiencies and various health problems.

Malnutrition is both a cause and a consequence of ill health.<sup>13</sup> It can be of various types: under nutrition, over nutrition, or specific nutrient-related deficiencies. Malnutrition in older patients is regularly underdiagnosed,<sup>14</sup> and hence more education regarding nutritional status is needed among older patients. Malnutrition in older adults can lead to various health problems, including a weak immune system, that increases the risk of infections; poor wound healing; and muscle weakness, which can lead to falls and fractures. In addition, malnutrition can lead to further disinterest in eating or lack of appetite, making the problem worse.<sup>15</sup>

Many elderly patients have an increased risk for malnutrition compared with other adult populations. It has been estimated that between 2% and 16% of community-dwelling elderly people are nutritionally deficient in protein and calories.<sup>16</sup> If mineral and vitamin deficiencies are included in this estimate, malnutrition in persons over the age of 65 years may be as high as 35%.<sup>17</sup> Malnutrition in older adults is associated with various health concerns. Malnutrition leads to a weak immune system, increasing the risk of infections, poor wound healing, and muscle weakness, which further leads to falls and fractures.

The problem gets worse as malnutrition can lead to further disinterest in eating or a lack of appetite. Older adults who are seriously ill and those who have dementia or have lost weight are especially vulnerable to the effects of poor nutrition.<sup>18</sup> Although there is no uniformly accepted definition of malnutrition in the elderly, some common indicators include too little food or a diet lacking in nutrients. In reality, though, malnutrition is often caused by a combination of physical, social, and psychological factors, for example, health concerns, restricted diets, limited income, reduced social contact, depression, and alcoholism. The number for hospitalized seniors is also

high. Studies on hospitalized older patients suggest that 20–65% of these patients suffer from nutritional deficiencies,<sup>19</sup> and the prevalence of malnutrition in long-term care facilities is estimated to be between 30% and 60%.<sup>20</sup> A careful nutritional assessment and nutritional education are necessary for successful diagnosis of malnutrition in the elderly, and for the development of appropriate and comprehensive treatment plans.

### 3. Physiological changes

#### 3.1. Body mass and composition

Aging causes various changes in body composition, which have important consequences on health and physical functions. There is a progressive decrease in lean body mass and an increase in body fat. Decreased physical activity accounts for the increased body fat, and this may lead to decreased energy intake with aging.<sup>22</sup> These changes in body composition, including those in fat distribution, may be associated with changes in various physiological functions that affect metabolism, nutrient intake, physical activity, and risk for chronic diseases. There is also an alteration in bone density that results from a decrease in mineral content, which occurs with aging. Severe osteoporosis may cause the bones in the legs to bow under the weight of the body. This bowing, together with changes of the spine, makes measurement of height unreliable in some elderly people, even in those who are able to stand unaided. Body weight is easily affected by short-term environmental aspects of life, in addition to the effects of acute and chronic diseases or undernutrition.

#### 3.2. Physical activity

Total energy expenditure of an individual is reduced with the reduction in physical activity, and this is an important factor contributing to a reduced energy requirement in the elderly.<sup>27</sup> However, the energy cost of normal activities has been reported to increase with age for men.<sup>28</sup> Studies conducted in elderly people showed that ~70% of the elderly in the 60–69-year age group reported no outdoor activity in the previous 4 weeks, and this proportion was even higher in the over-70-year age group.<sup>29</sup> Another feature of aging that may restrict physical activity is that elderly people are prone to developing a variety of degenerative and chronic diseases; chronic obstructive airway disease, angina, and arthritis are some examples. Physical activity contributes to good physical and psychological health at all ages,<sup>30</sup> and inactivity

associated with minor illness in the elderly often leads to loss of muscle tone and mass, and, thereafter, former physical activity levels may never be regained.

#### 4. Etiology of weight loss

Three distinct mechanisms of weight loss in older people have been identified: (1) Wasting: An involuntary loss of weight is mainly due to poor dietary food intake, which can be a result of diseases and psychological factors causing an overall negative energy balance. (2) Cachexia: It is an involuntary loss of fat-free mass (muscle, organ, tissue, skin, and bone) or body cell mass; it is caused by catabolism and results in changes in body composition. (3) Sarcopenia: Sarcopenia, a decline in skeletal muscle mass, is a major age-related physiological change in older people; reduced physical activity among the elderly has a crucial role, since a lack of exercise causes muscle disease and, with time, muscle loss.<sup>31</sup>

Elderly patients with unintentional weight loss are at a higher risk for infection, depression, and death. Weight loss in the elderly due to voluntary or involuntary causes has been associated with mortality. The leading causes of involuntary weight loss are depression (especially in residents of long-term care facilities), cancer (lung and gastrointestinal malignancies), cardiac disorders, and benign gastrointestinal diseases. Although lean body mass may decline because of normal physiological changes associated with age,<sup>31</sup> a loss of > 4% per year is an independent predictor of mortality.<sup>32</sup> A rapid weight loss of  $\geq 5\%$  in 1 month is considered significant and needs to be evaluated immediately by a physician.<sup>33, 34</sup> Polypharmacy can cause unintended weight loss, as can psychotropic medication reduction (i.e., by unmasking problems such as anxiety). However, early identification, assessment, and treatment of weight loss and nutritional deficiencies may prevent morbidities among the elderly.

#### 5. Age-associated changes in the gastrointestinal system

Effects of aging on the perceptions of smell and taste have been observed, which may alter or decrease food intake. This is a common perceived problem among elderly individuals who complain of a loss of both taste and smell.<sup>35</sup> There may be a progressive loss in the number of taste buds per papilla on the tongue. The remaining taste buds, which detect primarily bitter or sour tastes, show a relative increase with aging. Impaired appetite is often associated with a reduction in taste and smell, which occurs in up to 50% of elderly people. Improperly fitting

dentures may unconsciously change eating patterns because of difficulty with chewing, leading to the intake of a soft, low-fiber diet without important fresh fruits and vegetables. There are some documented gastrointestinal changes in the elderly that can affect their food intake, for example, changes in peristaltic activity of the esophagus, which may result in a delay in esophageal emptying. Widespread nutritional deficiencies are also associated with bacterial contamination of the small bowel.<sup>38, 39, 40</sup> It was found that 17 of 24 malnourished patients had bacterial contamination of the small bowel.<sup>40</sup> There was a significant improvement in the nutritional status of elderly patients after treatment of bacterial contamination with antibiotics.<sup>38, 40</sup> Other gastrointestinal changes occur with age and may affect food intake. For example, greater satiation after a meal and a delay in gastric emptying have been observed in older people.

#### 6. Age-associated changes in the renal and genitourinary systems

The kidneys' job is to keep the body's fluids, electrolytes, and organic solutes in a healthy balance. The functional units of the kidney are a million or so nephrons present in the renal cortex, which filter most of the constituents of the blood other than red blood cells and protein, reabsorb needed substances, secrete hydrogen ions to maintain the acid–base balance, and secrete wastes.<sup>41</sup> In addition to gastrointestinal physiological changes, renal function declines with age. There is a decrease in kidney mass, blood flow, glomerular rate (10% decrement per decade after the age of 30 years), and the elasticity, muscle tone, and capacity of the bladder. Severity can vary, but most cases are mild or moderate in older people, do not cause symptoms, and do not progress to kidney failure. Renal impairment may also affect vitamin D metabolism and result in a reduction of vitamin D levels, which contributes to osteoporosis in the elderly.<sup>42</sup>

#### 7. Age-associated changes in the nervous system and cognition

With advancing age, risks for cognitive decline increase, affecting the independence and quality of life. Insufficient intake of selected vitamins, or certain metabolic disorders, may affect cognitive processes by disrupting the nutrient-dependent processes within the body that are associated with the management of energy in neurons, which can subsequently affect synaptic plasticity or the ability to encode new memories.<sup>43</sup> The earliest signs of mild cognitive



impairment or pre-Alzheimer's disease are decreases in the ability to prepare food, forgetting to eat, and inability to access food, which can further impair oral intake.

Vitamin deficiencies, particularly vitamins B12, B6, and folate, are associated with cognitive impairment.<sup>44, 45, 46</sup> Nutritional interventions have an impact on vascular disease prevention. It is well established that a diet low in fat and cholesterol is beneficial in modifying vascular risk factors. Emerging research suggests that supplementation with omega-3 fatty acids (such as those found in salmon and other cold-water fish) and consumption of cruciferous vegetables (such as broccoli, cabbage, and cauliflower) are all associated with stroke prevention<sup>47, 48, 49</sup> and may be beneficial if integrated into the diet of all elderly patients with vascular disease or vascular risk factors.

Other important antioxidants with possibly beneficial outcomes include food with high levels of phytochemicals and flavonoids. Tomatoes, citrus fruit, blueberries, and certain spices<sup>50</sup> are known to reduce oxidative stress and cognitive impairment.

