

# GERONTOLOGICAL SOCIAL WORK

## Master of Social Work (M.S.W.)

### Semester – IV, Paper-III

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# **Master of Social Work (M.S.W.) –Gerontological Social Work**

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## **FOREWORD**

*Since its establishment in 1976, Acharya Nagarjuna University has been forging a head in the path of progress and dynamism, offering a variety of courses and research contributions. I am extremely happy that by gaining 'A' grade from the NAAC in the year 2016, Acharya Nagarjuna University is offering educational opportunities at the UG, PG levels apart from research degrees to students from over 443 affiliated colleges spread over the two districts of Guntur and Prakasam.*

*The University has also started the Centre for Distance Education in 2003-04 with the aim of taking higher education to the door step of all the sectors of the society. The centre will be a great help to those who cannot join in colleges, those who cannot afford the exorbitant fees as regular students, and even to housewives desirous of pursuing higher studies. Acharya Nagarjuna University has started offering B.A., and B.Com courses at the Degree level and M.A., M.Com., M.Sc., M.B.A., and L.L.M., courses at the PG level from the academic year 2003-2004 onwards.*

*To facilitate easier understanding by students studying through the distance mode, these self-instruction materials have been prepared by eminent and experienced teachers. The lessons have been drafted with great care and expertise in the stipulated time by these teachers. Constructive ideas and scholarly suggestions are welcome from students and teachers involved respectively. Such ideas will be incorporated for the greater efficacy of this distance mode of education. For clarification of doubts and feedback, weekly classes and contact classes will be arranged at the UG and PG levels respectively.*

*It is my aim that students getting higher education through the Centre for Distance Education should improve their qualification, have better employment opportunities and in turn be part of country's progress. It is my fond desire that in the years to come, the Centre for Distance Education will go from strength to strength in the form of new courses and by catering to larger number of people. My congratulations to all the Directors, Academic Coordinators, Editors and Lesson-writers of the Centre who have helped in these endeavors.*

*Prof. Raja Sekhar Patteti*

*Vice-Chancellor*

*Acharya Nagarjuna University*

## **Master of Social Work (M.S.W.)**

### **Semester – IV, Paper-III**

#### **403SW21: GERONTOLOGICAL SOCIAL WORK**

##### **SYLLABUS**

**Course Objectives:** The main objective of this paper is to acquire knowledge on the concepts of Geriatrics and gerontology, theoretical Perspective on Ageing, Problems of elderly, policies and services for the elderly in India.

**Course Outcome:** To enlighten the students on the concepts of geriatric and gerontology, Problems of elderly, national policy for older persons and services for the elderly.

##### **UNIT-1**

Elderly — Definition of the Aged, Concepts of Geriatrics and Gerontology — The Demographic Profile of Elderly — Age ng trends of increasing Ageing Population in India.

##### **UNIT-2**

Theoretical Perspectives on Ageing —Engagement Theory, Disengagement Theory, Activity Theory, Modernization Theory, Labeling Theory—Importance of Gerontological Social Work.

##### **UNIT-3**

Problems of the Elderly — Social, Economic, Health, Psychological, Familial — Neglect and Abuse of the Elderly—Status of the Aged in Traditional and Modern Society.

##### **UNIT-4**

Aged Related Policies and Laws for Education — Employment, Retirement, Social Security and Pension—NationalPolicyforOlderPersons1999.

##### **UNIT —5**

Services for the Elderly — Constitutional and Legislative Provisions for the Welfare of the Elderly, Institutional and Non- Institutional services for the Elderly — Role of Governmental and Non-Governmental Organizations for the Welfare of the Aged.

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# LESSON 1

## GERONTOLOGY – DEFINITION OF THE AGED

### OBJECTIVES

The Objective of this lesson is to explain the meaning of Gerontology and definition of Old Age and Aged.

### STRUCTURE

- 1.1 Introduction
- 1.2 Understanding Gerontology
- 1.3 An Over View on Gerontology
- 1.4 Definitional Problems - Aged
- 1.5 Definition of Old Age
- 1.6 Cultural Markers
- 1.7 Summary
- 1.8 Key Words
- 1.9 Self-Assessment Questions
- 1.10 Reference Books

### 1.1 INTRODUCTION

‘Gerontology’, the study of ageing process, incorporates the social, psychological and biological variations with advancing age. It is a multi-disciplinary field and it examines the impact of ageing on both the individual and the society. Gerontology observes the physical and mental health and its effect on the elderly. The sociological aspects of ageing, such as social networking, retirement, loneliness, etc., and their impact on the elderly population are closely examined by gerontologists. Gerontology studies how different cultures respond and deal with their ageing populations. It is committed towards demystifying the myths and taboos associated with the ageing. The importance of psychosocial factors of ageing does not ignore the existence of illness decline or impairment linked to biological ageing. With the contemporary unprecedented changes, including global transformation, urbanization and changing social structure, issues in gerontology have started gaining significant attention.

Therefore, the concept of gerontology needs to be understood from multiple perspectives.

Ageing is an unequivocally universal and irreversible process. This process varies considerably within and between cultures. Getting old is the result of the interplay of biological, social psychological and ecological factors. Old age is the last phase of the human life cycle, and the timing of this phase, its impact on role relationship and the meaning attached to it vary in different societies and even in different sub-groups of a society. In the process of aging the last phase is considered as decline and death; and in this phase majority of the aged face economic, social, psychological and health problems which of course, vary from individual to individual. Further, the determination of old age differs from society to society in accordance with the social organization including the cultural beliefs in vogue on one hand and the level of economy, standard of living and health services on the other.

Notwithstanding the differences in the criteria of determining the old age, there has been a great transformation in the structure of the society. Such a shift in the structure of society, which has resulted in the replacement of multi-generational families with the two generational units, has also had a negative effect on the role of old people many of whom have lost their social security in the family. Gradually most of them have been relegated to the fringes of society where they live in isolation as unwanted elements, and this is to some extent true in all industrialized societies.

Individuals' socio-economic circumstances, as well as their perceptions and experiences of them, varies for different groups of people. Just because one has reached old age does not imply that one is experiencing the same set of challenges as others of a comparable age. The problems of the affluent elderly are distinct from those of the destitute elderly; the conditions of slum dwellers are distinct from those of those living in developed or posh colonies; and the situation is similar with regard to pensioners and non-pensioners, those living in rural, urban, and tribal areas, those belonging to the land-owning class and those belonging to the landless class, and so on. It is possible that the disparities in difficulties arise as a result of the fact that various groups live in distinct physical environments, are differently organized, or have different traditions, beliefs, and cultures.

In pre-historical times before the advent of great civilizations, when survival was the primary motive, status of the aged depended upon his /her usefulness to the group or tribe. As D. Paul Chowdhary (1992) notes, there were tribes who worshipped their elders as gods and others who ate them. At one extreme were the Isotones, who gilded the heads of their aged parents and offered sacrifices before them. At the other end, were the people of Bactria who disposed of their old folk by feeding them to flesh eating dogs; or the ancient Sardinians, who hurled their elders from a high cliff. The situation is vastly changed now from that time when procuring food through hard physical labor was the basic problem. Our needs have multiplied and so also goods and services to satisfy those needs. Along with survival needs there are now emotional, social and cultural needs, fulfillment of which is equally necessary.

In the old civilized societies the elderly people generally enjoyed a high status. This status was assured because the experience and knowledge of the aged helped the family and the society; they were needed for the socialization of the new generation for their council and advice to procure basic necessities and to maintain peace and harmony within the community. The joint family system prevailed wherein the prosperities and assets were owned by the elderly, and the elderly person by virtue of his experience and wisdom could command respect and obedience in the joint family in order to work smoothly and settle disputes. The super structure of moral and social values reinforced the status and respect for the aged and the elderly with industrialization, scientific progress and weakening of family system and emphasis on individual's initiative and materialistic values, the situation of elderly has changed.

Victor S.D. Sonja (1982) notes that one of the fundamental differences between the pre industrial and industrial societies is that in the former social interaction is group oriented whereas in the later it is individually centered. An old person in the preindustrial society was not at disadvantage even when faced with the disability of old age. Status flowed from their inherent qualities which were divinely ordained. The older people filled positions of leadership because old age as such endowed people with leadership qualities of knowledge,

wisdom and virtue. The industrial economy depends upon efficient skills and modern knowledge which are the achieved attributes of individuals.

The problem of geriatric abuse (which was previously referred to as "granny beating") has emerged all throughout the world in a relatively short period of time. In 1975, the abuse of elderly persons was detailed for the first time in scholarly publications published in the United Kingdom (Baker 1975, Burston 1977). It was not until the late 1980s that abuse and neglect of elderly people by family members were widely recognised in Australia (Kurrle, 2003). Many studies conducted in Australia have revealed that financial abuse is the most common form of chaptered or suspected abuse of elderly people, and that the adult daughter or son is the most likely to be the perpetrators of the abuse (Brill 1999; Cripps 2001; Faye & Sellick 2003; James & Graycar 2000). The available information suggests that familial bonds in western or industrialised countries were severed at an early age, leading to the establishment of nuclear families or the dissolution of family units altogether at an early age. According to Raju (1996), elderly people suffering from depression, poor health, or physical disabilities were more likely to be mistreated than those of a similar age and normal health status who were not suffering from these conditions. This indicates that an elderly person suffering from physical or mental limitations may be regarded as a burden by those who provide care for them. Abuse and neglect of the elderly are two manifestations of such tension and bitterness in society (Raju and Prakash, 2010).

## 1.2 UNDERSTANDING GERONTOLOGY

Gerontology can be viewed in terms of four distinct processes:

Chronological ageing,  
Biological ageing,  
Psychological ageing and  
Social ageing

Chronological ageing is defined on the basis of the number of years a person survives from birth. Chronological age by itself, however, is never an accurate indicator of a person's biological, psychological or social age. The biological ageing refers to the changes that reduce the physical health. Psychological ageing is determined by the changes that occur in sensory and perceptual processes, cognitive abilities, adaptive capacity and personality.

Social ageing refers to an individual's changing roles and relationships with family, friends and society. Gerontology as a subject has evolved considerably since last three to four decades. However, in India, the studies on gerontology have gained importance since last one decade.

## 1.3 AN OVER VIEW ON GERONTOLOGY

Gerontology, the study of ageing, has become a major focus of attention in science and the professions. With increasing life expectancy and falling birth rates, population are getting older. Increases in life expectancy in both developed and developing countries and increased needs for services for older persons have contributed to a growing volume of research and education on both basic and applied aspects of ageing. Geriatrics, the branch of medicine that treats the clinical problems of late life, is also an area of expanding professional



activity. The point of view that ageing was not a supernatural phenomenon, knowable and explainable by study, was fully expressed by the Belgian mathematician statistician, and astronomer Lambert Quetelet (1796-1874). In 1835, Quetelet wrote: man is born, grows up, and dies, according to certain laws which have never been properly investigated, either as a hold or in the mode of the mutual reactions. Quetelet reviewed data on mortality in relation to age sex, urban, rural and national differences and found that the duration of human life varied according to the environments in which people lived.

Gerontology requires the support of mathematics and statistics to identify and compare the complex sources of variance that influence human ageing Quetelet and Galton where pioneers in creating a quantitative basis for gerontology and replacing older myth. The term gerontology was introduced in 1903 by Elie Metchnikoff, a Nobel laureate and professor at the Pasteur institute of Paris. In America, the emergence of gerontology as a scientific movement can be traced to a small group of leaders who, in the mid -1930s, recognized that the health of the American population was undergoing a change from domination by infectious diseases to chronic diseases. The gerontology society of America was founded in 1945, and the International association of gerontology about five years later.

