



Perspectives on elder abuse in India: An overview

¹ Amita Sharma, ² Dr. Neeraj Singh

¹ Research Scholar, Sociology, NIILM University Kaithal, Haryana, India

² Assistant Professor, Sociology, NIILM University Kaithal, Haryana, India

Abstract

The paper outlines the status of research on ageing in India and provides a situational analysis of elderly in terms of economic, social, psychological and health aspects, and elder abuse. The paper also develops issues upon which models of care for the elderly can be framed and argues that factors such as place of residence, social class and gender among others tend to influence such models of care. The paper draws from population censuses, various rounds of the NSSO and several published and unpublished articles, papers and project reports. The review shows that not all aspects of ageing have been uniformly researched and many of them are micro-level localized studies based on small samples.

The paper suggests that the institution of the family needs to be protected and strengthened through professional welfare services, including financial support to low income families, and counseling services both to the elderly and to family members. The review of psychological issues shows that there were many studies conducted abroad and a dearth of studies in India particularly on determinants of happiness in old age. There is a gap in our understanding of the modes of frustration, degree of social adjustment and the need patterns of different elderly age and social groups, old age ailments, physical infirmities and mental health. The paper suggest models of care and well-being of five groups of elderly to better target services to their differing needs. These are: (a) rural elderly, (b) urban poor elderly, (c) urban middle income well-to-do elderly, (d) female elderly and (e) elderly living alone. More studies are needed which use a multidisciplinary approach and do not view the elderly as passive receivers of care but as significant contributors to the family, society and country.

Keywords: elder abuse, psychological, problems, social security, abuse

Introduction

Population ageing is a worldwide phenomenon. Even though ageing is a serious concern in developed nations, the implications of ageing are also visible in many developing countries. By the year 2025, nearly 75 percent of world's elderly population is likely to be found in developing countries including India. Ageing is occurring at different pace in different parts of India. Among the Indian states, Kerala has the highest proportion of aged population (10.5 percent) in 2001. 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 in the race to make both ends meet. The elderly expect more time and too much support from the younger family members but most often this does not happen. As a result there will be friction within the family which often results in abuse and neglect of elderly.

Background

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 ^[1]. 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. Even where they are co-residing, marginalization, isolation and insecurity is felt among the older persons due to the generation gap and change in lifestyles. Increase in lifespan also results in chronic functional disabilities creating a need for assistance required by the older person to manage simple chores as the activities of daily living, which too increases on the family. Help Age India is continuously working on issues related to elderly population. Elder Abuse is one of the focus areas. For the past few years Elder Abuse surveys have been conducted to understand the nature, extent and depth of abuse.

Study Objectives

- To study analysis the Specific Problems faced by the elderly.
- To identify the types of abuse prevalent towards the elderly.

Definition

Elder abuse is 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 or violates their human and civil rights".

Types of elder abuse

Elder abuse can occur in many forms and may be the result of deliberate intent, negligence or ignorance. A person may experience more than one form of abuse at a time. Types of elder mistreatment include:

Physical Abuse

Physical abuse has been defined as the non-accidental infliction of physical force that results in a bodily injury, pain or impairment. Physical abuse may include hitting, slapping, pushing, kicking, misuse of medication and inappropriate restraint.

Psychological Abuse

Psychological or emotional abuse may include the persistent use of threats, humiliation, bullying, intimidation, isolation, swearing and other verbal conduct that results in mental or physical distress.

Financial Abuse

Financial or material abuse has been defined as the unauthorized and improper use of funds, property or any resources of an older person. This may include theft, coercion, fraud, misuse of power of attorney, and also not contributing to household costs where this was previously agreed.

Sexual Abuse

Sexual abuse refers to any sexual acts to which an older person has not or could not consent, including talking to or touching in a sexual way.

Neglect

Neglect refers to the repeated deprivation of assistance needed by an older person for important activities of daily living. This may include ignoring or refusing to help with physical care needs, failing to provide access to appropriate health services, or withholding necessities such as adequate nutrition and heating.

Discriminatory Abuse

Discriminatory abuse may include racism, ageism, discrimination based on disability, other forms of harassment, slur or similar treatment.

Institutional Abuse

Institutional abuse may occur within residential care and acute settings including nursing homes, acute hospitals and any other in-patient settings, and may involve poor standards of care, rigid routines and inadequate responses to complex needs.

How big is the problem?

International studies estimate the prevalence of abuse in the community at between 1% to 5% of the population aged 65 years and older. A recent report by the NCPOP, Abuse and Neglect of Older People in Ireland (2010), provided the first national prevalence statistics on the extent of elder abuse and neglect amongst community-dwelling older people.

The overall prevalence of elder abuse and neglect in the previous 12 months was 2.2%. This suggests that over 10,000

people over the age of 65 years experienced mistreatment in the past year.