#### 8. Associated changes in the immune system

Immune response dysfunction with increased susceptibility to infection, reduced efficacy of vaccination, chronic inflammatory state. The immune defense system is adversely affected by the aging process,<sup>51, 52</sup> and there is strong evidence that a poorly functioning immune system can contribute to decreased disease resistance and reduced life expectancy in the elderly. Elderly people are more likely to die of infections than young adults,<sup>53</sup> and malnutrition is related to an increased risk of sepsis in the elderly.<sup>54</sup> Infections of all kinds increase the metabolic rate, making it more difficult for older persons to eat enough to keep up with elevated energy demands.<sup>55</sup>

#### 9. Social and psychological factors related to aging

Although not having many close friends contributes to poor health in many older adults, those who also feel lonely face even greater health risks. It is difficult to change some of the already established food habits, carried over from childhood. Food habits are influenced by several factors such as family, education, occupation, economic status, lifestyle, and cultural norms. Factors that have a negative influence on the health and nutrition of the elderly are a lack of family support in times of need (because of widely prevalent nuclear family system), feeling of

not being wanted, economic constraints, a lack of value system among the members in the family, stressful conditions leading to tensions, and loneliness leading to disinterestedness in living and eating, resulting in malnutrition.

## 10. Protein undernutrition

Protein undernutrition is a known factor in the pathogenesis of osteoporotic fractures in the elderly. There is no consensus on the definition of protein energy malnutrition in elderly people.<sup>56</sup> One view categorizes protein energy malnutrition as an inadequate intake of calories and protein (marasmus-type malnutrition). Another suggests that protein energy malnutrition arises from a response to a biological stress (low-albumin malnutrition; Figure 2).<sup>57</sup> Classically, in marasmus-type malnutrition, patients lose weight by decreasing body fat and muscle mass while maintaining a normal serum albumin. This type of weight loss is more typical of a senior living either in the community or in a long-term care setting. Low-albumin malnutrition is more typical of a hospitalized patient, but the mechanisms of bone loss resulting from this deficiency are still poorly understood. The metabolic stress of insufficient protein intake, as well as the effects of hepatic, renal, or bowel disease, will further impair an older patient's overall nutritional state. Protein undernutrition has been associated with an increased risk of injury in elderly patients,<sup>58, 59</sup> while protein supplementation has been shown to help reduce unfavorable outcomes following injury in patients over the age of 65 years.<sup>60, 61</sup>

## 11. Nutritional requirements in older people

### 11.1. Mediterranean diet

Currently, a Mediterranean diet is recommended due to the growing evidence of lower risk of mortality associated with it, especially in older adults who have had coronary heart disease, as this diet is rich in fruit and vegetables. "Mediterranean diet" is a modern nutritional recommendation originally inspired by the traditional dietary patterns of Greece, southern Italy, and Spain.<sup>62</sup> The principal aspects of this diet include proportionally high consumption of olive oil, legumes, unrefined cereals, fruits, and vegetables, moderate to high consumption of fish, and moderate consumption of dairy products (mostly as cheese and yogurt).

A study looked at diet and nutritional status of men and women in Denmark. The Mediterranean diet differs from the North European diet with regard to both the types and the qualities of the

food eaten. The North European diet was found to be sandwich-based meals, which include large amounts of butter, sausages, and cheese. The result of this study also showed that a Mediterranean diet pattern favorably affects survival in elderly people.

## 12. Okinawa diet

Okinawa diet plan has taken the center stage of discussion among nutrition scientists and health-conscious individuals alike. The traditional diet of the islanders contains 30% green and yellow vegetables. Although the traditional Japanese diet usually includes large quantities of rice, the traditional Okinawa diet contains smaller quantities of rice; sweet potato is used instead of rice as the staple food. The Okinawa diet has only 30% of sugar and 15% of the grains of the average Japanese dietary intake.

## 13. Specific nutrient needs

Ideally, no specific nutrient requirements have been worked out for the elderly in India. ICMR has given a table of reduced calorie intake with advancing age. It is assumed that there are some differences in the requirements of the elderly as compared to those of young adults, because calorie intake is proportional to energy expenditure.

## 14. Energy

Elderly people require less energy than young adults because of a reduced basal metabolic rate; as a result, there is a reduction in the levels of activity. Energy requirement is dependent on a number of factors, including age, gender, body composition, weight, and activity levels. Generally, energy requirements decrease due to loss of fat-free mass. As a consequence, resting energy expenditure is found to be lower in elderly individuals than in young adults. In those older people who have very low energy requirements, there is a risk of their diet not meeting micronutrient requirements; the quality of diet is therefore of prime importance to ensure that deficiencies do not develop. Older people should be encouraged to meet their energy requirement through a healthy diet. Recommended energy intake for the elderly is 1.41.8 multiples of the basal metabolic rate to maintain the body weight at different levels of physical activity (Table 3).<sup>65</sup>

Table 3. Energy requirements for Indian elderly people ( $\geq 60$  years) at different body weights.

	Body weight (kg)	Sedentary (kcal)	Moderate (kcal)
Male	50	1688	1985
	55	1786	2101
	60	1883	2216
	≥ 65	2008	2446
Female	50	1630	1917
	55	1706	2007
	60	1782	2097
	≥ 65	1900	2200

Note. From “Nutrient requirement and recommended dietary allowance for Indians,” by National Institute of Nutrition, ICMR, 2009. Copyright@ ICMR. National Institute of Nutrition, 2009. Reprint with Permission.

#### 15. Protein

Protein is necessary for building up muscles, and to replenish vital body fluids, and wear and tear of the body. It is also required for the metabolic processes of the body in the form of enzymes and hormones. Older persons are vulnerable to protein–energy malnutrition associated with a progressive decline in body protein manifested by declining fat-free mass.<sup>66</sup> The reduction in fat-free mass is attributed mainly to the loss of skeletal muscle and is associated with reduced muscle strength as well as predisposition to many metabolic disorders. The requirement of protein for older persons is 0.91.1 g/kg/d. Adequate protein intake can be achieved by the inclusion of milk and milk products, eggs, meat, fish, and chicken, as well as pulses and nuts in the diet. However, it is advisable to consume eggs, whole milk, and fatty meats sparingly as they are rich sources of fat and cholesterol.<sup>67</sup>

#### 16. Fat

Fat is a concentrated source of energy. It makes food palatable and help in the absorption of fat-soluble vitamins such as A, D, E, and carotenes. Fats and oils are concentrated sources of energy. According to the World Health Organization (2002),<sup>67</sup> except for in cases of overweight or obesity, there is no need to restrict fat intake beyond 30 energy % for sedentary and 35 energy %

for active older persons. However, consumption of saturated fats should be minimized and should not exceed 8 energy %. It is desirable to include a variety of fats in the diet, particularly n-3 fatty acids found in fish, soy, linseed, canola seed and oil, seaweed, and green leaves. Fats and oils such as ghee, butter, and refined oils should be taken in moderation. Fried food, rich pastries, and fatty meat should be avoided.<sup>66</sup>

#### 17. Carbohydrate

Carbohydrates are energy-giving nutrients, and the body needs carbohydrates because it cannot make it for itself from other nutrients. Carbohydrates are energy-yielding substances. Senses of taste and smell are less sharp among older people, which interfere with the appetite for many foods. During old age, loss of teeth makes it difficult to chew food properly. Elderly people tend to consume more carbohydrate-rich food, which require minimum chewing, are easily digested, need minimum cooking time, stand maximum storage, and are cheaper than protein-rich food. Carbohydrates form the bulk of daily diet of the elderly. In the Indian dietary, 55–65 energy % should be provided by carbohydrates. Care should be taken to restrict the amount of sugar and refined cereals in the diets, and include whole cereals, pulses, fiber-rich fruits, and vegetables instead.<sup>66</sup>

#### 18. Fiber

Apart from digestible carbohydrates such as cereals and sugar, several foods contain nondigestible carbohydrates in the form of cellulose, gums, and pectin. They are called dietary fiber because they are indigestible. Dietary fiber contributes to the bulk of stools, and helps relieve constipation and lower blood cholesterol level, especially among elderly people. Consumption of 25-30 g of fiber daily is considered to be beneficial.<sup>66</sup>

#### 19. Calcium and vitamin D

These help in maintaining good bone health. Therefore, it is advisable to increase the intake of calcium-rich food such as milk and milk products such as cottage cheese and curd, green leafy vegetables, and sesame seeds (til). If elderly people are confined indoors and are not exposed to sunshine, they should be given vitamin D supplements. Anemia is another common nutritional problem in old age, and efforts must be made to include iron-rich green leafy vegetables, fresh food, jaggery, rice flakes, etc. in the diets of elderly people.<sup>66</sup>