Elderly or old age consists of ages nearing or surpassing the average life span of human beings. The boundary of old age cannot be defined exactly because it does not have the same meaning in all societies. People can be considered old because of certain changes in their activities or social roles. Also old people have limited regenerative abilities and are more prone to disease, syndromes, and sickness as compared to other adults. The medical study of the aging process is called gerontology and the study of diseases that afflict the elderly is geriatrics. The United Nations World Assembly on Ageing, held at Vienna in 1982, formulated a package of recommendations which gives high priority to research related to developmental and humanitarian aspects of ageing (United Nations, 1987). The plan of action specifically recommended that “International exchange and research cooperation as well as data collection should be promoted in all the fields having a bearing on ageing, in order to provide a rational basis for future social policies and action.

Special emphasis should be placed on comparative and cross cultural studies in ageing”. The phenomenon of population ageing is becoming a major concern for the policy makers all over the world, for both developed and developing countries, during last two decades. But the problems arising out of it will have varied implications for underdeveloped, developing and developed countries. In India with majority of its population aged less than 30, the problems and issues of its grey population has not been given serious consideration and only a few studies on them have been attempted in our country. To reap the advantages of an age-old joint family system have been instrumental in safeguarding the social and economic security of the elderly people in the country. However, with the rapid changes in the social scenario and the emerging prevalence of nuclear family set-ups in India in recent years the elderly people are likely to be exposed to emotional, physical and financial insecurity in the years to come. This has drawn the attention of the policy makers and administrators at central and state governments, voluntary organizations and civil society.

#### **1.4 DEFINITIONAL PROBLEMS- AGED**

When is a person old? When does one get categorized as elderly? What do category / concept of aged refer to? Can it be used as a coherent category? This section looks at some of the questions.

From time to time scholars have employed different definitions of aged, 'elderly', 'old', and no one can claim to have a patent over the definition. The variety of definitions offered in gerontological literature is almost as diverse as the number of writers. Thus, adding confusion to an already difficult nomenclature. "Adults delude that old age can be put off until an indeterminate moment, and for young people, this does not exist at all on their horizon"(Elorea,1980:234). Simply stated, 'aged' means the state of being elderly, in scientific terms, its use is a non sequitur. Whether a person is perceived to be elderly or not depends upon the observer's eye. There exists no clear cut demarcation of age upon the attainment of which a person can be called 'old,' 'elderly,' or 'aged'. Nor is there a biologically determined age limit that classifies a person as elderly.

The definition of the term 'elderly' or 'aged' varies from society to society. Ancient Chinese scholars delineated seven phases in a man's life, and Pythagoras in the sixth century B.C. compared human life to the seasons. In both cases, old age was deemed to be beyond 60 years (Stub, 1982). Some societies still treat 40 or 50 years as marking the transition into old age. "In Thai society, old age begins at 60 years. Age is computed in 12-year (animal year cycles), with the 60<sup>th</sup> birthday making the completion of the fifth cycle and beginning of the sixth (Chayovan,Knodel and Siriboon, 1990:3). After reaching this age, a person is addressed by younger persons with special terms of respect, the equivalent of the kinship terms grandfather or grandmother, even though the speaker may not be related to the older person in any way of kinship".

Indonesia uses 60 years as a cut-off point to classify people as old. Being a country where the majority of people are moslems, the age of the Prophet Muhammad is often used as a reference. The prophet is said to have passed away at the age of 63. In western industrialized nations, the typical onset of old age is reckoned at 65 years.

## 1.5 DEFINITION OF OLD AGE

Guha Roy (1991) observes, "The definition of old age is very much dependent on its use in a particular context. Way of fixing the entry into old age based on retirement, however, ignores the large number of women have not been in the gainful occupation and that the age of retirement varies not only between countries but also between public and private sectors within a country".

A survey of some studies conducted by some scholars in India also highlights the fact that it is really difficult to draw a dividing line uniformly to categorize the 'elderly.' The range of variation extends from 39 years to 51 years at the lower end. For Marulasiddaiah (1968) it is 55 years and above; for Jatana et al. (1991) it is 51 years; Prakash (1987, 1991) puts it as 50 years for Women and 60 for men; Sen (1991) uses 39 years as the dividing line; for Easwaramoorthy (1991) it varies between 58 and 70 years Barai (1991) and patil et al. (1991) treat 60 years as the age limit for an individual to be treated as 'elderly' or 'old'. The census (of India) uses 60 years as a cut-off point to classify people as old. For purposes of being eligible for old age pension (OAP) most of the states in India have laid down 65 years as the minimum age, while in a few states the age limit is fixed at 60 years (Arora, 1993).

Scholars such as Gokhale (1994:78) point out, the "for statistical analysis 60 is a convenient age. But old age is a very relative concept. The process of continuing

physiological, psychological and social change throughout the life-span with great variations, occurs among individuals.”

What is considered old age varies between countries because of different social, economic, and historical situations and conditions. Each society divides the life span into a definite number of stages embedded in the culture. It assigns a meaning to these stages and defines, for individuals, the conditions of transition from one stage to another during the life course, that is, the socially organized life-span. Old age designates the last stage and thus has to be understood as a continually renegotiated social construction.

Old age itself, has become clearly distinguished as a specific stage of life, and delimited chronologically, with the result of a sharp tripartite division of the life cycle into a phase of preparation, followed by the one of productive activity in economic / income generating terms, and finally, the stage of retirement. In many countries the definition of elderly persons is closely related to their position in the labour market; thus persons on their retirement are regarded as elderly. Official definitions of the elderly refer to people of post-productive age that is of retirement age. The collective definition of the elderly is based on three criteria: retired from work and drawing a pension, looking old and having some limitation in activities of daily living.

The chronological criterion for classifying an individual or a collectively as ‘aged’ or ‘elderly’ is the operational means generally employed for administrative purposes – pensions, insurance, and the like. For administrative purposes each country tends to fix an age limit for working life of a person to suit its own interests. Here the phrase ‘old age’ is socially defined by the transition from salaried work to retirement. This definition masks the fact that a large number of men and women who have been or are generally outside the ambit of gainful employment, and do not retire at a formal age. This also applies to those engaged in the unorganized sector. It is interesting to note that the age of retirement even in the formal sector shows considerable variation.

This categorization is difficult to apply in the Indian context, firstly, because the majority of the elderly, especially elderly women have not gone to school and often do not know their chronological age. Second, the concept applies mainly to people employed in the formal sector in India, very few elderly people-more so elderly women-are employed in the formal sector. For the majority of a population whose activities are confined to the urban informal sector or to the rural agricultural sector, work activity continues until extremely advanced aged when they are disabled and can no longer work. It is, therefore, necessary to develop realistic and meaningful measures that accurately describe the elderly in India. The categorization of the ageing population should reflect the local communities’ perception of the ageing process.

The ‘old’ or ‘aged’ is a relative term and generally used in relation to young. It is really difficult to draw a dividing line uniformly for all communities. Available research shows that people grow old at different rates. One person may be physically old at 60 while another is ‘young’ at 70. “It is really difficult to define old age. It is not exclusively biological, not is it controlled by the calendar. One’s environments can make one old; old age I not just the heritage of others but of ourselves” (Jain, 1986: B-2). It is true that no part of the human organism can escape from the decline caused by ageing, yet the ageing process is ‘disorganized’ in the sense that one part of the human organism may decline at different

times and rates. It is impossible to set any meaningful age designation, either for the beginning of degenerative changes associated with increasing age.

Biological, psychological and sociological processes continue to distinguish individuals at any chronological point in their life. There are no definite biological or psychological or socio-cultural parameters which individually or collectively can demarcate the particular chronological age uniformly. Being a relative criterion, the concept of aged will differ from species to species, as the life expectancy, longevity and life-span also differ. The concept of aged in man varies with purpose and view point and also sex, residence, climate and the life. It varies between urban and rural people (Biswas, 1987), Even it is conceived differently by the old and non-old (mature/adult young).

## 1.6 CULTURAL MARKERS

In non-literate societies there is hardly any conceptualization of absolute age calculated by time elapsed from a fixed position such as date of birth. Members of primitive tribes often do not know how old they are. Old age is, generally determined by physical and mental conditions rather than chronological age. Indeed the idea of keeping a precise account of age is a relatively recent one.

In rural India, people are not classified as 'aged' by an absolute biological or chronological criterion—as most do not know how old they are. They are, however, generally aware of their relative age and the category and activities appropriate to their contemporaries and the progress made through the life-cycle of their kin in the adjacent generations. Age is sometimes reckoned by an association of a person's birth with special historic events, or geo-climatic, astronomical occurrence, eclipses, full-moon floods, earthquakes, droughts, or with socio-cultural events—festivals, rituals and the like. It is the changing status of these people—parents and children that defines an individual as an elder; here, the status is a relational one.

The cultural markers for distinguishing an 'elderly' or 'aged' vary from society to society, as they are dependent on one life expectancy as well as longevity of population in different societies. For example, in a society with a life expectancy of 70 years, the 'older person' is likely to be much younger in a society with a life expectancy of 70 years. Old age is often determined by cultural norms prevailing in a society. Differences among people in different cultural groups within any society do not suddenly emerge in old age, but reflect cumulative lifetime experiences. In Indian society, marriage of one's children, particularly the eldest son's and bringing in of the daughter-in-law, marks the beginning of old age for women far more clearly than does a specified number of years. Accordingly, role expectations change for male and female members in a household.

Among a few communities of South India, especially the Brahmans of Karnatak and Tamilnadu, a ceremony called Shashtya-badi Purthi is observed to celebrate the 60<sup>th</sup> birthday because it is customarily treated as second birth of an individual.

The term 'aged' not only describes individuals but also is used as a collective noun, and once individuals are identified as 'old' they are perceived exclusively as such. Hazan (1994: 16) observes there are several ways of defining aged. "One way is the seemingly unproblematic self definition: an "old person" is someone who regards him-or herself as such... Another definition of 'aged' is socially constructed, composed of an infinite number

of overlapping points of view with regard to a given person. Changing circumstances and the dynamics of social relationships make it difficult if not impossible to use such a definition rigorously.”

Usage of the terms ‘old,’ ‘senior citizens,’ ‘aged,’ ‘elderly,’ ‘retired,’ ‘geriatric,’ ‘pensioner.’ Is common both in popular and academic discourses. The general impression conveyed by the terms ‘elderly’ or ‘aged’ is one of homogeneity, whereas in actuality it is characterized by diversity. The period of old age covers a long span of life. The ‘aged’ is a varied body.

Heterogeneity abounds among the elderly, not only along the life cycle but also in space as well. The aged may have features linked to a generation gender, and social environment. They are a large and heterogeneous population with varying types of needs ranging from health promotion and maintenance to long-term care for irreversible dementias and other incapacities. A wide array of cultural, linguistic, occupational, educational, regional diversities as also gender variations are often noticed within the elderly population. Singly as well as collectively these factors, affect the individual, and have a considerable bearing on the life process of the individual, and have a considerable bearing on the life process of the individual. Their impact can be favourable at times and in given situations, while it can be adverse at times.

