

A STUDY ON CHALLENGES OF THE ELDERLY IN INDIA

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Abstract: Aging is a natural part of human life. It is universal, multidimensional, irreversible, and inevitable. It brings a change in the body, mind and social status. It creates a pattern of changes not only in the structure and functioning of the body but also in the adjustment of a person to his surroundings. Generally ageing is characterized by a range of change, occurring in the life of individual like graying of hair, use of bifocals, fading and wrinkling of skin, stooping of gait, curtailment of independence in functioning, decline in productive activities and superannuation. Aging becomes the toilsome treadmill grinding to a tragic halt as life passes by. Changes which happen in the life span of these aged don't depend only on the physical and mental capacities but also on social and cultural capacities. Unfavorable and negative attitudes towards these changes create not only a hurdle in better adjustment during old age but also bring psychological ageing more rapidly. Many psychological socio and economic problems have been encountered in the aged like loss of memory, lack of confidence in one's own ability and adjustment, feeling of being redundant, unwanted and useless, neglected and humiliated, isolated and lonely, reduced interest, insecurity about life, constant feeling of tension, worry and anxiety.

Key Words: Elderly, Old Age, Psycho Socio and Economic Challenges.

Introduction

Ageing in India is exponentially increasing due to the impressive gains that society has made in terms of increased life expectancy. With the rise in elderly population, the demand for holistic care tends to grow. By 2025, the geriatric population is expected to be 840 million in the developing countries. It is projected that the proportion of Indians aged 60 and older will rise from 7.5% in 2010 to 11.1% in 2025. In 2010, India had more than 91.6 million elderly and the number of elderly in India is projected to reach 158.7 million in 2025. An aging population puts an increased burden on the resources of a country and has raised concerns at many levels for the government in India. The aging population is both medical and sociological problem. The elderly population suffers high rates of morbidity and mortality due to infectious diseases. The demographic transition in India shows unevenness and complexities within different states. This has been attributed to the different levels of socio-economic development, cultural norms, and political contexts. Hence it will be a herculean task for policy makers to address the geriatric care that will take into account all these determinants. Care for the elderly is fast emerging as a critical element of both the public and private concern.

The elderly tend to be cared for in a variety of settings: home, nursing home, day-care centre, geriatric out-patient department, medical units or intensive care unit depending on the nature of the clinical problem. Care of elderly necessitates addressing several social issues. The needs and problems of the elderly vary significantly according to their age, socio-economic status, health, living status and other such background characteristics. Their social rights are neglected and they are profusely abused which goes unreported.

Lack of Infrastructure

With increasing longevity and debilitating chronic diseases, many elder citizens will need better access to physical infrastructure in the coming years. Lack of physical infrastructure is a major deterrent to providing comfort to the aged. Many elder citizens need better access to physical infrastructure, both in their own homes and in public spaces. Unattended chronic disease, unaffordable medicines and treatment and malnutrition are part of old age life in India as there is no system of affordable health care. Emphasis on geriatrics in the public health system is limited with few dedicated geriatric services. The other issues of the public health system are lack of infrastructure, limited manpower, poor quality of care and overcrowding of facilities due to insufficient focus on elderly care [4].

Changing Family Structure

The traditional Indian society with an age-old joint family system has been instrumental in safeguarding the social and economic security of the elderly people. The traditional norms and values of Indian society also laid stress on showing respect and providing care for the elderly. However with the emerging prevalence of nuclear family set-ups in recent years, the elderly are likely to be exposed to emotional, physical and financial insecurity in the years to come. There is an upward trend in the living arrangement pattern of elderly staying alone or with spouse only from 9.0% in 1992 to 18.7% in 2006]. Family care of the elderly seems likely to decrease in the future with the economic development of the nation and modernization.

Lack of Social Support

The elderly in India are much more vulnerable because of the less government spending on social security system. The elderly in urban area rely primarily on hired domestic help to meet their basic needs in an increasingly-chaotic and crowded city. Social isolation

and loneliness has increased [6]. Insurance cover that is elderly sensitive is virtually non-existent in India. In addition, the preexisting illnesses are usually not covered making insurance policies unviable for the elders. Pension and social security is also restricted to those who have worked in the public sector or the organized sector of industry. In a study by Lena et al., almost half of the respondents felt neglected and sad and felt that people had an indifferent attitude towards the elderly. It was also found that 47% felt unhappy in life and 36.2% felt they were a burden to the family.

Social Inequality

Elderly are a heterogeneous section with an urban and rural divide. They are less vulnerable in rural areas as compared to their urban counterparts, due to the still holding values of the joint family system. All the elderly are not seen in the same view as the needs and problems of elderly are rejected to a vast extent as government classifies these people based on caste and other socio cultural dimensions. In a case study, it was found that a major proportion of the elderly women were poorer; received the lowest income per person; had the greatest percentage of primary level education; recorded the highest negative affective psychological conditions; were the least likely to have health insurance coverage and they recorded the lowest consumption expenditure.