Vitamin A (beta-carotene), vitamin E, and vitamin C are protective antioxidants. Liberal intake of food rich in beta-carotene, such as green, yellow, and orange vegetables and fruits, is

advocated due their antioxidant properties. Citrus fruits, green leafy vegetables, cabbage, green chilies, amla, guava, and sprouted pulses are rich sources of vitamin C.<sup>66</sup> Folate, found in green leafy vegetables, pork, liver, pulses, groundnuts, and oilseeds, is associated with a diminished risk of vascular disease. In addition to the recognized essential nutrients, there are many other food components, collectively known as phytochemicals, about which little is known, but through their biological effects, they can lower the risk of major health problems such as cancer and heart disease. Hence, consumption of food rich in phytochemicals such as green tea, red wine, garlic, tomatoes, and so on should be encouraged. Many degenerative age-related diseases aggravate the tendency toward dehydration in older persons. Generally, adults require ~30 mL/kg of fluids per day. These fluids need not be restricted to water only and may include other fluids such as milk, juices, soft drink, soup, tea, and coffee. However, tea and coffee should be taken in moderate amounts only.<sup>67</sup>

## 20. Conclusion

Consuming food rich in nutrients and other bioactive components such as phytochemicals may help protect people against major age-related disorders. Positive changes in the quality or amount of food consumed are never without benefit, regardless of age or physical status. Older people who are frail are at a risk of malnutrition, so the aspects of healthy eating guidelines related to reducing consumption of energy-dense food are inappropriate. For many years, changing nutritional requirements at different life stages remained under-researched, with scientists focusing on first understanding the fundamental roles that macronutrients and micronutrients, and their combinations play in health. As our basic understanding has increased, research has turned to exploring the implications through our life course. Our understanding of specific requirements, particularly at the early and later stages of life, is fast changing, and with the population aged over 60 years set to increase globally in future, the research in this field is likely to increase further.

## STORY

**An 80 year old man was sitting on the sofa in his house along with his 45 years old highly educated son. Suddenly a crow perched on their window.**

The Father asked his Son, “**What is this?**” The Son replied “**It is a crow**”. After a few minutes, the Father asked his Son the 2nd time, “**What is this?**” The Son said “**Father, I have just now**

**told you “It’s a crow”**. After a little while, the old Father again asked his Son the 3rd time, **“What is this?”**

At this time some expression of irritation was felt in the Son’s tone when he said to his Father with a rebuff. **“It’s a crow, a crow”**. A little after, the Father again asked his Son the 4th time, **“What is this?”**

This time the Son shouted at his Father, **“Why do you keep asking me the same question again and again, although I have told you so many times ‘IT IS A CROW’. Are you not able to understand this?”**

A little later the Father went to his room and came back with an old tattered diary, which he had maintained since his Son was born. On opening a page, he asked his Son to read that page. When the son read it, the following words were written in the diary.

“Today my little son aged three was sitting with me on the sofa, when a crow was sitting on the window. My Son asked me 23 times what it was, and I replied to him all 23 times that it was a Crow. I hugged him lovingly each time he asked me the same question again and again for 23 times. I did not at all feel irritated I rather felt affection for my innocent child”.

While the little child asked him 23 times **“What is this”**, the Father had felt no irritation in replying to the same question all 23 times and when today the Father asked his Son the same question just 4 times, the Son felt irritated and annoyed.

So..If your parents attain old age, do not repulse them or look at them as a burden, but speak to them a gracious word, be cool, obedient, humble and kind to them. Be considerate to your parents. From today say this aloud, **“I want to see my parents happy forever. They have cared for me ever since I was a little child. They have always showered their selfless love on me.**

They crossed all mountains and valleys without seeing the storm and heat to make me a person presentable in the society today”. Say a prayer to God, **“I will serve my old parents in the BEST way. I will say all good and kind words to my dear parents, no matter how they behave.**

#### **Session IV**

**Topic: Social changes in elders**

**Resource person: Mr. T. Rufus Singh, Asst. Professor, MSSW**

Mr. Rufus pointed out real life stories that have taken place in India in the past and present in the likes of a case of mysterious death of an older lady in Mumbai, Andheri. When her son returned

from the US, he entered home to the skeletal remains of his mother who had passed away 8 months ago. He emphasized on the concept of 'Empty Nest Syndrome' which refers to the feeling of sadness or depression of the elderly due to children leaving or when the children leave abroad for work or studies. Mr. Rufus also spoke about how some elderly are also still active during their old age and are filled with immense wisdom. He emphasized on the demographic shift too where the youth capital becomes elderly capital. He mentioned that the concept of family has been constantly changing and about the disintegration of joint families.

Mr. Rufus shared great insight on topics like society, what it means, its components, social changes etc. He explained about how elders are alienated from the mainstream society with the example of a story about how a man, who was highly respected during his service period, got no respect after his retirement. He gave an overview of how the elders face abuse in various forms including physical abuse, emotional abuse, lack of proper care, snatching of property etc. by quoting statistics on elder abuse.





## **SOCIETY**

- A society is a group of individuals
- involved in persistent social interaction
- sharing the same geographical or social territory
- same political authority
- dominant cultural expectations.
- characterized by social relations between individuals who share a distinctive culture and institutions
- described as the sum total of such relationships among its constituent of members.

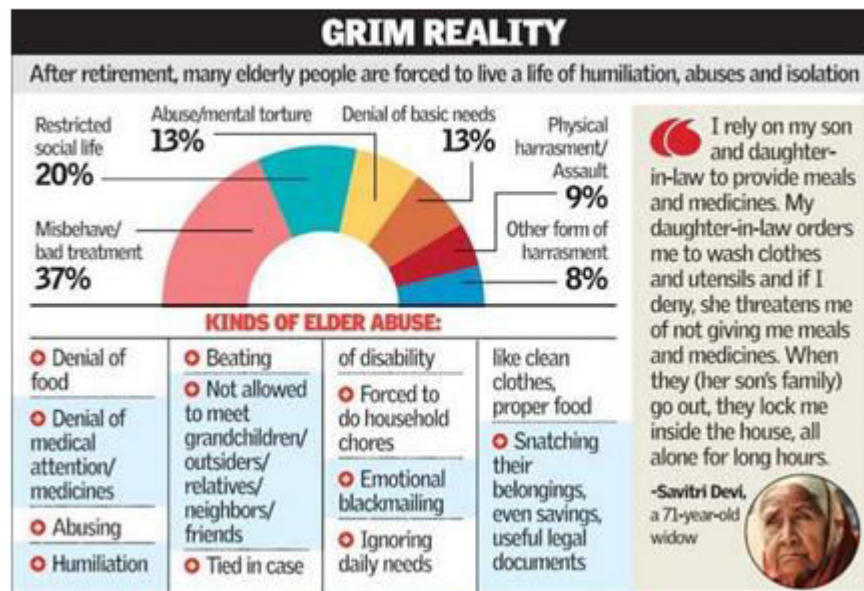
## **SOCIAL CHANGES**

- Changing roles and functions in the family
- Changing roles and functions society.
- Alienation from the mainstream of society
- Elder abuse
- Empty Nest Syndrome
- Disintegration of Joint Family System
- Vulnerable – Crime, Health etc.

## Changing roles and functions in the family



## ELDER ABUSE



The Hindu (2016)

## FORMS OF ABUSE

### GRIM FACTS



58  
Per cent of elders  
experienced abuse  
in Madurai



61  
Per cent of them  
live with family

### FORMS OF ABUSE

- ▶ Disrespect - **55** per cent
- ▶ Verbal abuse - **39** per cent
- ▶ Economic exploitation - **23** per cent
- ▶ Maintaining confidentiality of family matters is the main reason for **45** per cent of elders not reporting the abuse
- ▶ **23** per cent of elders did not report abuse as they did not know how to deal with the problem

Source: HelpAge India report.

60 per cent abused by daughters-in-law; 57 per cent by sons

The Hindu (2014)

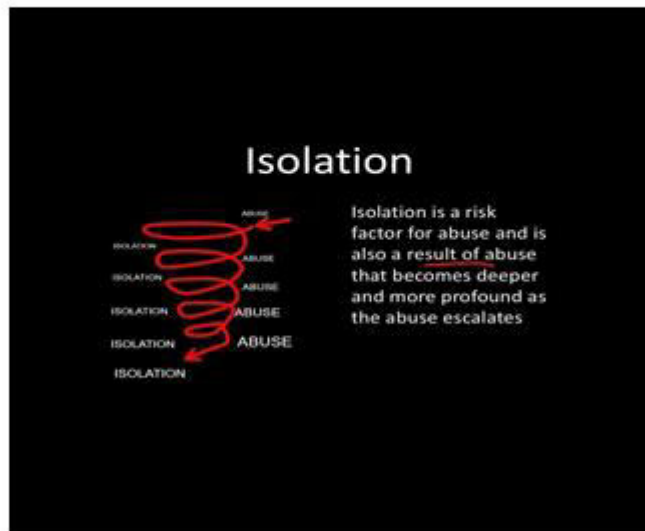
## Empty Nest Syndrome



## Disintegration of Joint Family System



## Alienation from the mainstream of society



**Why no one came to know Mumbai woman's body was rotting inside her flat till son returned from US ?**



### **IMPACT – EFFECTS ON ELDERLY WELL-BEING**



Towards the end, Mrs. P.K. Vathani, Head, U.G. Dept. of Social work, Madras School of Social Work interacted with the students and asked their review and briefed about the schedule of tomorrow. She gave the students a small recap about the helpline number, the various physical and social changes in elderly, intergenerational bonding etc. She finally thanked all the students for their presence today.