## **1.7 SUMMARY**

Aging is an unequivocally universal and irreversible process. This process varies considerably within and between cultures. Getting old is the result of the interplay of biological, social psychological and ecological factors. Gerontology as a subject has evolved considerably since last three to four decades. However, in India, the studies on gerontology have gained importance since last one decade. Gerontology, the study of ageing, has become a major focus of attention in science and the professions. Old age itself, has become clearly distinguished as a specific stage of life, and delimited chronologically, with the result of a sharp tripartite division of the life cycle into a phase of preparation, followed by the one of productive activity in economic / income generating terms, and finally, the stage of retirement. The chronological criterion for classifying an individual or a collectively as ‘aged’ or ‘elderly’ is the operational means generally employed for administrative purposes – pensions, insurance, and the like. For administrative purposes each country tends to fix an age limit for working life of a person to suit its own interests. Differences among people in different cultural groups within any society do not suddenly emerge in old age, but reflect cumulative lifetime experiences. In Indian society, marriage of one’s children, particularly the eldest son’s and bringing in of the daughter-in-law, marks the beginning of old age for women far more clearly than does a specified number of years. In rural India, people are not classified as ‘aged’ by an absolute biological or chronological criterion—as most do not know how old they are. They are, however, generally aware of their relative age and the category and activities appropriate to their contemporaries and the progress made through the life-cycle of their kin in the adjacent generations.

## **1.8 KEY WORDS**

1. Gerontology
2. Aging
3. Old Age

4. Kinship
5. Industrialization

### **1.9 SELF ASSESSMENT QUESTIONS**

1. Define Gerontology? What do you understand by Gerontology?
2. Define Aging? What do you mean by Old Age and Aged?

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**Prof. Saraswati Raju Iyer**

## LESSON 2

# CONCEPT OF GERIATRICS AND GERONTOLOGY

### OBJECTIVES

The Objective of this lesson is to explain the concepts of Geriatrics and Gerontology and their historical background.

### STRUCTURE

- 2.1. Introduction
- 2.2 Concept of Gerontology and Geriatrics:
- 2.3 Historical Background of Gerontology:
- 2.4 History of Geriatrics
- 2.5 Common Geriatric Conditions
- 2.6 Summary
- 2.7 Key Words
- 2.8 Self-Assessment Questions
- 2.9 Reference Books

### 2.1. INTRODUCTION

The study of ageing is multi-disciplinary, composed of three kinds of ageing: biological, psychological and social, (Int. Enc. of the Soc. Sci. 1968:177). As the number of elderly people in Europe and North American grew large enough to justify another branch of medicine, a “new specialty, called gerontology from the Greek geron (an old man) became a respected science” (Milne and Milne, 1968: 213), Tibbits (1960) sees psychological age in terms of the individuals’ adaptive capacities and social age in terms of social habits and roles.

The aging of population is a process whereby the proportions of children in the population decrease and the proportions of old persons increase. Aging and longevity of life are relatively new phenomena experienced by the developed countries. Due to scientific and technological progress and consequent success of health care measures, the reduction in fertility rate, a relative rise in the economic level and contact with the developed world, the demographic pattern in developing countries is undergoing change. It has already led to significant increase in life expectancy, and in the proportion and absolute number of the elderly population. This potential for aging exerts influence not only on economic, but also on the family, the community and the state-the three major supporting institutions.

Although families continue to remain strong and exert major influences on the behavior of individuals and groups, the effectiveness of family as the most important institution in delivering care is fast reducing, particularly in urban areas where the traditional Joint family is rapidly disintegrating. The increasing participation of women in the work and preference of young people for nuclear family have further reduced the availability of family support. The gradual breakdown of the extended family system has been creating negative psychological effects such as alienation, loneliness and other emotional stress.

Ageing of human population is one of the major demographic transitions of the last hundred years or so. The proportion of elderly people in the human population is growing at an alarming rate and the aged people form the fastest growing section of the population (Thakur, 2002). This phenomenon is not restricted to the developed world, where this demographic transition started earlier, but is fast spreading to the developing countries. Though the proportion of the aged people in the developing countries may be relatively low, their number is very high due to the sheer hugeness of the total population. This situation could be attributed to a combination of factors such as a continued increase in the levels of life expectancy, decline in fertility levels and reduced death rates due to rapid advancements in the field of medicine. Improvement in decline of child mortality at birth life expectancy at birth, improved living standards etc. (Gaur and Kaur, 2001) These variables are producing fundamental changes in the age structures of the human societies in most parts of the world engendering what is popular is termed as ageing population.

Population ageing has emerged as the grand challenge of this century for policy makers, care providers and society as a whole. A review of India's population census is insightful. In 1961 the population of the elderly was placed at 24 million. It increased exponentially to 43 million in 1981, 57 million in 1991 and about 77 million in 2001. The proportion of the elderly in the total population also rises from 5.63% in 1961 to 6.58% in 1991 and to 7.5% in 2001. India has thus joined the rank of "Graying nation" with over seven percent of its population in the 60 plus years segment a United Nations Report has predicted that India will have 198 million old (60+) people in 2030 and 326 millions in 2050. There are about 100 million "senior citizen" in India.

The absence of safety net for the elderly has exacerbated. The problem is traditionally, the joint family in India took care of its elderly. These traditional care arrangements have been lost in the context of rapid urbanization and an exodus of people from rural to urban areas and from urban areas to foreign countries. In the absence of such community support in the form of kinsmen or the extended family, and an inability to continue to earn their living. The elderly are often rendered destitute, if not financially, from a plasmatic perspective. While these problems plague most traditional societies that are in transition, their rapidly enhancing scope and scale, Demand necessitate an urgent response from our policy makers.

The government of India supported actively by civil society, unveiled its national policy on older persons (NPOP) over 50 years after independence. A Comprehensive document covering every aspect of elderly life, and their ambitions with a clear cut action plan. It proposed a role for the state of the eldercare, health, shelter, financial, security and protection against abuse. It recognized the need for affirmative action favoring the elderly. Viewing them as national resources, creating opportunities for their development training, empowerment, and partnership with elderly were seen as important in providing equality and dignity to all groups of elderly: Unfortunately a decade later. The NPOP await complete implementation in all states and union Territories of India. Much of its promise remaining unfulfilled prompting the government of India to seek its revision to suit contemporary needs.

Developing community level health care worker pools that will both screen the elderly for risk factors, disease and disability, and provide simple home based interventions is necessary, as is tired access for elderly. Particularly with a chronic ailment. His children are more and more disposed to shift his care to hospital rather than provide a bed in his home. He must, more and more, look elsewhere than to descendants to provide companionship and sociality. In short, he must seek elsewhere. Than kin's for the satisfaction of his need both financial and health. In the west he turns to the government to other organizations while the nature of family relationship has changed in many ways because of modernization and industrialization, the family is still a major source of primary relationship providing long lasting intimate emotional ties with others, has a great potential impact on the ageing experience. We also find that the continued residence in the family home, may facilitate association with children, grand children, relatives, and friends which would contribute better social adjustment.

The problem of ageing among the senior citizens has a special significance in contemporary societies. In the traditional society of the past in India; the old age was no problem at all. Elderly



persons were respected, more than the younger ones they were the chief patrons of the family. The stable joint family system in traditional Indian society was definitely a guarantee for the protection of the aged initially under the regime of Laissez faire the elderly people had to straggle hard to care for their welfare and face the hazards of old age individually with their own efforts.

“The idea that individuals develop and age with variations around an average trend was a powerful conceptual innovation of the early nineteenth century”. (Int. Enc. Of the Soc. Sci. 1968: 177) but with the increasingly global and mobile population, the validity of the perceived “average trend” may be called into question as may be the notion of “normal life cycle of events”, with the adults moving forward in time, successively making educational and occupational choices, marrying, having children and advancing in occupation and then retiring (Int. Enc. Of the Soc. Sci. 1968: 178-179). Even the name gerontology has as reference point “an old man”. And the linear progression through the life cycle stages fits the “traditional male” better than it would the “traditional female”. There are cultural differences in the degree to which legal restrictions and social pressures limit certain social groups-career choices even today. How then should we look at age and ageing?

## **2.2 CONCEPT OF GERONTOLOGY AND GERIATRICS**

The term gerontology is derived from the Greek word “geras” meaning “old age” and ‘logos’ referring to the study of the subject. The term gerontology is very broad and encompasses the psychological, socio-economic and physiological aspects of old age.

Social gerontology is concerned with reciprocal relationship between the individual and society. The term Geriatrics deals with causes and remedies of physical pathology in old age. Senescence a biological term refers to the physiological aspect of growing old; Gerontocracy refers to Government that is ruled by elders. Ageing is discrimination against individual on basis of old age. The term gerontophobia is used to designate the fear of growing old or fear of hatred of the aged. The term ageing refers to the process of growing old.

### **Geriatrics Definition**

Geriatrics, or geriatric medicine, is a specialty of medicine that focuses on the health care of the elderly. Doctors who practice geriatrics are called geriatricians or geriatric physicians. They work to improve and maintain the health of elderly people by treating and preventing diseases such as dementia, osteoporosis, and heart disease. Geriatrics is different from gerontology, which is the study of the aging process, such as the biological changes that take place in cells.

## **2.3 HISTORICAL BACKGROUND OF GERONTOLOGY**

In most Gerontological literature, people above 60 years of age are considered as ‘old’ and as constituting the ‘elderly segment of the population. In the traditional Indian culture, a human life span is one hundred years. Manu, the ancient law giver, in his Dharmasastra divided this span of life in to four ‘ashrams’ or life stages. The first, ‘Brahmacarya’ (life of a student) was to be spent at the teachers (guru) house. This is the life of a celibate, to be spent in education and training. Once education was complete, the boy (grown into adulthood by now) would be ready to enter the ‘Grihasta’ ashram. This was the life of as house holder. A man was to marry, have children, shoulders responsibilities of an average Citizen in the society. He was to discharge the debts he owned to the parents (Pitrurina) by begetting sons and to the gods (Deva rina) by performing Yajnas (rituals). This was the stage when a man

would fulfill his basic desires, for love, marriage, for parenthood, for status, wealth, prestige and other such physical and social needs. When a man's head turned grey and wrinkles appeared, he has to give up this life of householder and turn to 'Vanaprastha' which literally means 'moving to the forest'. A mature and ageing man would gradually give up his worldly pursuits, move away from the mundane routine of householder and turn inward in search of spiritual growth. Finally, when he was spiritually ready, he would renounce the world completely and enter the stage of 'Samnyasa' or asceticism.

Though this scheme of a man's life did not comment about a woman's life, it was assumed that a life would follow her husband faithfully in his move through different stages.

In ordinary social intercourse, a person would be considered old when his children were married and he had grandchildren, regardless of his chronological age. Marriage of a son and arrival of a daughter-in-law into the joint family often marked a major transition in the life of a woman. She would usually hand over the responsibilities of the household and relinquish her own position as 'mistress of the house. In some parts of India, married woman usually would have the keys of house tied to the end of their 'pall' (part of the sari that is drawn up over the upper part of the body or head). When the bride arrived, these keys would be handed over to her symbolizing a transition in the status of the older woman. Menopause and arrival of grandchildren usually marked old age for woman. There is a trend for woman to consider themselves old at younger age than men.

Indian culture, like many other Asian cultures, emphasized filial piety. Parents were to be honored as gods. It was considered the duty of a son to respect and care for his parents. During 2000 B.C, Manu the first law giver spoke about the responsibilities of society towards the old.

- Post- Vedic period Kautilya spoke about governments' role in treating the elderly with respect and laid down various rules.
- In 8<sup>th</sup> A.D Shukracharya in "Sukraneethi" discussed sickness pension and old age benefit and family pension and maintenance allowances for elderly.

Ageing of the population is defined as increase in the proportion of population the aged 60 years and above the elderly person is defined as a person who has completed 60 years or more. The United Nations generally uses age 60 years as the lower limit to define elderly population (United Nations 1993, 2005).

India demographers while study the demographic and socio-economic aspects of elderly have used the proportion of persons of age 60 years and above as an indicator of ageing (visara2001, Ashish Bose 1987, register general 1999, Irudaya rajan 2004, 2006). Demographers and sociologists sometimes categories of the elderly are in three groups. Young old age, aged 60-69 years, old age 70-79 years, and oldest old aged 80 years above. In developed countries the elderly generally categorized in following age statements.