Financial abuse was the most common type reported at 1.3%, followed by psychological abuse (1.2%), physical abuse (0.5%), neglect (0.3%) and sexual abuse (0.05%) Approximately 4% of older people living in the community have experienced some form of abuse since turning 65 years of age.

The HSE dedicated elder abuse service, established in 2007, receives over 1,800 referrals for alleged cases of elder abuse each year. In 2009 psychological abuse was the most frequently reported form of abuse at 28%, followed by self-neglect (21%), financial abuse (18%), neglect (17%) and physical abuse (12%), sexual abuse (1%) and other/discrimination (3%).

Ten percent of referrals recorded in the HSE database relate to individuals living in nursing homes or continuing care environments. It is not possible to estimate the prevalence of elder abuse in residential care settings as no research has yet been carried out in Ireland to establish the extent of institutional elder abuse.

Problems Faced By the Elderly because of Certain Factors Specific Problems faced by the elderly

Economic:- 1. Income deficiency and economic insecurity 2. Loss of employment

Physical and Physiological Failing Health Psycho-Social and:- 1. Nutritional deficiencies 2. Housing Problem

Feeling of neglect and loss of importance in the family:- 1. Environment 2. Loneliness and feeling of unwanted 3. Feeling of inadequacy of skills education and expertise.

Social Problem

While our society provides a high level of medical and social care, the problems of the elderly are being aggravated by certain social and cultural trends, smaller and more mobile families are leading to the breakup of the extended family unit and this disintegration is further encouraged by the instability of marriage and the practice of both husband and wife going out to work. The result is that we are moving towards a society in which all the young and able-bodied persons are fully occupied with their own lives and older people are left without changing social structure, preponderance of values of younger generation towards the old and compulsory retirement of the old from economic activities contribute a great deal in emergence of old age as a social problems in our country. Old age has become problem for those individuals who have not prepared themselves for what best may be called as 'later maturity' [2].

Ambedkar has traced the causes of old age and eagerness of the young to embrace the modern values. Also there has been lack of cordial and free communication between the two generational groups [3]. To these, the perception of young may be added about old as conservative indulging aggressive and intolerance [4]. The predominance of negative attitudes and beliefs about ageing and the aged particularly among families with old members has been validated [5]. The is satisfaction of the younger generation towards its corresponding senior generation tends to reduce as level of education [6].

In this exercise one of the pertinent observations regarding the

social psychological problems of the aged is in terms of the difference between the male and female members. Being a male dominated society, normally men are given a high profile in all the important areas of the social living. Consequently they tend to develop higher esteem and confidence. Also, they have more access and control over the management of resources thereby placed in a better economic situation. Such economic and social marginalization of the women has a direct impact on their social and psychological adjustment with their changing status in life as a result of this, the male hold higher esteem for the aged wisdom and is more active socially. They continue to be independent and rely less on others. On the other hand, the women tend to restrict her social activities and become more and more dependent as they grow older. Their dependency is evident in joining residence with their children ^[7].

Problem causing personal unhappiness (after problem) problem of old age are varied and may interlinked with physical, social, economic, psychological and so on. Some problems may cause personal unhappiness. For example, daughter's marriage, An employment, chronic illness in the family, etc. may be considered to be unavailable problems before the head of the family. Weed less to say, in a joint family assets and liabilities are equally shared by earning members in the family. But in a nuclear family the old father even after retirement has to fulfil the primary and secondary needs of the family members. The result is that Personal unhappiness, tension anxiety and so on ^[8].

Health Problem

Old age can not be identified with ill health or disability, but advancing age of course brings increased health problems. Only during the past twenty years or so biologists have made a systematic attempt to distinguish the physical effects of ageing from traits associated with disease precisely to what extent the body inevitably wears out with advancing age is a debated issue. The effects of social and economic losses are also difficult to disentangle from the effect of physical deterioration. Loss of relatives and friends, separations from children who live elsewhere and loss of employment may all take physical toll. The ageing of the body is affected by social influences, but of course. It is also governed by genetic factors. Biologists generally accept that the human being has a maximum lifespan governed by its genes this is thought be about 120 years. Like all animals the human body is genetically programmed to die ^[9].

If genetics found a way to control ageing and death, it would be one of the most profoundly important aspects of the socialization of nature. Scientists have already shown that ageing cells in animals can be manipulated to make them act like young cells. Ronald Klatz, Chairman of the American Academy of Anti-Ageing Medicine has commented. We shall see much longer life spans, perhaps within our lifetimes. Ageing need to develop. We need to start preparing for an ageless society. Ageing is a disease which can be treated ^[10].

Though health issues are an important concern for older people, not all old people are sick and disabled. Older people are a heterogeneous lot in terms of health vitality and proneness to illness. Yet here is a general perception of old as infirm and sick. In general, the young are supposed to be

vigorous health and free from disability. Complaints of aches, pains are after considered part of ageing even signs of ageing ^[11]. Difference between older and younger patients with Coronary heart disease in health protective and health damaging behaviour. Further post-operative health behaviour was found to be a function of illness representations ^[12]. According to the world health organization (WHO), health is defined as a state of complete physical, mental and social well-being and not merely the absence of diseases or infirmity ^[13].