## DAY-2

01/10/2019, Tuesday

The second day training program began by 9 am. Mrs.P.K.Vathani, Head, U.G Department of Social Work addressed the gathering and did a recap of the previous day training program.

### Session –I

**Topic:legal positions of senior citizens and elders in India.**

**Resource Person: Mrs. AdhilakshmiLogamuthry, Advocate Legal Consultant, Arbitrator,Trainer, Secretary, Women Lawyer’s Association, High Court Madras.**

Mrs. Adhilakshmi is a bright, dynamic and talented legal practitioner with a proven track record of providing indispensable advice to the client and delivering positive outcome from them. Can

communicate clearly and effectively both in legal profession and to the public at large? She started the session by introducing herself and started interacting with the trainees. She educated the trainees on the laws which are provided by the government of India. She also shared lively facts



and life experience related to the topic. She has not only spoken from a lawyer’s point of view but as a daughter and daughter-in-law. She also quoted “we shouldn’t show sympathy but have empathy towards elders”. She wined up with a feedback session by asking a trainees from each college to come forward and share their views on elderly.

## Session –II

**Topic: Psychological Changes in Elders.**

**Resource Person: Mrs. S Sudarmathy, Asst.Professor, BSW Department MSSW.**

The session began by 11:00 am. Mrs. Sudarmathy started the session by quoting “Age is not how old you are but how many years of fun you’ve had”- Matt Maldre. She educated the trainees on how psychological changes occur in elders and what causes these psychological changes in them. She gave a lot of examples for a better understanding. MrsSudarmathy gave a good insight about the topic. Her session was a very interactive.



**PSYCHOLOGICAL CHANGES  
IN ELDERLY**

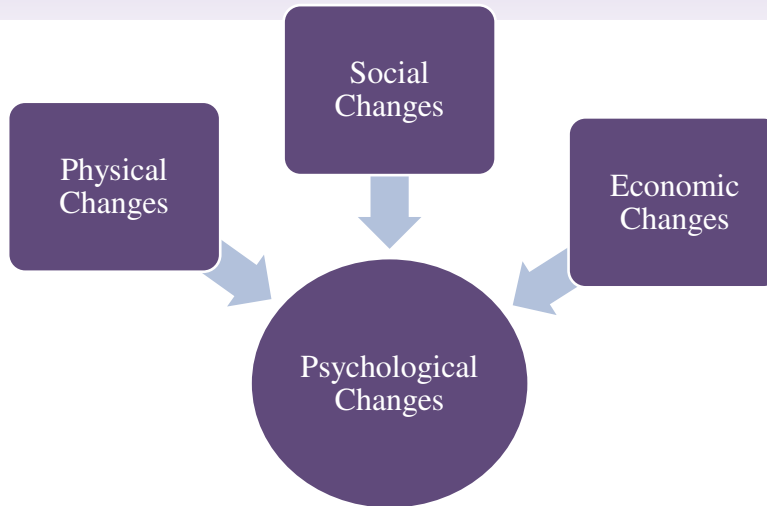
Age is not  
how old you are,  
but how many  
years of fun  
you've had.

Mrs. S Sudarmathy  
Assistant Professor  
BSW, MSSW

—Matt Maldre

Buzzle.com

## Psychological Changes



Anxiety - Fear of certain things, places or events





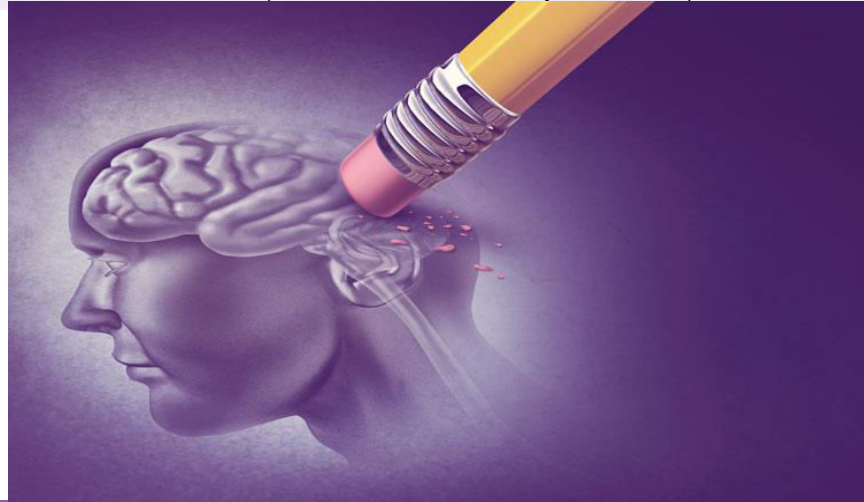
Depression – Not just feeling sad or blue – Serious Mood Disorder



Dementia - Deterioration in memory, thinking, behaviour and the ability to perform everyday activities



**Alzheimer's** - Continuous decline in thinking, behavioral and social skills that disrupts a person's ability to function independently



## Other Psychological Problems

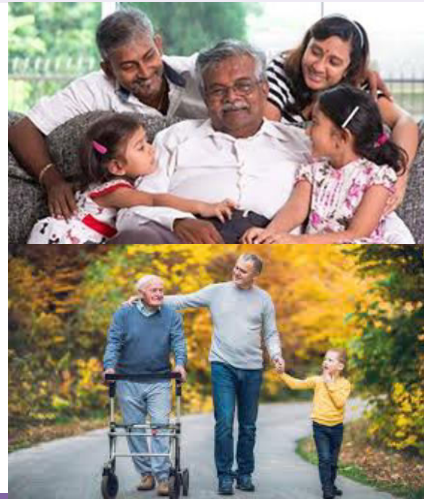
- Delusion
- Hallucination
- Somatoform Disorder
- Hypochondriasis
- Suicide

## Causes

- Physical changes
- Losses in physical activity
- Loss of their spouse.
- Feeling of insecurity
- Changes in social identity due to retirement
- Financial Stress
- Social Isolation / Disintegration of Family
- Role loss
- Loss of Respect

## How we can help?

- Family members should adjust with them and listen to all their grievances with care and attention.
- Spend time with elderly for one to two hours each day.
- Respected by the family members



## How we can help?



Demand for love and affection should be fulfilled

Involving in decision making process



## How we can help?

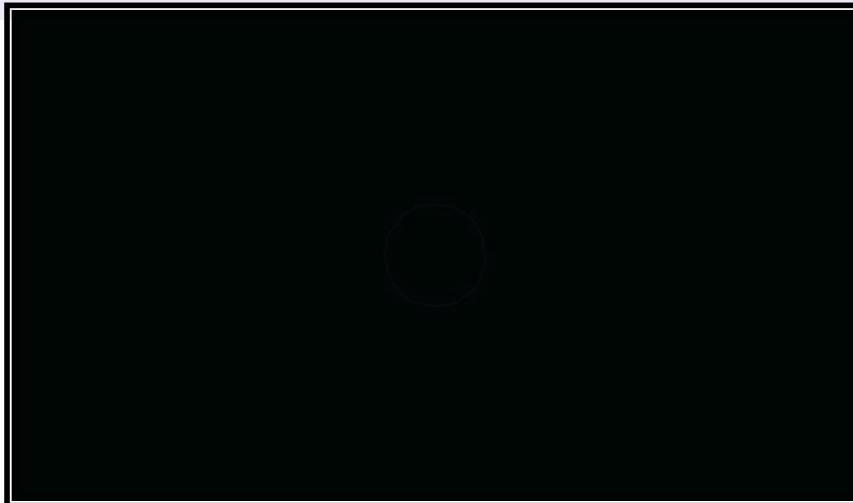
- Grand children should be motivated to take of their grand parents.
- Financial needs should be satisfied by the family members
- Celebrations with elderly.