- Aged 55-65 as young old.
- Aged 66-85 as old and
- Aged 85 years and above oldest old (James R.carey, 2003).

The history of gerontology begins with agriculture; prior to this the hunter –gatherer societies that existed could only support a marginal existence: food supply was short; frequent movement a necessity. These and other reasons meant that extremely few reached

'old age'. However, it could be argued that in a society with a life expectancy of 14 (such as 10,000 BC), being '40' was old.

Gerontology (from Greek: Geron, "Old man " Logy "Study of") is the study of the social, psychological and biological aspects of aging. It is distinguished from geriatrics, which is the branch of medicine that studies the disease of the elderly.

**Gerontology encompasses the following:**

- Studying physical, mental, and social changes in people as they become aged.
- Investigating the aging process itself (bio- gerontology)
- investigating the interface of normal ageing and age –related disease (geron science):
- Investigating the effects of our ageing population on society, including the fiscal effects of pensions, entitlements, life and health insurance, and retirement planning.
- Applying this knowledge to policies and programs, including a macroscopic (i.e. government planning) and microscopic (i.e. running a nursing home) perspective.

Things changed with the coming of the agriculture, a more stable food supply and the lack of frequent movement meant that humans could now survive longer, and beginning perhaps around 4000 BC, a regular segment of the population began to attain at 'old age' in places such as Mesopotamia and the Indus River valleys. Agriculture did not simply bring a steady food supply, it also suddenly made older persons an economic benefit instead of burden older persons could stay and watch the farm (or children); make pottery or jewelry, and perform social functions such as story- telling and teaching the younger generation techniques for forming, tool making, etc.

After this change, the views of elder persons in societies waxed and waned, but generally the proportion of the over 50 or 60 remained small. Note that in ancient Egypt, pharaoh pepi 11 was said to have lived to 100 years old. Certainly Ramses 11 lived about 90; modern scientific testing of his mummy supports the written record. Ancient Greeks valued old persons for their wisdom (some reaching 80, 90, or 100 years old) while old age was devalued in roman times.

In the medieval Islamic world, elderly people were valued by Muslim physicians Avicenna's the canon of medicine (1025) was the first book to offer instruction for the care of the aged, foreshadowing modern gerontology and geriatrics. In a chapter entitled "Regimen of old age", Avicenna was concerned with how old folk need plenty of sleep", how their bodies should be anointed with oil and recommended exercises such as walking or horse – riding.

## **2.4 HISTORY OF GERIATRICS**

Ignatz A Nascher, the father of modern geriatric medical research and practice, coined the word 'Geriatrics' in 1909 and gave a new name in the medical field, the field was still called ageing and apparently unnoticed until N.A. Rynikow the originator of the term outlined the nature of this new discipline. Gerontology aims at the investigation of the conditioning causes of old age as well as the study and careful description of the regular progress of the changes in behavior peculiar to age. Despite the fact the research and publication of studies on various aspects of ageing grew rapidly in the late 1920s and 1930s, the discipline of gerontology was not formally recognized nor was the name used in any form

until 1940. In 1945, the gerontological society was organized and in 1946, the journal of Gerontology made its first appearance (Sati, P.N. 1988).

Edward J. Stieglitz in his work on 'Geriatric Medicine' (1954) used the expression of social gerontology. He divided gerontology into three major areas, namely,

- ❖ Geriatric medicine,
- ❖ Biology of senescence, and
- ❖ Social gerontology.

All economic and cultural factors of ageing such as employment, retirement, chronic illness, housing, and education for senescence, marriage, family attitudes towards the aged, social attitudes, cultural maturation and international aspects of maturing population comprise social gerontology.

The growing interest and attention of social scientists in 1940s and 1950s to gerontology led to the creation of an Inter-University training Institute in Social Gerontology in 1957 (Frank L.L., 1946). The publication in 1948 of Social Science Research Council's Planning Report, Social Adjustment in old age edited by Otto Pollak marked another transition from concern about the aged to the study of ageing as a process. At the end of 1950s, a multi-university consortium projected three volumes documenting the scope, methods and conceptualization of studies on ageing. These volumes constitute an excellent bibliographic coverage of studies on ageing prior to their publication and document the principal characteristics of studies of ageing. (Sati, P.N. 1988). Duke and Chicago concentrated on adaptation in late life, conceptualized on morale, mental health or life satisfaction. The dominant perspective, which emerged in these studies, was that social integration in late life is not only possible but also probable and that social integration predicts morale. The exception to this perspective was of course Cumming and Henry's (1961) concept of disengagement. Irving Rosow's Social Integration of Aged, states that the probability of social interaction of older persons is significantly affected by the availability of age peers as similar social status.

Ignatz L. Nascher, a physician who was born in Austria and raised in America, was the first to use the term geriatrics in 1909. He was inspired by the Austrian system of caring for elderly people, which was flourishing. Nascher's views and interest in treating elderly patients differed markedly from his colleagues, and he was initially met with resistance from them. For example, his contemporary William Osler once stated that after age 40, men were relatively useless, and after age 60, men were absolutely useless and should be killed with chloroform. (Osler was in his mid-50s at the time of this speech, and was known for being a jokester, but the devaluation of the elderly was commonly seen in society.) Marjory Warren, a British doctor, was another early leader in geriatrics. In 1935, she was put in charge of the elderly patients at West Middlesex Hospital. She made substantial changes to the way these patients were being treated, including improving the quality of their surroundings, initiating rehabilitation programs, and promoting the motivation and active engagement of older people in their daily lives. She also wrote 27 articles on geriatrics.

Around this time, the field of geriatrics developed more quickly in the United Kingdom than in the United States, possibly because the UK had a greater proportion of elderly people in their population. The American Geriatric Society was founded in 1942, but the first geriatric medicine fellowship in the US was only created in 1966, and it was not until 1982 that the first separate geriatrics department was established in an American university.

(Mount Sinai School of Medicine). By this time, geriatrics departments in British universities had existed for decades. The Veterans Association was an important organization that contributed to the growth of American geriatrics in the 1970s. It was established as a response to the increase in aging veterans and was responsible for research, education, and patient care. Another crucial turning point happened in 1978, when American doctor Paul E. Beeson, who had taught at Oxford, led a series of Institute of Medicine reports on treating the elderly. The first report was on challenges that doctors faced in treating older patients, and the second emphasized the necessity of training academic leaders in geriatrics, who could then go on to educate others.

After these reports, the field of geriatrics expanded rapidly. However, although the elderly population is increasing in the United States, there is a shortage of geriatricians; in fact, the number of geriatricians is decreasing. This is due to multiple reasons. Geriatrics is newer and less established than other specialties of medicine like cardiology and nephrology, geriatricians are not as well paid, and geriatrics may be seen as less glamorous than other specialties. Nevertheless, the need for geriatricians remains high and will only increase as the population ages.

## 2.5 COMMON GERIATRIC CONDITIONS

Common health conditions in elderly patients that geriatricians diagnose, treat, and manage include:

- ❖ Arthritis
- ❖ Cancer
- ❖ Cardiovascular Disease
- ❖ Cataracts
- ❖ Dementia
- ❖ Falls
- ❖ Hearing Loss
- ❖ Incontinence
- ❖ Osteoporosis
- ❖ Sleep Problems
- ❖ Stroke
- ❖ Geriatrics Careers

With people living longer than they used to and with the older population continuing to increase in number, the demand for geriatricians is growing. In order to become a geriatrician, one must go to college and obtain a bachelor's degree. Then they must go on to medical school, complete an additional residency after medical school, and become certified to be a doctor. A bachelor's degree takes about four years, medical school takes an additional four years, and a residency can take from three to seven years, so one who wants to become a geriatrician must be extremely committed to further schooling. A premed student may choose from a variety of different majors as an undergraduate, as long as they are on a premed track that meets the prerequisites for medical school. Usually, this involves taking courses in biology, chemistry, physics, and calculus. Then, in medical school and especially during residency, an individual can begin to specialize in geriatrics.

Geriatricians work long, hard hours, and taking care of the elderly can be especially challenging because of the often-debilitating health conditions that are associated with elderly people. But it can be very rewarding to assist patients and directly improve their lives, and

geriatricians are aided in their work by a whole team of healthcare professionals. Other jobs that can involve specialization in geriatrics and working closely with geriatricians include being a nurse, psychiatrist, pharmacist, physician assistant, social worker, or physical therapist. Additionally, certain other health professions are not exclusively within geriatrics but may often involve the care of elderly people, such as being an audiologist, podiatrist, or dietitian. Specialized training beyond a bachelor's degree is required for many of these positions.

Related to but not the same as geriatrics is gerontology, a subfield of biology that studies the changes that take place during aging. Many gerontologists are researchers that work in a laboratory setting, while others are involved in administration and policy. Generally, geriatrics and gerontology complement each other but do not directly overlap; geriatrics involves direct patient care while gerontology has more of an indirect role. However, a geriatrician who takes care of patients and also performs research would be considered both a geriatrician and a gerontologist. People in both of these fields have the same goal: to improve the quality of life for the elderly.

## 2.6 SUMMARY

The term gerontology is derived from the Greek word “geras” meaning “old age” and ‘logos’ referring to the study of the subject. The term gerontology is very broad and encompasses the psychological, socio-economic and physiological aspects of old age. Social gerontology is concerned with reciprocal relationship between the individual and society. The history of gerontology begins with agriculture; prior to this the hunter-gatherer societies that existed could only support a marginal existence: food supply was short; frequent movement a necessity. These and other reasons meant that extremely few reached ‘old age’. However, it could be argued that in a society with a life expectancy of 14 (such as 10,000 BC), being ‘40’ was old. The term Geriatrics deals with causes and remedies of physical pathology in old age. In most Gerontological literature, people above 60 years of age are considered as ‘old’ and as constituting the ‘elderly segment of the population. In most Gerontological literature, people above 60 years of age are considered as ‘old’ and as constituting the ‘elderly segment of the population. In the traditional Indian culture, a human life span is one hundred years. Manu, the ancient law giver, in his Dharmasastra divided this span of life in to four ‘ashrams’ or life stages. However, a geriatrician who takes care of patients and also performs research would be considered both a geriatrician and a gerontologist. People in both of these fields have the same goal: to improve the quality of life for the elderly. Edward J. Stieglitz in his work on ‘Geriatric Medicine’ (1954) used the expression of social gerontology. He divided gerontology in to three major areas, namely : Geriatric medicine, Biology of senescence and Social gerontology. In ordinary social intercourse, a person would be considered old when his children were married and he had grandchildren, regardless of his chronological age. Marriage of a son and arrival of a daughter-in-law into the joint family often marked a major transition in the life of a woman. All economic and cultural factors of ageing such as employment, retirement, chronic illness, housing, and education for senescence, marriage, family attitudes towards the aged, social attitudes, cultural maturation and international aspects of maturing population comprise social gerontology.

## 2.7 KEY WORDS

1. Gerontology
2. Geriatrics
3. Ashrams
4. Joint Family

## 2.8 SELF ASSESSMENT QUESTIONS

1. Explain the Concepts of Gerontology and Geriatrics?
2. Discuss the historical background of Gerontology and Geriatrics?