Availability, Accessibility and Affordability of Health Care

Due to the ever increasing trend of nuclear families, elder care management is getting more difficult, especially for working adult, children who find themselves responsible for their parents' well-being. Managing home care for the elderly is a massive challenge as multiple service providers – nursing agencies, physiotherapists and medical suppliers – are small, unorganized players who extend sub-optimal care. In India, health insurance coverage is essentially limited to hospitalization. The concept of geriatric care has remained a neglected area of medicine in the country. Despite an aging population, geriatric care is relatively new in many developing countries like India with many practicing physicians having little knowledge of the clinical and functional implications of aging. Not many institutes offer the geriatrics course, and even takers are few. Most of the government facilities such as day care centres, old age residential homes, counselling and recreational facilities are urban based. The geriatric outpatient department services are mostly available at tertiary care hospitals]. Reaching to 75% of the elderly that reside in rural areas with geriatric care will be challenging. Dhar has pointed out the relative neglect in provision of facilities for patient care as well as training and development in geriatrics in the Indian context. As pointed by Dey et al. [14], the key challenges to access and affordability for elderly population include reduced mobility, social and structural barriers, wage loss, familial dependencies, and declining social engagement. The stigma of aging is another social barrier to access of health in addition to the health and social conditions the elderly commonly face such as dementia, depression, incontinence and widowhood.

Economic Dependency

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

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

Elder Abuse

A review of the few studies that focused on elder abuse indicates that the most likely victim of elder abuse is a female of very advanced age, role-less, functionally impaired, lonely and living at home with someone primarily their adult child, spouse or other relatives. Studies in India indicate (Rao 1995, Siva Raju, 2002) that more women than men complain of maltreatment in terms of both physical and verbal abuse. The prevalent patterns of elder abuse include mainly psychological abuse in terms of verbal assaults, threats and fear of isolation, physical violence and financial exploitation. The health profile of the elderly victims indicates that a person suffering from physical or mental impairment and dependent on the caretakers for most of his or her daily needs is likely to be the victim of elder abuse. Though a large section of victims of elder abuse are less educated and have no income of their own, old people with high educational background and sufficient income are also found to be subjected to abuse.



Regarding the profile of abuser, son and daughter-in-law together, daughter-in-law and spouse, were mentioned by the elderly respondents (Vijay Kumar, 1991; Rao, 1995). Spouses were also found to be the most likely abusers. Besides dependent position of the older person being a risk factor, other factors, such as perceived powerlessness, social isolation, drug or alcoholic addiction and anti-social behaviour of the abusers have also been found to be related to elder abuse. Certain major and frequently cited explanations about elder abuse are: cycle of abuse or inter-generational transmission of violence, dependence because of impairments, intra-individual dynamics, stress, negative attitudes towards the elderly and social isolation. It is likely that abuse may occur due to the interplay of several of these factors.

Incidences of crime against the elderly have been increasing over the years. These crimes range from hurt, robbery, murder and even sexual assault. A recent study (Patel, 2010) based on content analysis of reports published in two leading newspapers between 2004-2008 shows that most of the crimes against the elderly remain unreported. Female victims outnumber male victims and more crimes against the elderly were reported from urban areas as compared to rural areas (78 per cent and 22 per cent respectively). Surprisingly, 60 per cent of the crimes were committed indoors and most of them during the day. It was also found that 25 per cent perpetrators were their own family members.

Conclusion

After the study of psychosocial problems of the aged, we can conclude that the development of institutions is necessary that provide quality service in terms of treatment and prevention of psychosocial conditions among the elderly and the addition of medical health practitioners into already-existing mental health institutions. If the results had not shown that a majority of the elderly residents in Community do not have psychosocial disorders or symptoms of psychosocial disorders, the data created would provide a basis for other research projects out in the field. More accurate diagnosis of mental illness in elderly patients will lead to more effective treatment and management. Besides, there is a need for social work's intervention in this study. A social worker plays an important role in dealing with psychosocial problems among the aged. The social worker will attempt to come to some conclusions about the client's psychosocial situation, including their emotional health, their level of self-esteem and their level of stress and cognitive ability and pre-existing level of learning ability. Certain strategies and approaches at different levels of policy making, planning and programming etc. will have to be adopted in order to harness this vast human resource for promoting the involvement and participation of senior citizens in socio-economic development process on a much larger scale. It is therefore expected that the information obtained in this study will be useful to the people, organizations as well as government departments involved in mental and psychosocial welfare of the aged for strategic planning and control in order to take care of the problems under scrutiny based on the recommendations outlined at the end of this study.

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