Physical changes do occur with ageing and the changes are usually in the direction of deterioration. But old age is not synonym of sickness or illness ^[14]. Physical well-being and health in old age also depend considerably on the life-long habits and ways of living of the people. Proper medical check-ups, work habits and nutrition in the early years of life can help individuals to keep themselves relatively fit and free from the seriousness of many diseases in the last days of life ^[15]. It was observed that in spite of suffering from such ailment the respondents very rarely seek medical aid unless the case becomes very severe. As their nature of work depended on their physical well-being a faster recovery was preferred through the means of allopathy. Moreover, such preferred mode of treatment being normally expensive poses financial problems. For which reasons they fail to seek medical help at the right time, which subsequently compound their problems ^[16].

In the economic sphere also the female aged are found to be at disadvantage because of the societal setup. In older days, the concept that the female were weaker section of the community inhibits them to venture for education and non-traditional conformist activities while the male have a wider choice, as chief bread-earner to shoulder his responsibility depending on the opportunities and resources available to him. It was observed that through most of the aged considered themselves economically secure, in reality their security is based not on their personal abilities, but more on the parental bond of the children ^[17].

Economic Problem

The majority of the elderly people have financial problem. Even those who are the recipients of retirement benefits after superannuation and increase in the cost of living as a result of unabated inflation and particularly, when they yet to discharge their responsibilities of arranging the marriages of their children. In the case of the other aged people the situation is still worse to give employment to the elderly people. The state governments have been rather keen to reduce the retirement from 58 years to 55 years to provide employment to the young. Moreover accepting these living in rural areas the aged people have no control over family as was the case in the past. In the absence of their own regular source of income they have to depend on their own sons and daughters who find it difficult to meet their demands, because of the difficult situation created by the price rise and the fast changing life style ^[18]. Ageing people undergo social insecurity arising out of retirement and services. Mandatory retirement at prescribed age is interpreted as deprivation and denial of one's right to work till one's capacity, requirement and will. Retirement affects men more severally than woman. The problems

encountered by this category of individuals are reduced income failing health, socio-psychological problems of adjustment and difficult in passing time ^[19].

In Societies, where usefulness is measured by the economic yardstick, the aged are considered useless, when their financial contribution become marginal as nil. So their social status degrades, along with their economic position ^[20] As Keith says the differential vulnerability is common, especially with reference to chronic financial problem ^[21]. As the Indian society is a male dominated one, the women's position depends on the status of her husband. With the meager income of the husband, she has to maintain the household. In cases where the aged are dependent upon their children or other close kin, they have to share their financial crisis with them ^[22].

Psychological Problem

The psychological problems identified are attributed to loneliness isolation decline in authority and lack of satisfying roles. It is felt that poverty, ill health and loneliness are the major problems of aged is depression a negative emotion frequently characterized by sadness, feeling of helplessness are likely to have an abrupt onset of symptoms, a history of psychiatric problems, decreased motivation and a tendency to complain about their memory problems ^[23]. They are mainly concerned with neglect and poor upkeep and give rise to emotional and psychological problems depending on others especially during sickness aggravates the situation leading to great emotional disturbances loneliness is must burdensome for the aged and especially for those who have nobody to live with ^[25].

Accommodation Problem

There is paucity of housing in our country and the problem is becoming all the more acute with the rise in our population at an alarming rate and the construction activity being not commensurate with the needs of our teeming millions. Housing problems for the aged living in the rural areas, where they stay with their children, but in the towns and cities, the elderly experience the pinch of absence of housing facility as their grown up children find their present accommodation too small to accommodate their parents with them after they get married and also because they like to set-up separate homes of their own to 'gain' independence from encroachment by their elders ^[26]. On the basis of above mentioned problems it can be said that elderly are faced different kinds of many problems. When the problems are not resolved, elder abuse is the outcome of the concerned issue. These problems lead to the elder abuse, because when needs of elderly will not be fulfilled, they will claim it from children. On the other side children will ignore them or mistreat them in order to avoid the needs claimed by their parents.

Conclusions

Conclusively, yes of course special arrangements are there for old age persons but still orderly people are not happy due to our, social approach towards them and our mindset is required to be changed. There should be social security network for old age person and ensuring assistance to old age should be priorities. A package of services must be assured to elderly for

better quality of life. It is constitutional duty to provide extra protection to senior citizens. Moreover, the recent law passed by the parliament also needs revision to make it effective. Political will to protect old age people is of utmost importance. Civil society should also be sensitive toward senior citizens. State support is needed to ensure financial and food security, healthcare, shelter, as well as protection of life and property in order to improve the quality of the lives of senior citizens.

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