## 2.9 REFERENCE BOOKS

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## **LESSON 3**

# **DEMOGRAPHIC PROFILE OF ELDERLY POPULATION**

### **OBJECTIVES**

The Objective of this lesson is to explain the Demographic Profile of Elderly Population

### **STRUCTURE**

- 3.1 Introduction
- 3.2 Concept of Ageing:
- 3.3 Demographic Profile of Elderly Population
- 3.4 Socio-Economic characteristics of the elderly
- 3.5 Caring for the Ageing: Implications for Gerontological Social Work
- 3.6 Summary
- 3.7 Key Words
- 3.8 Self-Assessment Questions
- 3.9 Reference Books

### **3.1 INTRODUCTION**

Ageing is a physiological process in which the body undergoes gradual physiological, functional and structural degeneration. As age progresses there will be reduced immunological responses, vitality, and therefore, the body is vulnerable to various disorders. Active ageing refers to leading life while growing through utilizing opportunities at optimal level to be healthy, to participate in all activities of life thereby enhancing quality of life. How the social systems respond to the consequences of ageing and face the challenges is crucial for any nation in creating ageing friendly society. It is very important to understand how these changes happen and how they mix up with traditional and cultural issues to face the challenges of graying population.

Aged generally fulfill their traditional adult roles and responsibilities of child rearing and the years after the completion of their tasks are represented in their extended life. As the years pile up the life becomes toilsome for many who are not prepared to accept the changes which are inevitable. The rapid aging of the world's population has brought forth a variety of issues, especially in developing countries. Issues such as severe malnutrition and chronic disease are leading to a dramatic increase in mortality and morbidity among elderly people. In this chapter, we will discuss the dimensions of aging, with a special focus on the misuse of elderly people by those who would like to exploit them for profit. There are many dimensions of aging and they all affect the lives of elderly people. Understanding them can be the first step towards enabling the elderly to live with dignity and enjoy a fulfilling life. The elderly are the most vulnerable segment of society and also the most vulnerable when it comes to violence. They need special care, attention and protection. The purpose of this chapter is to explore the dimensions of aging by talking about the abuse of elderly people.

In recent years, old age has been placed at the top of the political agenda as it becomes more and more prominent as a threat to society. The issue of aging is a very



complex one since it is influenced by biological processes and influences that are culturally conditioned. Aging causes loss of autonomy, but also provides opportunities for human beings to develop, or even improve their quality of life. This chapter examined the dimensions of aging in relation to abuse of elderly people. The dimensions were identified by using individual, dyadic and structural factor analysis methods.

The aging of the population is likely to become one of the major issues facing society. The increasing life expectancy and low fertility rate are two reasons for this trend. Aging is a complex process that requires medical and other care services, and can also cause disabilities and diseases. Aging also leads to higher healthcare costs and lower productivity levels. People get older, and they are forced to leave their homes. Some of them die and others have the physical and mental abilities to work until the end of their lives. Demographic dimensions of population aging, including the aging process itself, its impact on the social system and economy, and public policy. Aging is a process that begins at birth and continues throughout life. And it affects all societies in various ways.

A major emerging demographic issue of the 21st century is the ageing of population as an inevitable consequence of the demographic transition experienced by most countries. Across the world, declining fertility and increased longevity have jointly resulted in higher numbers and proportions of older persons 60 years and above. This trend will continue as the estimated 737 million older persons in 2009 (United Nations, 2009) is likely to increase to two billion by 2050 at which time the population aged 60 and above will outnumber children 0-14 years of age. The oldest-old age segment (80 years and above) is the fastest-growing segment and by 2050, about 20 per cent of older persons will be 80 years and above. The coming decades therefore are characterised by ageing of the aged. This will have significant implications for the older persons themselves, as well as the families and societies they live in. This recognition has resulted in the World Assembly on Ageing held in 2002 with 159 countries adopting the Madrid Plan of Action on Ageing which focuses on how the needs of older persons can be mainstreamed into development. Of particular relevance is the fact that in 2009, two-thirds of the world's older persons lived in developing countries (55 per cent in Asia) that are much less prepared to deal with this aspect of population dynamics compared to developed countries. For many years population ageing was considered to be a phenomenon of the developed countries of Europe and North America. At 21 per cent of the total population 60 years and above in 2009, the proportion of older persons in the more developed regions was much higher compared to the 8 per cent in developing regions. However, both groups are expected to have vastly increased proportions in the near future (33 per cent and 20 per cent respectively in 2050) with as many as 1,592 million older persons in developing regions. This is a huge population that must receive attention from policymakers and social scientists across the world.

"Population aging is one of the most significant social, economic and political challenges in the 21st century. Demographic trends have a profound impact on countries, communities, and the lives of individuals. The aging population is one of the most important challenges facing modern societies, and the changing dynamics in demographic change are likely to lead to an increase in health care needs. The demographic trends of population aging in India will have a huge impact on the health and well-being of Chinese people. Elderly people are the ones who suffer most from lack of access to basic necessities, low living standards, unhealthy lifestyles, poor health status, poor physical and mental health, and other negative effects caused by economic downturns.

The aging of the population is an issue of increasing concern. This can be measured by the rate at which the age group exceeds a specific percentage. Population aging has been associated with a number of problems including declining economic productivity, higher health care costs, and fewer social services. Over the last few decades, demographic development has been the main driver of the increase in the number of elderly people in the world. The elderly population worldwide is projected to double by 2050. This trend will have a significant impact on many aspects of society, including healthcare and social security systems. Demographic aging is a continuous process of change and adaptation to new situations that may affect the development and functioning of older people. It's happening all over the world, including in developing countries. The number of elderly people is increasing every year, and so are the demands on them and their families.

### **3.2 CONCEPT OF AGEING**

Ageing of human population is one of the major demographic transitions of the last hundred years or so. The proportion of elderly people in the human population is growing at an alarming rate and the aged people form the fastest growing section of the population. This phenomenon is not restricted to the developed world, where this demographic transition started earlier, but is fast spreading to the developing countries. Though the proportion of the aged people in the developing countries may be relatively, low, their number is very high due to the sheer hugeness of the total population. This situation could be attributed to a combination of factors such as a continued increase in the levels of life expectancy, decline in fertility levels and reduced death rates due to rapid advancements in the field of medicine. Improvement in decline of child mortality at birth life expectancy at birth, improved living standards etc. These variables are producing fundamental changes in the age structures of the human societies in most parts of the world engendering what is popular is termed as ageing population.

### **3.3 DEMOGRAPHIC PROFILE OF ELDERLY POPULATION**

This demographic trend of a rapidly increasing elderly socio-economic and socio-political implications for the development of an country on one hand we have a rapidly increasing population of elderly people and on the other hand our society is experiences many social changes under the influence of rapid industrialization and urbanization are "Individualism and the need to be self-dependent (Pati and Jena, 1989) Another change which may be attributed to these phenomenon, is the disintegration of the joint families in to nuclear families. There is a transition of families from being multi-generational of two. Generational, particularly in urban areas. These the care of the elderly, which was inbuilt is the social structure of our age-old joint family system, may in due course be adversely affected. All these social changes have serious implication for the physical and psychological well-being of the elderly. It is therefore important to investigate more deeply the issue of a fast "graying society" so that we are better prepared to meet the challenges to be thrown up by the future.

The growing age is hardly of any consequence for the alienation and other problems of the aged; rather poor health, economic dependence and non-working status tend to create among the aged feelings of meaninglessness and powerlessness. The advancing age, when the aged has lost many things including friends, spouse, job, status, influence, income, health, etc., that cannot be replaced, brings in them intolerance short-temperedness, rigidity of

attitude, selfishness and suspicion. This shift in their psychological make-up makes their living and adjustment in society more problematic. It particularly brings them in conflict with the young exposed to urban life style. They feel hurt when dubbed as conservative, out-of-date or old-fashioned and are neglected in day-to-day life. The loss of decision-making power and consultation – status is far greater among those who have surrendered property and have hardly any control on productive resources or income. This intern leads to the problem of isolation and loneliness.

Ageing is not only a physiological or chronological but also a social and cultural phenomenon. Every society has its own conception of aging and age groupings. The problem of aging varies from society to society. Hence, one can understand the problem of aging by examining the distribution of the aged population in developing countries of the World, India, States and Union territories and Districts of Andhra Pradesh.

**Table No. 1**  
**ESTIMATED DATA OF MAJOR REGIONS IN THE GLOBE**

**Global Scenario of Aged, 1995-2150**

Year	Population (billion)	% aged 60+	% aged 65+	% aged 80+
1995	5.687	9.5	6.5	1.1
2000	6.091	9.9	6.8	1.1
2025	8.039	14.6	10.8	1.7
2050	9.367	20.7	15.1	3.4
2075	10.066	24.8	19.1	5.3
2100	10.414	27.7	22.0	7.1
2125	10.614	29.2	23.6	8.6
2150	10.806	30.5	4.9	9.8

**Sources: United Nations, 1998. World Population projections to 2150, Department of Economics and Social Affairs population Division**

The percentage of elderly in the elderly population will increase rapidly from 9.5 percent of age in 1995, to 20.7 percent in 2050, and to 30.5 percent in 2150 (Table-1.1) in absolute numbers, this will mean an increase from 542 million in 1995 to 1.9 billion in 2050 and to 3.3 billion in 2150. Although the number of children below 15 years of age in 1995 was estimated to be 3.3 times higher than the aged 60 years and above, the elderly are expected to surpass the number of children by 2050. Among the elderly, the number of the oldest of the old –those aged 80 years or over –will increase more rapidly. According to the projections, the number of those aged 80 years and over all will multiply by a factor of 17 between 1995 and 2150: from 61million in 1995 to 320 million in 2050 and to 1054 million by 2150.

According to the assessment of the United Nations, only Western Europe in the whole world had a proportion of elderly above 15 percent in 1950. In 2000 all three regions of Europe expect Eastern Europe registered a proportion above 20 percent, in the next 50 years, the proportion of aged is expected to grow more rapidly. As of today, southern Europe has the highest proportion of elderly (21.5%) and is expected to reach 37.2 percent by 2050. In the developing countries, one in every 12 persons is now elderly the ratio is expected to become one in five by 2050, equaling that in the developed countries and latter is projected to reach one in three by 2050. In some countries the aged are shown due respect and courtesy

and taken care properly. It is observed 15th December as grandparent's day by Japan. It is officially proclaimed that the month of May as American older month by United States of America and it is declared that the month of June as senior citizen month in Canada and it is celebrated with great respect and honour.

**Table No.2**

**Decadal Growth in elderly population vis-à-vis that of general population**

<b>Period</b>	<b>% change in general population</b>	<b>% change in elderly population</b>
1951-1961	+21.64	+23.9
1961-1971	+24.80	+33.7
1971-1981	+24.66	+33.0
1981-1991	+23.87	+29.7
1991-2001	+21.54	+25.2
2001-2011	+17.60	+35.5

**Source: Population Census**

The above table indicates that the decadal growth in elderly population compared with general population. It is explained, that the decadal growth and change in general population 21.64 percent whereas decadal growth change in elderly population is 23.9 percent during the 1951 to 1961. It is observed that the decade growth rate change in general population is 21.54 percent, whereas the decade growth changes in elderly population in 25.2 percent while 17.60 for general population and 35.5 percent for elderly was found in 2001-2011 [period].

It is noted that the growth rate of elderly population is increased, according to the general population, so it is evident that one elderly person in every group of six members. The Growth rate of elderly population is high when compared with general population.

**Table: 3**

**Trend in Sex ratio (Number of Females per 1000 males) for elderly and the general population**

<b>Population Census</b>	<b>Elderly population</b>	<b>General population</b>
1951	1028	946
1961	1000	941
1971	938	930
1981	960	934
1991	930	927
2001	972	933
2011	1033	943

**Source: Population Census**

The above table indicates on the trend in sex ratio, (for number of females for thousand males) for elderly when compared with general population. As per the population census 1951 the elderly population is 1028, when compared with general population 946, as per the 2001 population censuses. The elderly population 972 when compared with general

population is 933 while 943 for general population and 1033 for elderly population. It is evident that the results of population census on elderly population, is high when compared with general population there is clear indication of growth rate of elderly population in all the population census record.