It's the RESPONSIBILITY of society  
and family



AGE IS ONLY NUMBERS



THANK  
YOU

“ALONE WE CAN  
DO SO LITTLE;  
TOGETHER WE  
CAN DO SO MUCH.”  
- Helen Keller

### Session III

**Topic: Economic Changes in elders**

**Resource Person: Mr. S. Xavier Vivek Jerry, Asst Professor, BSW Department, MSSW.**



Mr. Jerry session was about the economic changes in elders. He spoke about the ageing and the problems faced by ageing, child policy in china, economic problems of the elderly, initiatives taken by Indians, and the role of a social worker. He showed videos to make the trainees to understand more better about the ageing in Japan, one child policy in china and common men interacting with elders on the road. He summed up his session with a heart touching message saying “even if the government of India comes out

with different schemes and initiatives the main thing which is need for elders is family support.

Mr. Jerry winded up his session by conducting an online quiz on kahoot.

# Economic Status of Elders

Mr. S . Xavier Vivek Jerry,  
Asst. professor,  
BSW Department,  
MSSW.

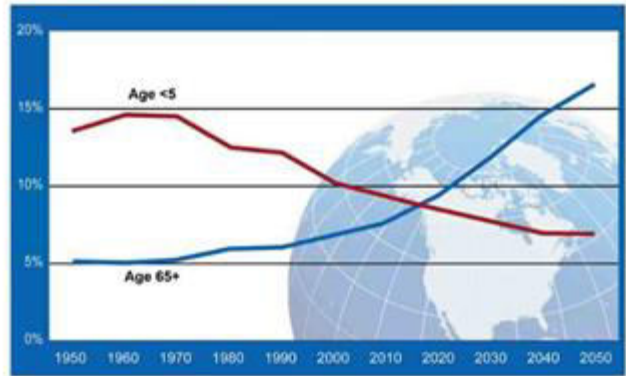
## Overview

- Global Scenario
- Status of Elderly in India - Economic Status
- Economic Problems
- Economic Implications
- Indian Initiatives
- Role of Social Workers

## Ageing - Global Scenario

- **Between 2015 and 2050, the proportion of the world's population over 60 years will nearly double from 12% to 22%.**
- **By 2020, the number of people aged 60 years and older will outnumber children younger than 5 years.**
- **In 2050, 80% of older people will be living in low- and middle-income countries.**
- **The pace of population ageing is much faster than in the past.**
- **All countries face major challenges to ensure that their health and social systems are ready to make the most of this demographic shift.**

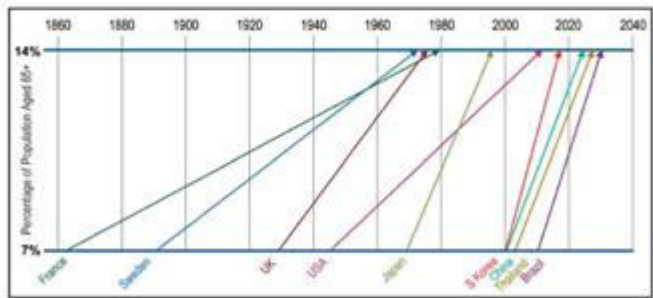
**Young Children and Older People as a Percentage of Global Population: 1950-2050**



Source: United Nations. *World Population Prospects: The 2010 Revision*. Available at: <http://esa.un.org/unpd/wpp>.

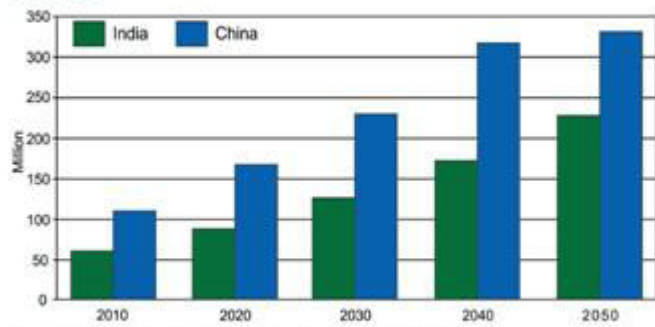
**The Speed of Population Aging**

Time required or expected for percentage of population aged 65 and over to rise from 7 percent to 14 percent



Source: Kinsella K, He W. *An Aging World: 2008*. Washington, DC: National Institute on Aging and U.S. Census Bureau, 2009.

**Growth of the Population Aged 65 and Older in India and China: 2010-2050**



Source: United Nations. *World Population Prospects: The 2010 Revision*. Available at: <http://esa.un.org/unpd/wpp>.



## Economic Implications

### Shrinking Population

- Due to an increasing aging population, nations will see that these elderly individuals will soon die off.
- Combined with lower fertility rates and reduced replacement of people, nations have started to experience shrinking populations.
- For example, nations such as Japan and Italy are starting to see their populations age considerably.
- **Japan** has the oldest population in the world in which 26.3 percent of its people are over age 65 and it is predicted that Japan will have 32.2 percent of its people as senior citizens by the year 2030.

## Economic Implications

### Reduced economic growth

- Nations experiencing a shrinking population will see a reduction in financial capital that could be used for long-term investment and enhancing economic growth.
- Due to a shrinking population and more elderly people there will be a reduction in public savings since governments will use those funds in taking care of the elderly.

## Economic Implications

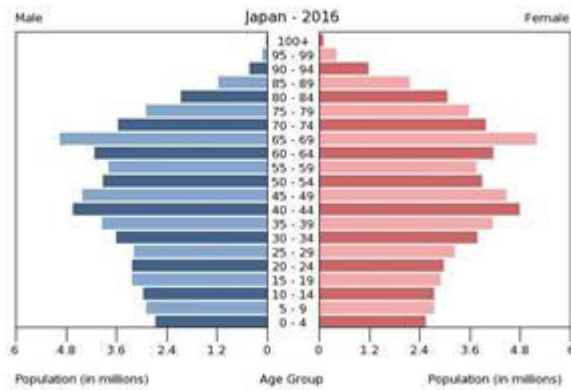
### Reduced economic growth

- Nations will actually start seeing their economies shrink and economic growth rates decrease.
- For example, the Federal Reserve Bank of the United States is projecting that America's potential growth rate has seen a drop from 3 percent to 2 percent due to an aging population.

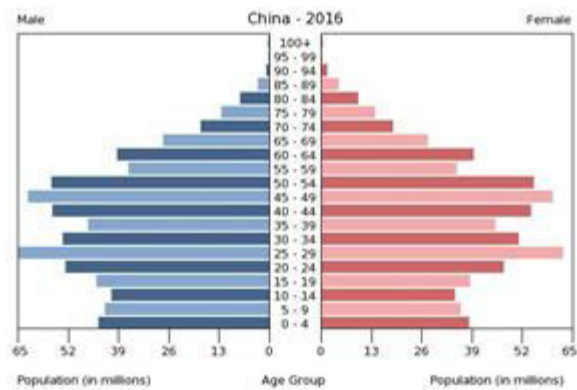
## Ageing in Japan

## China's One Child Policy

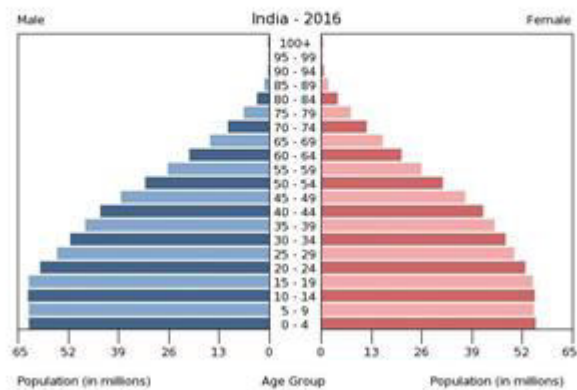
## Population Pyramid - Japan



## Population Pyramid - China



## Population Pyramid - India



## Population Ageing and Economic Growth

Sustained fertility declines in many countries in the region led to:

- 1) an increasing share of the working-age population, which helped to boost economic production; and
- 2) a sharp decline share of dependent children, which freed up resources for investment in economic development and family welfare.

## Population Ageing and Social Protection

- Many older persons live independently and support themselves with their own income and savings while helping others, including some that remain active in the labour force.
- But for large segments of the population, old age is associated with increasing dependency and vulnerability associated with declining income or health and a growing need for care and support.
- Older people's vulnerability is greater where there is no reliable source of income support, such as through social protection mechanisms, which may take the form of pensions, disability insurance or health care benefits for older persons.

## Population Ageing and Social Protection

In recent decades, many low-income and middle-income countries have expanded the coverage of contributory pension schemes and established non-contributory social pensions.

Many high-income countries have undertaken fiscal consolidation, reforming their pension systems by raising the statutory pensionable age, reducing benefits or increasing contribution rates to ensure the system's long-term sustainability.

## Population Ageing and Social Protection

- Retirement pensions or similar schemes involving income support at older ages are critical to older persons' social protection.
- The right to income security in old age is grounded in the Universal Declaration of Human Rights (1948) and in the International Covenant on Economic, Social and Cultural Rights (1966).
- More recently, social protection, including the need to ensure social protection floors that establish a minimum standard of living, was reflected in the 2030 Agenda for Sustainable Development.