## **Demographic Aspects of Ageing**

Demography on elderly as a science of population structure and dynamics is of great importance to understand and appreciate the nature and position of older persons in contemporary society. The concern for the aged arised due to significant large increase of the elderly in the society of both developed and developing countries. As Jayasree (1998) observed that the reasons for the growth of elderly population are given mainly because of four factors such as increase in fertility, decrease in mortality, composition of population and longevity of life. Further, demographically, an increase in the number of old people is brought about by various other factors such as advancement in medical sciences, improvement in living conditions and prevention of epidemics.

### **(a) Population of the Aged**

In the present day, the aged population is increasing because of various factors. Troise (1998) pointed out that world's elderly population is increasing by about one million persons monthly. Developed countries such as Australia, United States of America, Japan and United Kingdom are also adding more elderly population yearly which shows the need to take special concern for the aged.

### **(b) Marital status of the Aged**

Marital status has greater importance for the elderly. With advancement in age many become widows and widowers. Most of the aged having already retired from active life, live isolated lives. When the spouse is no more alive they are likely to get isolated and feel helpless and unattended.

### **(c) Work Participation of the Aged**

Generally, the participation of elderly in work force is less due to decline of physical capabilities, retirement from regular jobs and lack of opportunities. But in the unorganised sector like agriculture, the elderly continue their work even after the retirement age. Thus there is more participation of the aged in the unorganised sector than in the organized sector.

### **(d) Living arrangements of the Aged**

Living with the family members gives social, psychological and economic support to the elderly. If the elderly lack the opportunities to live with them, it will lead to vulnerability. Studies show that the living arrangements vary from the rural to the urban. Living arrangements inform whether the aged with a family have someone to live with and to care for them.

### **(e) Health of the Aged**

Health is very important factor in the well-being of the elderly since they are prone to diseases due to degenerative changes. These changes affect the individual body functioning and also their performance.

### **(f) Social Participation of the Aged**

To remain integrated in the community and to maintain a self-concept participation of the aged in different activities is necessary. It is generally believed that more active the aged are the better adjusted they are.

### **3.4 SOCIO-ECONOMIC CHARACTERISTICS OF THE ELDERLY**

As age progresses, the social contacts and income decreases. Sometimes elderly are forced to work by the family members and few work voluntarily. The treatment is favourable to the elderly who are economically productive. In lowincome families, the financial dependency of the elderly creates additional problems to the existing ones.

Usually, the family members who are performing the role of bread winners will take care the elderly. The partner is the only person who virtually understands the wishes of the man or woman and is a mental guide. Living with the grandchildren is beneficial to both the generations as both enjoy each other's companionship. The middle generation will be busy building up their career and earn economic assets.

There are three myths depicting how an average person looks at ageing. One is the golden age of the past where the life is a consequence of his own sinful acts, second myth is Golden Island where the things run smoothly and the third is the idea of Rosy family where the person lives in with inter-generational network and receive strength, love and sustenance from the members (Kumidhini Dandekar, 1996). The ageing affect may be intrinsic which affects due to biological changes and reactive which arises from social structures (Venkateswarulu V, 2008). The modernisation and industrialisation interplay with the family structure and more so with elderly. In all the ways families which include older people are affected by the social transition which is taking place in urban areas. Changes in the economic structures, education, cultural values, geographical mobility is influencing the lives of the elderly. Role conflict is very common issue in the elderly which creates stress and strain. The coping mechanisms should be learned to adopt the new changes as a part and parcel of the elderly lives.

### **3.5 CARING FOR THE AGEING: IMPLICATIONS FOR GERONTOLOGICAL SOCIAL WORK**

There is a population trend that is unprecedented in the history of humankind. Dramatic increase in longevity has resulted in 'greying' of communities the world over. In practically every country, the proportion of the elderly is steadily increasing. On an average one million people cross the threshold of 60 every month around the globe (Banks, 1997).

This may be viewed as a triumph of modern science and medicine. There is another side to this longevity that causes concern. Dose increased life span mean more chronic and disabling diseases? Are our societies prepared to support a large number of old people well into very old age? With birth rates declining all over the world, will there be enough young people to support a growing dependent segment of the population? How will the increased urbanization of our societies and nucleation of families affect the living arrangements of the elderly? Who will provide long term care to fail, disabled elderly in the future families which are likely to be small and the womenfolk will be gainfully employed outside the home? What type of quality of life can one expect when 60 years old persons are forced to provide care to the very old (above 80 years) family members? Many such nagging questions sour the otherwise good tidings of increased life span of humans in the century.

Ageing involves physical, psychological, changes that alter a person's capacity to care for one self effectively. Social changes in terms of change in marital status and retirement lead to change in status and authority of the person and bring about economic dependence. Failing health, poor functional capacity, widowhood, erosion of prestige and authority in the family, relocation, children living home, death of elders and peers, and cultural devaluation work together to reduce the sense of well being in old age. In South East Regions, including India, ageing is an emerging health problem. For India, there was a rise in life expectancy from 1983 to 1994 of about 8 years for male and 10 years for female. Based on UN sources, Yong (1996) reports arthritis, high blood pressure, foot problems, heart diseases and stomach ulcers as common illnesses in this region. As compared to developed countries in the region reported illness among the elderly is much higher and utilization of health services is considerably lower. Programmes of health care of elderly is young compared to other countries. Indian studies show considerable morbidity in the ageing population (Prakash 1997). Khetrapal, Soneja and Vinod Kumar (1996) report cognitive impairment in 20.60% of those above 80 years which is a dramatic increase from about 4.85% in the 70-79 year group.

Alzheimer's disease a major debilitating illness is seen to affected 2 to 3% of those above the age of 65 years (Rajkumar, Samule & Sahabdee, 1996). These raise the question "Have we adde life to years?".

### 3.6 SUMMARY

Usually, the family members who are performing the role of bread winners will take care the elderly. The partner is the only person who virtually understands the wishes of the man or woman and is a mental guide. Living with the grandchildren is beneficial to both the generations as both enjoy each other's companionship. The middle generation will be busy building up their career and earn economic assets. Active ageing refers to leading life while growing through utilizing opportunities at optimal level to be healthy, to participate in all activities of life thereby enhancing quality of life. How the social systems respond to the consequences of ageing and face the challenges is crucial for any nation in creating ageing friendly society. Ageing of human population is one of the major demographic transitions of the last hundred years or so. The proportion of elderly people in the human population is growing at an alarming rate and the aged people form the fastest growing section of the population. This demographic trend of a rapidly increasing elderly socio-economic and socio-political implications for the development of an country on one hand we have a rapidly increasing population of elderly people and on the other hand our society is experiences many social changes under the influence of rapid industrialization and urbanization are "Individualism and the need to be self dependent. Demography on elderly as a science of population structure and dynamics is of great importance to understand and appreciate the nature and position of older persons in contemporary society. The growing age is hardly of any consequence for the alienation and other problems of the aged; rather poor health, economic dependence and non-working status tend to create among the aged feelings of meaninglessness and powerlessness.

### 3.7 KEY WORDS

1. Phenomenon
2. Demography
3. Widowhood

4. Living Arrangements
5. Marital Status

### **3.8 SELF ASSESSMENT QUESTIONS**

1. Explain the Demographic Profile of Elderly in India?
2. Discuss the Care for Aging and Implications for Gerontological Social Work?

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## LESSON 4

# AGEING TRENDS OF INCREASING AGEING POPULATION IN INDIA

### OBJECTIVES

The Objective of this lesson is to explain Ageing trends of Increasing Ageing Population in India

### STRUCTURE

- 4.1 Introduction
- 4.2 Types of Ageing:
- 4.3 Dimensions of ageing
- 4.4 Active Ageing
- 4.5 World elderly population
- 4.6 National elderly population
- 4.7 Rural Urban elderly population
- 4.8 Summary
- 4.9 Key Words
- 4.10 Self-Assessment Questions
- 4.11 Reference Books

### 4.1 INTRODUCTION

Ageing is an emerging problem and is considered a global issue that requires urgent attention. The number of elderly people in the world is increasing exponentially. They are becoming more vulnerable to diseases, disabilities, poverty, social exclusion and abuse, and many other issues that prevent them from enjoying a dignified life. Ageing is not just a problem for older people but also affects their families too. Population ageing is an inevitable and irreversible demographic reality that is associated with welcome improvements in health and medical care. With longevity and declining fertility rates, the population of older persons (60 years and above) is globally growing faster than the general population. Three key demographic changes—declining fertility, reduction in mortality and increasing survival at older ages—contribute to population ageing. They reflect a shift in the age structure from young to old. The demographic transition of declining fertility and mortality leads to an expanding bulge in the older cohorts, as compared to the younger. The old-age dependency in the population therefore gradually increases. The shift from a period of high mortality, short lives and large families to one with a longer life and fewer children is the hallmark of demographic transition. A top-heavy age structure means that the elderly has to depend upon incomes and revenues generated by a dwindling number of younger workers. In general, ageing is defined in terms of chronological age with a cut-off at 60 or 65 years (in part because it broadly coincides with the age at retirement). However, in many developing countries, chronological age may have little to do with retirement as majority of the elderly are engaged in the informal sector for as long as they can work, with no specific retirement age. In such cases, the socially constructed meanings of age are more often significant, often defined by the roles assigned to older people or the loss of certain roles 2 18 India Ageing Report 2023 that signify physical decline in old age.<sup>1</sup> In India, the cut-off age to define older persons is generally considered as 60 years. This chapter presents a more updated profile of

the elderly based on latest available data from Longitudinal Ageing Survey in India (LASI), 2017–18,2 as a sequel to India Ageing Report 2017 which had used the 2011 survey data of the United Nations Population Fund (UNFPA) “Building a Knowledge Base on Population Ageing in India” (BKPAI) project.<sup>3</sup> In addition, data from the Census of India, Population Projections by the Government of India (2011–2036) and World Population Prospects 2022 by United Nations Department of Economic and Social Affairs has also been used.

## 4.2 TYPES OF AGEING

Ageing can be classified as (i) Individual ageing and (ii) Population ageing.

### Individual Ageing

Individual ageing refers to an individual’s inter-relationships and interactions. It involves performing socially prescribed roles in an orderly way. It also characterised by addition of change in the physiological system experiences, and psychological processes like emotional stability, cognition, perception, etc.

### Population Ageing

The proportional increase of the elderly in total population is nothing but Population ageing which poses several challenges to every segment of the society not only to the families, care givers and policy makers. Population ageing is a great challenge of this century for policy makers, society as a whole not only to India but to the world as a whole due to its exponential increase in grain population.

## 4.3 DIMENSIONS OF AGEING

Ageing has four associated dimensions such as:

- (i) Biological ageing
- (ii) Physiological ageing
- (iii) Psychological ageing
- (iv) Social ageing.

### Biological ageing

According to biological ageing mature organism deteriorates with irreversible changes which are common for all species. These changes made the organisms unable to cope with the stresses of the environment, there by leading to death.

### Physiological ageing

Physiological changes are major cause which results in growth decline. For example wrinkled skin, grey hair, loss of vision, losing teeth are due to physiological changes. Along with these visible changes, other changes will also happen like changes in endocrines, reproductive system, deteriorated kidney functions, loss of muscle are experienced in elderly.

### Psychological ageing

Environmental demands make the individual to adopt certain capacities which are referred due to psychological ageing. It may be mental ability, mode of thinking, decision making which changes due to disturbances of life and psychological pressures.

### Social ageing

Social ageing refers to the changes in roles and social habits of the individuals. As age progresses the individuals themselves take up new roles and fulfil them with their superior knowledge. This depends upon the process of socialisation in every culture and society through which the values are transmitted to next generations.

#### **4.4 ACTIVE AGEING**

Active Ageing results in when maximum opportunities are provided for the elderly to improve health status, security which leads to the enhancement of quality of life. When the people realise their capacities and utilise their potentials to the optimum level, their physical social and Psychological Well-being will be in a positive way. If the elderly lives by satisfying their needs, capacities and desires they can be labelled as people enjoying active ageing. The key concept of active ageing is maintaining independence and autonomy.

Promotion of social connections and mental health is the key factor in active ageing. Here the significance and role of social networks like friends, neighbours, family members and intergenerational and reciprocal relationship exists. If the younger generations believe that it is their responsibility to provide adequate support to the elderly who worked throughout their life to make them happy, every elderly person in the world will definitely experience active and healthy ageing.

World-wide people are witnessing long life. All the countries are experiencing growth in proportion and size of the elderly in their population. In the world one in six persons will be aged 60 years or over by 2030. Elderly population of the world will become doubled by 2050 (2.1 billion). Elderly who are 80+ aged may reach 426 million by 2050. Many countries are facing the challenges in preparing policies due to the phenomena of population ageing. Even though the challenge is same, its implications vary in developed, developing and under developed countries. The realities of ageing are characterized by degenerative changes like decline in strength, increased physiological ailments, changes in social roles and status, narrowing social networks. These lead to the inception of negative feelings such as alienation, isolation, misunderstandings, withdrawal and depression which ultimately influence the quality of life of the individuals. Ageing is not a constant process; it is dynamic which involves several body changes and Social identities, adjustments which interfere in Psychological functioning of the individuals.

Increased health consciousness and health care facilities resulted in reduction of death rates and increased aged population in India. If the ageing problem has to be tackled in a comprehensive manner, sociological and psychological aspects of the elderly should be considered. Accordingly, policy makers, social workers, health administrators and voluntary organizations realized the need of social research. In previous decades, becoming elderly means, an increased status of respect in the family as well as in the society. Younger ones used to give more respect to the elderly.

Elderly were the chief patrons of the family. The stable joint family system provided security, care and protected the elderly from all angles. At present the changes in values, goals, standards of life and economy patterns let out deprivation of basic necessities like food, clothing and shelter for many aged persons who are living in below poverty line families.

Since the elderly persons in India are living longer than they used to, their income reduces and many are below poverty line (Guruswamy & Abraham, 2006). Increased elderly population leads to practical problems in providing health care, social care which are essential for elderly. Due to limited resources, the government is also unable to provide old age pensions to the entire elderly population and fulfil their basic needs. Technological advancement in medical field and other factors lead to the longevity of the population. The governments need to establish adequate medical services, facilities and resources in terms of hospitals, health care professionals, medicines, etc. which requires allocation of more funds for health care. This is throwing new problem to the individuals in the family as well as becoming an urgent social concern to the policy makers. Yet these matters remains under weighed and under researched.

#### 4.5 WORLD ELDERLY POPULATION

All the countries in the world are undergoing the extraordinary transition in the form of increasing elderly population. This transition is mirrored in other changes of the societies.

At present in seventeen countries, elderly population accounts for more than 1/5<sup>th</sup> of general population. The concept of ageing differs from society to society which has significant implications while assessing their living conditions, needs and contributions to the society to which they belong. In 2019, aged 65 or over elderly were 703 million across the globe. The projections show that the rapid growth of the elderly population can be seen in under developed countries from 2019 to 2050 which shows 37 million to 120 million.

**Table 1.1: showing the number of aged persons in various geographic regions, 2019 and 2050**

Region	Number of Persons aged 65 or over in 2019 (millions)	Number of Persons aged 65 or over in 2050(millions)	Percentage change between 2019 and 2050
World	702.9	1548.9	120
Sub –Saharan Africa	31.9	101.4	218
Northern Africa and Western Asia	29.4	95.8	226
Central and Southern Asia	119.0	328.1	176
Eastern and South-Eastern Asia	260.6	572.5	120
Latin America and the Caribbean	56.4	144.6	156
Australia and New Zealand	4.8	8.8	84
Oceania, excluding Australia and New Zealand	0.5	1.5	190
Europe and Northern America	200.4	296.2	48

**Source:** United Nations, Department of Economics and Social Affairs, Population Division (2019). World Population Prospects 2019. \*Excluding Australia and New Zealand.

- The overall increase of the elderly population in the world aged 65 and over is enormous as it is 702.9 millions in 2019 and projected to 1548.9 millions in 2050 with the increase of (+ 120 percentage)
- Northern Africa and Western Asia are expected fastest growth followed by Sub-Saharan Africa (+218 per cent) and Central and Southern Asia (+176 Percentage) respectively.
- Northern America and Europe (+48 per cent), New Zealand and Australia (+ 84 percentage) are marked by slow growth.

#### 4.6 NATIONAL ELDERLY POPULATION

There are 138 million elderly people in India in 2021, in which 67 million are males and 71 million are females according to the Report of Population Projections for India 2011-2036, nearly. This projected figure of 138 million in 2021 is expected to become 194 million by 2031. This shows 41 percent increase in a decade as per the bulletin released by the National Statistical Office (NSO)'s Elderly in India 2021. Among these the number of males will be 93 million and females 101 million in 2031. The state wise data at present shows that Kerala stood first in elderly population (16.5 per cent) and Bihar had the least proportion with 7.7 per cent. The position of few other states are as follows 13.6 per cent in Tamil Nadu, 13.1 per cent in Himachal Pradesh, 12.6 per cent in Punjab and 12.4 per cent in Andhra Pradesh (Source: NSO report, 2021). In many developing countries, the existing socio-economic growth is unable to meet the consequences of rapid population ageing. They are not prepared and equipped to keep their elderly in a position to lead healthy life due to several unmet needs. India is also witnessing the rapid change of population ageing due to globalisation, industrialisation, urbanisation and modernisation which lead to change in economic structure. Changes in values, changes in values and families structure put the elderly in the clutches of declining traditional values and lack of adequate social security provisions.

**Table 1.2**

**Showing state wise aged population in India – 2011**

**Percentage of population in the age group 60 years and above to total population by sex and residence, India and bigger States, 2011**

India and bigger States	Total			Rural			Urban		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
<b>India</b>	<b>8.0</b>	<b>7.7</b>	<b>8.4</b>	<b>8.1</b>	<b>7.8</b>	<b>8.4</b>	<b>7.9</b>	<b>7.6</b>	<b>8.2</b>
Andhra Pradesh	8.8	8.3	9.4	9.5	8.9	10.2	7.2	6.9	7.5
Assam	6.1	6.2	6.0	6.0	6.1	5.9	6.6	6.8	6.4
Bihar	7.0	7.2	6.7	6.9	7.2	6.6	7.2	7.1	7.3
Chhattisgarh	7.2	6.8	7.6	7.4	7.0	7.8	6.3	6.0	6.6
Delhi	5.9	5.7	6.2	5.4	5.2	5.7	6.0	5.8	6.3
Gujarat	8.3	7.6	9.0	8.6	7.9	9.3	7.8	7.1	8.5
Haryana	7.1	6.6	7.6	7.3	6.7	7.9	6.7	6.4	7.1
Himachal Pradesh	10.4	10.4	10.3	10.5	10.6	10.5	8.7	8.8	8.6
Jammu & Kashmir	8.4	8.5	8.3	8.0	8.2	7.9	9.9	9.8	9.9

Jharkhand	6.7	6.7	6.6	6.6	6.6	6.6	6.9	7.1	6.8
Karnataka	8.4	7.9	8.9	8.9	8.3	9.5	7.5	7.2	7.9
Kerala	12.6	11.8	13.3	12.6	11.8	13.4	12.4	11.8	13.0
Madhya Pradesh	7.1	6.8	7.4	7.2	6.9	7.5	7.0	6.7	7.3
Maharashtra	9.3	8.8	9.7	10.3	9.7	10.9	7.9	7.6	8.2
Odisha	9.3	9.1	9.5	9.5	9.3	9.7	8.1	7.8	8.5
Punjab	9.5	9.1	10.0	9.9	9.4	10.5	8.8	8.5	9.2
Rajasthan	7.2	6.6	7.9	7.2	6.6	7.9	7.4	6.7	8.0
Tamil Nadu	10.5	10.2	10.9	10.9	10.5	11.3	10.1	9.7	10.5
Uttar Pradesh	6.8	6.6	7.1	6.9	6.7	7.2	6.5	6.3	6.7
West Bengal	8.2	8.2	8.2	7.5	7.4	7.6	10.1	10.3	10.0

**Source: Report No.1 of 2013 Sample registration system statistical report 2011,  
Page No: 20.**

The above table shows that in India, Kerala stood first in terms of total elderly population, male and female, rural and urban followed by Tamil Nadu and Himachal Pradesh. Delhi and Assam shows the lowest figures.

**Table 1.3 Showing Andhra Pradesh population by age group - 2011**

Age group	Male	Female	Total		M per 100 F
			Persons	Share (%)	
00-04	3,235,887	3,048,878	6,284,765	7.43	106.134
05-09	3,760,398	3,544,034	7,304,432	8.64	106.105
10-14	4,208,884	3,992,711	8,201,595	9.70	105.414
15-19	4,196,307	3,897,440	8,093,747	9.57	107.668
20-24	4,055,697	4,076,397	8,132,094	9.61	99.492
25-29	3,809,887	3,989,149	7,799,036	9.22	95.506
30-34	3,300,407	3,283,964	6,584,371	7.78	100.501
35-39	3,198,512	3,308,827	6,507,339	7.69	96.666
40-44	2,794,398	2,605,075	5,399,473	6.38	107.267
45-49	2,374,633	2,282,636	4,657,269	5.51	104.030
50-54	1,862,583	1,794,803	3,657,386	4.32	103.776
55-59	1,350,539	1,559,059	2,909,598	3.44	86.625
60-64	1,485,764	1,714,073	3,199,837	3.78	86.680
65-69	1,034,360	1,133,494	2,167,854	2.56	91.254
70-74	752,743	766,615	1,519,358	1.80	98.190
75-79	307,474	329,515	636,989	0.75	93.311
80-84	194,607	252,058	446,665	0.53	77.207
85-89	64,668	85,517	150,185	0.18	75.620
90-94	38,256	54,403	92,659	0.11	70.320
95-99	15,849	20,860	36,709	0.04	75.978
100+	12,607	15,378	27,985	0.03	81.981
Age not stated	387,686	383,745	771,431	0.91	101.027

**Source: Census, 2011. Published on 13<sup>th</sup> September, 2020**

(<https://statisticstimes.com/demographics/india/andhra-pradesh-population.php>)

#### 4.7 RURAL URBAN ELDERLY POPULATION

The urban population of Andhra Pradesh state accounts to 33.36% and the actual figure is 28,219,075 out of which 14,198,905 are males and 14,020,170 are females.

The overall picture of a typical Indian village is that of simplicity and a Spartan way of life that is divided along caste lines as well as economic occupations. Usually the rich will have the better agriculture income, spacious well stocked houses and the poor need to have struggle for basic amenities like minimum housing, safe drinking water, better education, and health care facilities. Drainages are never heard of, leaving the narrow dirt lanes open to be eroded by the fury of elements of nature, such as rains and storms that leave a trail of unhygienic conditions and diseases. In rural India the village elders play vital role in the

community through Panchayaths. The elderly own property, makes decisions in the Indian family regarding all matters. Preservation and following of traditional values is seen in the rural society where elderly are given much respect and taken care of by family. Rural elderly engage in household chores, cultivation, child rearing etc. (Muttegi, 1997). They don't bother about saving money for the future as they do believe that their children will take care of them. (Kumar, 2003)

This continuation of work inputs helps to make them self-sufficient, maintain authority and there by strengthen their status. Therefore elderly in rural areas are accepted as guides, mentors and counsellors in the family and village community. City life is fast and little bit complicated where rural life is relaxed and simple. The urban settlement means cities and towns. Social isolation is more in urban communities due to the built in boundary environment. Urban Life is challenging and competitive. Wide ranges of opportunities are available for livelihoods. Urban localities are covered with population density. However poverty is common in both areas, greenery is not seen much in urban dwellings which influence the health status of people. Moreover, a high rate of pollution is seen urban areas.