## Types of Old Age Pension Schemes

1. **Contributory pension schemes and**
2. **Non-contributory pension schemes**

- **Contributory pension schemes** protect persons who have made contributions during a qualifying period.
- Contributory schemes cover mostly workers on **formal wage-employment and, in some countries, the self-employed.**

## Types of Old Age Pension Schemes

- **Non-contributory pension schemes** do not require specific contribution from beneficiaries or their employers.
- These schemes are usually **financed through general taxes or other state revenues.**
- Non-contributory benefits play a key role in providing at least a minimum level of income security for older people, especially for those who, for any reason, do not contribute to social insurance for long enough to be eligible for benefits.

## Pension System Reforms by Countries

1. *Increases in statutory retirement ages;*
2. *Increases in contribution rates for defined benefit schemes, taxes or social security contributions on pension income, as well as minimum contributory periods;*
3. *Elimination of incentives for early retirement; and*
4. *The introduction of automatic adjustment mechanisms such as by linking the age at which retirement benefits can begin to changes in life expectancy.*

Governments also have introduced reforms to strengthen private funded pensions and improve their complementary role in ensuring the adequacy of retirement income.

## Interview with Elderly Women

கொடிது கொடிது வறுமை கொடிது  
அதனினும் கொடிது இளமையில் வறுமை



### Status of Elderly in India



- **Demographic Time Bomb** - The govt. recently stated in Parliament that India will have **34 crore people above 60 years of age by 2050** that would be more than the total population of the US. (Economic Times - Aug 2018 )
- May have **nearly 20 percent population of 60 years and above by 2050.**
- The numbers are higher than projected by other international agencies like **UN and Help Age.**
- Union Minister Anupriya Patel said in lok sabha that the growth rate of **0-4 years was slowing but rising for the older people in the country.**



### Status of Elderly in India

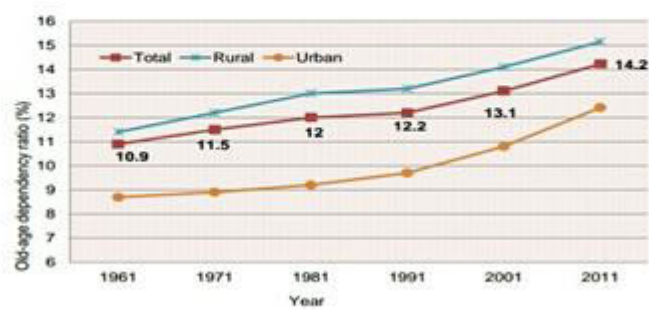
- A large no of population will be **dependents**.
- **Challenge** for India is to **provide jobs, education, health along with geriatric care**.
- India has only just 10 years to get into the developed country tag.
- **India's strength of demographic dividend could turn into India's disadvantage by 2030. - SBI warned**
- Population over the age of 60 could **increase from 8 per cent in 2015 to 19 per cent in 2050. (India Ageing Report 2017 by the United Nations Population Fund)**

### Status of Elderly in India

- According to **Population Census 2011**, there are nearly **104 million elderly persons in India**; 53 million females and 51 million males.
- It is interesting to note that up to Population Census 1991, the number of elderly males exceeded the number of females.
- In the last two decades, however, the trend has been reversed and the **elderly females outnumbered the elderly males**.
- This is also a **major concern for policy makers** as elderly women are more vulnerable on all fronts compared to elderly men.

## Dependency Ratio of Elderly in India

Fig 2.1: Old-age dependency ratio in India, 1961-2011



## Economic Dependency of Elderly in India

- In rural areas, the proportion of elderly males who are fully dependent on others is highest in Kerala (43%) and is lowest in Jammu & Kashmir (21%) whereas for females the figure is highest in Assam (81%) and lowest in Haryana (44%).
- In urban areas, elderly males being 38% in Bihar and lowest being 20% in Himachal Pradesh.
- But for females the situation is worse in urban areas with highest proportion of fully dependent elderly females being 83% in Jammu & Kashmir and lowest being 50% in Haryana.

Table 2.4. Per cent distribution of persons aged 60 years & above by state of economic independence

States	Place of residence	Male			Female		
		Not dependent on others	Partially dependent on others	Fully dependent on others	Not dependent on others	Partially dependent on others	Fully dependent on others
Andhra Pradesh	Rural	49	11	39	15	11	73
	Urban	57	10	33	25	9	65
Assam	Rural	44	24	28	8	5	81
	Urban	56	15	29	23	3	67
Bihar	Rural	58	16	25	17	12	70
	Urban	44	12	38	16	7	73
Gujarat	Rural	49	15	35	13	10	77
	Urban	53	11	36	12	9	78
Haryana	Rural	38	38	24	13	43	44
	Urban	49	20	31	17	29	50
Himachal Pradesh	Rural	58	18	22	18	15	64
	Urban	72	8	20	30	14	55

Jammu & Kashmir	Rural	65	12	21	11	13	76
	Urban	62	8	29	11	5	83
Karnataka	Rural	54	14	32	15	11	73
	Urban	55	10	35	14	7	79
Kerala	Rural	36	20	43	10	18	70
	Urban	47	18	35	19	16	64
Madhya Pradesh	Rural	58	11	30	15	12	70
	Urban	64	7	28	18	12	67
Maharashtra	Rural	49	17	34	18	13	68
	Urban	50	20	29	19	7	74
Odisha	Rural	45	21	32	8	12	77
	Urban	50	15	33	6	10	80
Punjab	Rural	46	17	36	10	19	71
	Urban	50	14	34	12	6	81



Rajasthan	Rural	47	15	38	10	13	78
	Urban	55	14	31	13	8	79
Tamil Nadu	Rural	49	16	36	19	17	64
	Urban	54	14	32	19	12	69
Uttar Pradesh	Rural	60	10	28	13	8	77
	Urban	60	10	29	14	8	77
West Bengal	Rural	46	18	33	6	8	82
	Urban	66	10	23	18	8	72
India	Rural	51	15	32	14	12	72
	Urban	56	13	30	17	9	72

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

## Economic problems of elderly

- **Loss of employment, Poverty, Inadequate housing, Income deficiency and Economic insecurity.**
- These problems arise when elderly are unable to sustain themselves economically.
- The **Indian Economy** is characterized by the existence of a vast majority of **informal or unorganized labour employment.**
- Majority of the **India's workforce include the self employed and employed in unorganized sector.**
- They lose their independence due to increase in competition from younger generation, lack of awareness about the rights and entitlements with changing times.

## Economic problems of elderly

- All these things play significant roles in lowering the ability of older persons to remain financially protective and create economic insecurity.
- **Older women, are likely to be poorer than older men as a result of the accumulated impact as of unpaid work at home and farm.**
- **Lower life time earnings, lower wages and lack of adequate pension or social security scheme** for those who work in unorganized sector..
- In **patriarchal social structure**, women have been traditionally dependent on family.
- Therefore, A look into the total income of the family would be beneficial to understand the **economic condition of women.**

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## Economic problems of elderly

- Particularly in rural areas, families suffer from economic crises, as their occupation does not produce income throughout the year.
  - Inadequate income is a major problem of elderly in India.
  - Economic problems like high dependency ratio economic insecurity, decrease in purchasing power, retirement or work loss, chronic poverty, widowhood (specially for aged women) etc.. are the important problems that influences the economic condition of the older persons in India.
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## Indian Initiatives

- Population ageing has profound social, economic and political implications for a country.
  - The increasing number of older persons put a strain on health care and social care systems in the country.
  - Old age comes with lot of ailment and diseases.
  - In case of large number of elderly persons in the population, the country needs more and more health and medical services, facilities and resources.
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## Indian Initiatives

- More and more number of hospitals, doctors, nurses are required.
  - Government spending on health care is increased with the increase of average age of population.
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## Indian Initiatives

- Social security spending of Government also increases with the increase of old age population.
  - Due to increased longevity of life, pension bills increase.
  - **On the other hand, lesser people of working age means lower number of working people leading to lower tax base and lower tax collection.**
  - Economy grows slowly as less money is available for spending on things that help economy grow.
  - A sizeable portion of money is spent on meeting requirement of old age population. Government, thus, has to face the double whammy.
  - On one side the resources are shrunk, on the other, expenditure is increased.
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## Indian Initiatives

- To face the challenges of ageing population, the country needs to be well prepared.
  - Appropriate social and economic policies need to be made to mitigate its ill effects.
  - THE MAINTENANCE AND WELFARE OF PARENTS AND SENIOR CITIZENS ACT, 2007
  - To ensure need based maintenance for parents and senior citizens and their welfare.
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## Indian Initiatives

The Act provides for:

- i. Maintenance of Parents/ senior citizens by children/ relatives made obligatory and justiciable through Tribunals
  - ii. Revocation of transfer of property by senior citizens in case of negligence by relatives
  - iii. Penal provision for abandonment of senior citizens
  - iv. Establishment of Old Age Homes for Indigent Senior Citizens
  - v. Protection of life and property of senior citizens
  - vi. Adequate medical facilities for Senior Citizens
-

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## Indian Initiatives

MINISTRY OF FINANCE

Health Insurance

Insurance Regulatory Development Authority (IRDA) vide letter dated 25.5.2009 issued instructions on health insurance for senior citizens to CEOs of all General Health Insurance Companies which, inter-alia, includes:

- Allowing entry into health insurance scheme till 65 years of age,
- Transparency in the premium charged
- Reasons to be recorded for denial of any proposals etc. on all health insurance

products catering to the needs of senior citizens.

Likewise the insurance companies cannot deny renewability without specific reasons.

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## Indian Initiatives

Tax Benefits

The Ministry provides the following facilities for senior citizens for the Assessment Year 2016-17:

- Income tax exemption for Senior Citizens of 60 years and above up to Rs. 3.0

lakh per annum.

- Income tax exemption for Senior Citizens of 80 years and above up to Rs. 5.0

lakh per annum.

- Deduction of Rs 30,000 under Section 80D is allowed to an individual who pays medical insurance premium for his/ her parent or parents, who is a senior citizen.

• An individual is eligible for a deduction of the amount spent or Rs 60,000, whichever is less for medical treatment of a dependent senior citizen suffering from specified diseases.

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## Indian Initiatives

**Indira Gandhi National Old Age Pension Scheme (IGNOAPS)**

A non-contributory old age pension scheme that covers Indians who are 60 years and above and live below the poverty line.

All individuals above the age of 60 who live below the poverty line are eligible to apply for IGNOAPS.

Tamilnadu - Rs.1000/-

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## Role of a Social Worker

"The primary focus of social Work is working with **individuals, families and groups within their social context**, through training, knowledge and skills which support a high standard of professionalism, the **social work task is to facilitate and enable clients to identify options and make decisions for themselves so that they may develop strategies to effect improvement in the quality of their live**. Social work also focuses on issues of **public policy, social administration and social justice** and the betterment of society as a whole."

- Code of Ethics, IASW, 1995

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## Role of a Social Worker

1. Carry out Social Assessments
  2. Advocating
  3. Providing Information
  4. Networking
  5. Assist older Adults
  6. Empower them
  7. Provide Counseling
- 

### What India can do?

- Planning for growing numbers and proportions of older persons is essential to ensure the sustainability of pension systems.
- In some countries, large majorities of older people are covered by existing pay-as-you go or unfunded pension programmes, but declining old-age support ratios imply that such programmes may struggle to maintain adequate income support into the future.
- In response, some countries are pursuing pension system reforms, such as increasing the statutory ages at retirement and encouraging private savings.
- In many developing countries, existing pension systems cover only a minority of older persons.
- Therefore, governments should prioritize enhancing system coverage and taking other measures to properly finance pensions for the ever-expanding population of retirees.
- Countries, where appropriate, should expand their pension systems to guarantee basic income security in old age for all, at the same time ensuring the sustainability and solvency of pension schemes.

What India can do?

Let us march towards bridging the intergenerational gap and create a better world for older adults to live.

## Familial Support



Thank You



Mr. S. Xavier Vivek Jerry,  
Asst. professor, MSSW

Mobile: +91 9626643846  
E-Mail: [xvj@mssw.in](mailto:xvj@mssw.in)



## Session IV

### Topic: Status of elders in India

**Resource Person: Mrs. P.K Vathani Head of the Department BSW, MSSW**

Mrs. P.K Vathani started the session by quoting “Respect your elders and the world will respect you”- Saeed Ahmed. She spoke about ageing and other terms used for ageing. She also spoke about the ageing dimensions. She gave a report according to 2011 Census –status of elders. She also spoke about the reasons and problems faced by them, changing family pattern- joint to



nuclear family, lack of social support , economics dependency, availability, accessibility and affordability of health care and social inequality are some of the problems which were discussed. For each and every problem she gave an explanation and solution how to overcome. Her session was an eye opener to know the status of elderly in India.

## STATUS OF ELDERS IN INDIA

BY

P.K.VATHANI,HOD-BSW DEPT,MSSW

30.9.2019(MONDAY)



## STATUS OF ELDERS

- **AGEING –  
GROWING OF OLD**
- **OTHER TERMS:  
ELDER, OLD, SENIOR  
CITIZEN**

## STATUS OF ELDERS





## STATUS OF ELDERS

- AGEING DIMENSIONS:
- PHYSIOLOGICAL/PHYSICAL –  
CHRONOLOGICAL/BIOLOGICAL
- PSYCHOLOGICAL – MENTAL ABILITY
- SOCIAL AGEING

### 2011 CENSUS-STATUS OF ELDER UN -REPORT

DISCRIPTION	MALE----- <small>SIMILION 53M</small> 51 MILLION	FEMALE
• POPULATION		53 MILLION
AT PRESENT-104 MILLION		
2026 PROJECTED-173 MILLION		
2050 PROJECTED -326 MILLION		
RURAL POPULATION- 71%		
URBAN POPULATION 29%		
LIFE EXPECTANCY - 2009-2013	65.8 %	69.3 %
DEPENDENCY RATIO (2011)	14.9 %	13.6 %
WORKING :RURAL	66%	28%
LITERACY	46%	11%
	59	28%

## STATUS OF ELDERS-REASONS

- CHANGING FAMILY PATTERN-JOINT TO NUCLEAR FAMILY
- LACK OF SOCIAL SUPPORT
- ECONOMIC DEPENDENCY
- AVILABILITY , ACCESSIBILITY AND AFFORDABILITYOF HEALTH CARE
- SOCIAL INEQUALITY



## STATUS OF ELDERS



# PROBLEMS- SOLUTIONS

- PROBLEMS
- FALLING SICK
- ISOLATION
- NEGLECT
- ABUSE
- FEAR
- BOREDOM(IDLENESS)
- LOWER SELFESTEEM
- LOSS OF RESPECT
- ECONOMIC INSECURITY
- LACK FOF PREPAREDNESS FOR OLDAGE
- SOLUTIONS
- MEDICAL CARE/CARE
- INCLUSION
- VALUE
- PROTECTION
- RE ASSURANCE
- USEFULLY OCCUPIED
- SELF ESTEEM
- RESPECT
- ECONOMIC SECURITY
- PREPAREDNESS FOR OLD AGE

## WHAT IS YOUR COMMITMENT TO CONTRIBUTE TO ELDERS ?

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## YOUR COMMITMENT

- **GIVE YOUR TIME AND RESPECT ELDERS**
- EMPOWERING OLDER PERSONS IN ALL DIMENSIONS OF DEVELOPMENT BY PROMOTING ACTIVE PARTICIPATION OF ELDERS IN SOCIAL ,ECONOMIC AND POLITICAL LIFE.

## THANK YOU



Respect your elders and the world will respect you.

• Saeed Ahmed



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## Session V

### Cultural Activity, Action Plan, Certificate distribution and Feedback.

The students of II and III year BSW presented mimes and street theater on the topics intergenerational bond, family responsibility, student's initiatives on elder care, government schemes and services. Other students from different colleges came up and showed casted their talents.



II BSW and III BSW students performing mime



II BSW and III BSW performing Street Theatre

**Action Plan:**

The students were asked to prepare an action plan to promote the well being of elders in the future. After that, the feedback session was concluded. At the end of the training, the students were distributed certificates. The two day program came to an end with a feedback session and distribution of certificates.

**Concluding Action Plan given by the student's**

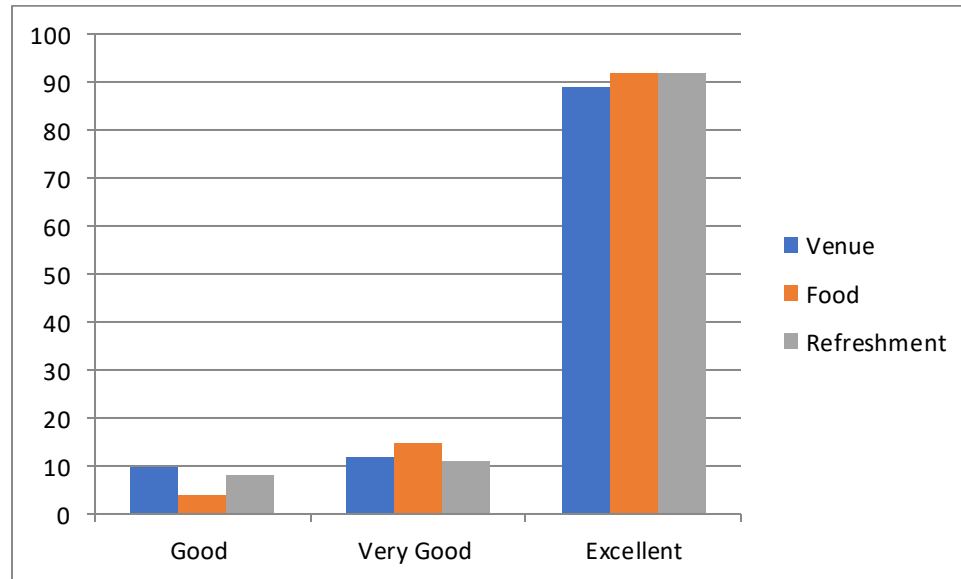
- To conduct workshop
- Visits to old age homes
- To conduct orientation on elder care to other students in the college.

**Action Plan given by different colleges:**

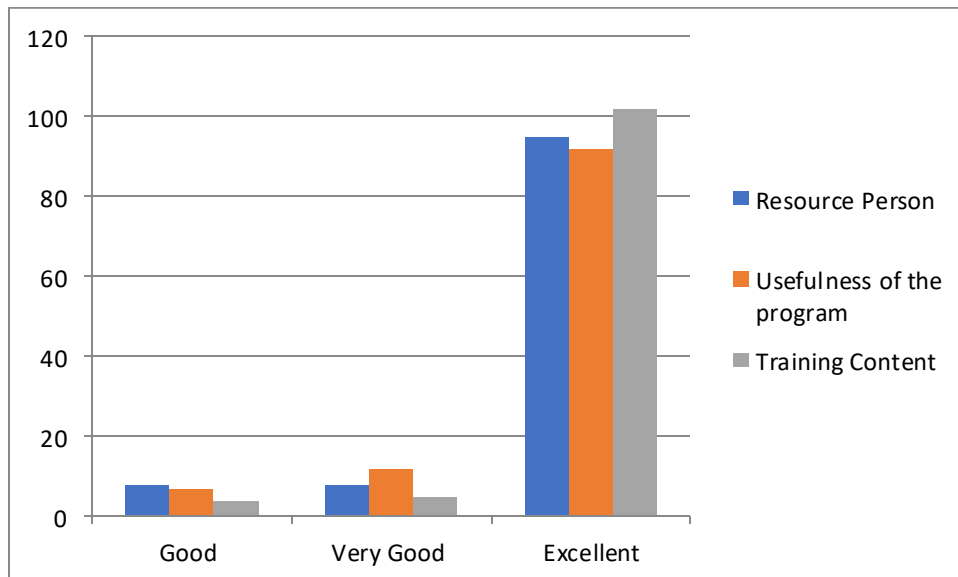
1. Chevaliar T Thomas College
  - To invite experts to talk on Elder Care
2. Queen Mary's College
  - To Conduct awareness programme in their college
3. Guru Nanak College
  - To conduct debate and seminar
  - Awareness programme on Elder care and Help line Numbers
  - To conduct street theatre, mime on elder care
4. Vels University
  - To conduct awareness programme
  - Department level discussions will be held to carry out programme.
5. ThiruthangalNadar College
  - To give awareness programme
  - To conduct street theatre and mime
6. Marg gregarious College
  - To invite resource persons to handle the sessions on elder care.

## FEED BACK ANALYSIS

### 1. Logistic Arrangement



### 2. Training





U.G. DEPARTMENT OF SOCIAL WORK (BSW)  
MADRAS SCHOOL OF SOCIAL WORK  
32, Casa Major Road, Egmore, Chennai-600 008

Cordially invites you for

**Two Day  
TRAINING ON ELDER CARE FOR COLLEGE  
STUDENTS**

In Commemoration with  
**INTERNATIONAL DAY OF OLDER PERSONS 2019**  
Theme: The Journey to Age Equality

**Chief Guest**  
**Tmt.S. Madhumathi, IAS.,**  
Secretary to Government,  
Tamil Nadu Social Welfare &  
Nutritious Meal Programme Department,  
Government of Tamil Nadu

**Presidential Address**  
**Dr.S. Raja Samuel**  
Principal cum Secretary  
Madras School of Social Work

**Special Address**  
**Dr.A.M. Swaminathan, I.A.S.,(Retd.),**  
Former Hon. President, MSSW

**Felicitation**  
**Dr. R.Subhashini, Dean(SF), MSSW**  
**Mr.G. Perumalsamy, Joint Secretary,**  
Tamil Nadu Social Welfare Board

**Date:** 30/09/2019 (Monday) and 01/10/2019 (Tuesday)  
**Time:** 9:00am to 5:00pm  
**Venue:** TAG – Auditorium, MSSW

**INAUGURAL CEREMONY**

**30.9.2019 (Monday)**  
**10:00 am - 11:00am**

INVOCATION	
WELCOME ADDRESS	Mr. T. Rufus Singh, Asst. Professor, MSSW
PURPOSE OF THE TRAINING	Mrs.P.K. Vathani, Head of the Department BSW, MSSW
LIGHTING THE LAMP	
PRESIDENTIAL ADDRESS	Dr.S. Raja Samuel, Principal cum Secretary, MSSW
INTRODUCING THE SPECIAL GUEST	Mr.S. Xavier Vivek Jerry, Asst. Professor, MSSW
SPECIAL ADDRESS	Dr.A.M. Swaminathan, I.A.S., (Retd.), Former Hon. President, MSSW
FELICITATION	Dr.R. Subhashini, Dean (SF), MSSW Mr.G. Perumalsamy, Joint Secretary, Tamil Nadu Social Welfare Board
INTRODUCING THE CHIEF GUEST	Mrs.S. Sudarmathy, Asst. Professor, MSSW
CHIEF GUEST ADDRESS	Tmt.S. Madhumathi, I.A.S., Secretary to Government, Tamil Nadu Social Welfare & Nutritious Meal Programme Department
VOTE OF THANKS	Dr.A. Thirumagal Rajam, Asst. Professor, MSSW

**PROGRAMME SCHEDULE**

**DAY 1**

**30.9.2019(MONDAY)**

Sn	Time	Session & Topic	Resource Persons
1.	9:00am to 10:00am	Registration & Tea	
2.	10:00am - 11:00am	Inauguration	
4.	11:00am - 12:00pm	Session – I Topic: Status of Elders in India	Mrs.P.K. Vathani, Head of the Department BSW, MSSW
5.	12:00pm - 1:00pm	Session – II Topic: Community Based Supports and Services	Mr. Edwin Babu, Joint Director -Programmes HelpAge India, Chennai.
6.	1:00pm - 2:00pm	Lunch	
7.	2:00pm - 3:00pm	Session – III Topic: Government Initiatives, Policies on Elder Well Being	Mr.A. Purushothaman, Founder, Kalaiselvi Karunalaya Social Welfare Society, Chennai
8.	3:00pm - 4:00pm	Session – IV Topic: Physical Changes in Elders	Dr.A. Thirumagal Rajam, Asst. Professor, MSSW
9.	4:00pm - 5:00pm	Session – V Topic: Social Changes in Elders	Mr.T. Rufus Singh, Asst. Professor, MSSW
10.	5:00pm - 5:30pm	Tea	

**DAY – II**  
**1.10.2019 (Tuesday)**

Sn	Time	Session & Topic	Resource Persons
1.	09:00am - 10:00am	Session – I Topic: Legal Positions of Senior Citizens and Elders in India	Mrs.Adhilakshmi Logamurthy, Advocate, Legal Consultant, Arbitrator, Trainer, Secretary, Women Lawyer's Association, High Court Madras
2.	10:00am - 11:00am	Session – II Topic: Psychological Changes in Elders	Mrs.S. Sudarmathy, Asst. Professor, MSSW
3.	11:00am - 11:30am	Tea Break	
4.	11:30am - 12:30pm	Session – III Topic: Economic Changes in Elders	Mr.S. Xavier Vivek Jerry, Asst.Professor, MSSW
5.	12:30pm - 1:30pm	Session – IV Topic: Elder Well-being: MIME and Street Theatre by BSW Students- Intergenerational Bond, Family Responsibility, Students initiatives on elder care, Government schemes/ Services	
6.	1:30pm - 2:30pm	Lunch	
7.	2:30pm - 3:30pm	Session – V Topic: Team Formation & Plan of Action	
8.	3:30pm - 4:30pm	Session – VI Topic: Group Presentation - PLAN OF ACTION by Participants	
9.	4:30pm - 5:00pm	Valedictory Function/Certificate Distribution	
10.	5:00pm	Tea	

**ORGANIZERS**

Mrs.P.K. Vathani, HOD [CONVENOR]  
Dr.A. Thirumagal Rajam, Asst. Professor  
Mr.T. Rufus Singh, Asst. Professor  
Mrs.S. Sudarmathy, Asst. Professor  
Mr.S.Xavier Vivek Jerry, Asst. Professor