Urban community is characterized by demographic expansion, increased trading interactions, technological developments and industries. Differences are evident in terms of simplicity, homogeneity, family systems, and cultural practices, status of women, solidarity, education, customs, traditions and social relationships in rural and urban lives. Elderly neglect was common both in rural and urban areas, physical abuse is more prevalent among elderly residing in rural areas where as psychological and financial abuse is more in urban areas. Low Socio-economic status and living in urban areas were found to be risk factors in Health Status. There is strong association between place of residence and likelihood of health care utilization among the Indian elderly People (Benarje. S, 2021).

#### **4.8 SUMMARY**

Population ageing is an inevitable and irreversible demographic reality that is associated with welcome improvements in health and medical care. With longevity and declining fertility rates, the population of older persons (60 years and above) is globally growing faster than the general population. Three key demographic changes—declining fertility, reduction in mortality and increasing survival at older ages—contribute to population ageing. They reflect a shift in the age structure from young to old. The demographic transition of declining fertility and mortality leads to an expanding bulge in the older cohorts, as compared to the younger. The number of elderly people in the world is increasing exponentially. They are becoming more vulnerable to diseases, disabilities, poverty, social exclusion and abuse, and many other issues that prevent them from enjoying a dignified life. Aging is not just a problem for older people but also affects their families too. Population ageing is a great challenge of this century for policy makers, society as a whole not only to India but to the world as a whole due to its exponential increase in grain population. Active Ageing results in when maximum opportunities are provided for the elderly to improve health status, security which leads to the enhancement of quality of life. When the people realise their capacities and utilise their potentials to the optimum level, their physical social and Psychological Well-being will be in a positive way. All the countries in the world are undergoing the extraordinary transition in the form of increasing elderly population. This transition is mirrored in other changes of the societies. Elderly neglect was common both in rural and urban areas, physical abuse is more prevalent among elderly residing in rural areas where as psychological and financial abuse is more in urban areas.



**4.9KEY WORDS**

1. Biological ageing
2. Physiological ageing
3. Psychological ageing
4. Social ageing

**4.10SELF ASSESSMENT QUESTIONS**

1. Analyse the Concept and Dimensions of Aging?
2. Discuss the Trends of Increasing Aging?

**4.11REFERENCE BOOKS**

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## LESSON 5

# THEORETICAL PERSPECTIVES – SOCIOLOGICAL THEORIES ON AGEING

### OBJECTIVES

The Objective of this lesson is to analyze the Sociological Theoretical Perspectives on Ageing.

### STRUCTURE

- 5.1 Introduction
- 5.2 Theoretical Perspectives on Ageing
- 5.3 Sociological Theories and Social Gerontology
- 5.4 Social Theories: A Critical Analysis
- 5.5 Summary
- 5.6 Key Words
- 5.7 Self-Assessment Questions
- 5.8 Reference Books

### 5.1 INTRODUCTION

One of the branches of sociology i.e. Sociology of Gerontology or Social Gerontology focus on what it means to age in society; that is, personal concerns and social issues associated with ageing and the ways in which these themes are influenced and at the same time influence the society in which we live. Thus, according to the sociologists and other social scientists, ageing, looking through the lens of sociological imagination, as devised by C. Wright Mills is not an individual problem rather a widespread issue that is faced by both the developed and underdeveloped nations as a whole. The process of ageing can be approached from four distinct perspectives: functional, symbolic, conflict, and emancipation.

**Firstly**, the functional perspective argues that the elderly persons having knowledge, wisdom and experience help in the continuation of social norms, values and traditions. Hence, negligence of aged individuals needs to be rectified, according to the social situations.

**Secondly**, the conflict perspective assumes that the ageing is problematic for the society. According to this perspective, as the individuals become aged, it leads to the diminishing of power, prestige and privileges, unless these have been maintained by himself or herself. It argues that the wealthy and powerful individuals have blocked efforts to help the aged because they think spending for aged does not serve their personal interest. Moreover, it points out that the aged individuals, in course of time, lose their memory power and physical strength; thus, their role should be minimized.

**Thirdly**, the symbolic perspective examines the symbols and definitions that people use to communicate with one another, symbols that provide people with their view of the world. According to this perspective, all individuals with their features and characteristics, which are the reflections of their age, become the symbol of their respective age groups for others. Generally, the youths are considered to be smart, courageous and sportive. On the other hand,

as Henslin (1990) mentioned that old persons are seen as weak, indolent, calm etc. Thus, we tend to perceive both others and ourselves according to the symbols our culture provides.

**Fourthly**, the emancipation perspective is an alternative to above three perspectives for two reasons. First, it abandons the approaches, proposed by the above theoretical perspectives. And, secondly, it gives priority to the liberation of the aged from the exclusion of social, economic and political participation in the society. In fact, the emancipation perspective is defined as creation of a sense of social identity of aged in one extreme, and, an instigate to social, economic, political welfare of the aged individuals on the other extreme. In essence, the emancipation perspective provides relative privilege in socio-economic, political and psychological aspects of aged through the construction of a sense of age consciousness, which leads to the provision of social security.

## 5.2 THEORETICAL PERSPECTIVES ON AGEING

Understanding ageing has gained relevance and developed over the years. Rapid expansion of ageing research over the last several decades has made the theory more important. The theories help us to understand the ageing process better, and thus to improve longevity and quality of life. Theories of ageing are important to continue our quest for more answers, to the complex questions that intrudes on the individual's identity and the growing up process (Powell, 2009). There is a dearth of theories on social gerontology (Birren, 1999; Bengtson, Silverstein, Putney and Gans, 2009). A unified theory that includes the entire phenomenon associated with ageing is unrealistic. Age-related changes do not occur uniformly among the individuals, rather they are controlled by genetic, environmental and socio-cultural factors that add to the difficulty of finding a universal theory. Theories on ageing are touched upon by gerontologists from different schools of thought (Merker, Stolzing and Grune, 2001). Theoretical understanding has advanced over the years by analyzing and critiquing from a specific perspective. This section is a reflection of such thoughts.

Several theoretical approaches have been advocated by scholars in their efforts to understand the phenomenon of ageing. Since the time when there ensured a lovely debate between the proponents of the activity and disengagement theories, the field of social gerontology has been studied by such diverse points of view as

- ❖ Biological Theory (Finch & Kirkwood, 2000)
- ❖ Psychological Theories
- ❖ Sociological Theories and Social Gerontology
- ❖ Convergence Theory (William. J. Goode, 1963)
- ❖ The structured dependency theory (R. Smith, 1984)
- ❖ Activity Theory (Havighurst, 1963)
- ❖ Psychosocial Theory of Development (Erikson, 1968)
- ❖ Continuity Theory (Atchley, 1989)
- ❖ Modernization Theory (Cowgill and Holmes (1972)
- ❖ Exchange Theory (Martin)
- ❖ Personality Theory (Havighurst, R.J. 1968)
- ❖ Self Fulfillment Theory Butler (1963)
- ❖ Role Theory (Philips, 1957; Cavan, 1962)
- ❖ Labeling Theory (Bengtson (1973)
- ❖ Phenomenological Theory (Capoiniigri, 1971) and
- ❖ Age Satisfaction Theory (Riley Johnson and Aune Fonner).

### 5.3 SOCIOLOGICAL THEORIES AND SOCIAL GERONTOLOGY

Theoretical progress has been more challenging in social gerontology unlike the theory development in the biological and behavior sciences. This could be partly attributed to complex and fluid nature of the social phenomena over the course of life. Ageing is the transformation of the human organism after the age of physical maturity, usually accompanied by changes in appearance, behavior, knowledge, social status and roles. As people grow older, changes in their behavior, social interactions and their activities are evident. The broad focus of sociological theories is on the changing roles and relationships and how they have an impact on the older individual's ability to adapt. The disengagement theory of ageing explains the age-related decline in social contact, psychological effect and bio-physiological decrements (Cumming and Henry, 1961). Some other theoretical perspectives are theory on age stratification (Riley, Johnson and Foner, 1972), competence theory (Kuypers and Bengtson, 1973), political economy of ageing (Estes, Swan and Gerard, 1982), exchange theory (Hendricks, 1995) and continuity theory (Atchley, 1999). In the ageing literature, these theories are considered to be the second-generation theories, originated during 1970s – mid- 1980s. Many of these theories have been discussed and reinterpreted with minor differences and emerged as a third-generation theory with a multidisciplinary focus.

#### **Convergence Theory (William. J. Goode, 1963)**

Convergence theory of family structure. It believes that in largely rural traditional societies, families are essentially extended, either horizontally or vertically, whereas in modern industrialized societies, the independent nuclear family predominates. This theory believes that this is a natural progression of events as economic development expands.

Wherever the economic system expands through industrialization, family patterns change. Extended kinship ties weaken, lineage patterns dissolve, and a trend toward some form of the conjugal system generally begins to appear – that is, the nuclear family becomes a more independent kinship unit (William. J. Goode, 1963).

#### **The Structured Dependency Theory (Smith. R, 1984)**

The structured dependency theory of old age argues that the problems of older people have been socially constructed through a complex network of welfare policies, retirement rules, legal restrictions and cultural norms (P. Townsend, 1981). The theory contends that, old age welfare policies are mere adjustment mechanisms of society to avoid some of its own crises, and are not for mitigating the mental and physical deterioration of the aged (R. Smith, 1984). To be specific, retirements systems control over-production in a capitalist society by reducing the size of the labour force. Population ageing works as a safety valve for the stabilization of the entire economic system. The elderly bear the cost of an overabundant labour supply. The theory, through fascinating, has ignored the historical evolution of old age policies. It is hard to demonstrate that the majority of state policies on the aged have been developed to create a reserve army of unemployed labour force. At the same time, it is not known what the employers have gained through the continuance of retirement schemes.

#### **Social Disengagement Theory (Cumming & Henry, 1961)**

It is based on the notion that separation of older people from active role in the society is normal and appropriate. Older people should withdraw from the society thus, allowing the younger generations to step into vacancies. The process was supposed to be for the mutual benefit of the older people and the rest of the society thus, allowing the younger generation to step in. This theory believes that aging is and inevitable disengagement resulting in decreased interaction between the aging person and the social system. For men, disengagement begins

at retirement and for women, at widowhood. This theory considers disengagement as inevitable, whereas in reality, it is not. For example, after retirement, some men re-engage in new activities, while other enjoys the freedom and relaxation that retirement brings. Widows may remarry or widen their social networks. The ultimate form of disengagement is death. As aging people withdraw from social roles, they come closer to a final separation from social order and are free to die (Cumming & Henry, 1961) without disrupting the balance of the system. Cumming & Henry (1961) have provided empirical support for their theory. They carried out a five-year study on people between the ages of 50's and 90's living in Kansas City in the United States. They found that older people do progressively disengage from the society.

### **Activity Theory (Havighurst, 1963)**

In contrast to disengagement theory, this theory proposes that the more active elderly people are, the more likely they are to be satisfied with life. It also assumes that involvement in social networks and integration are positively related to life satisfaction. It is also proposed that people age most successfully when they fully participate in daily activities and also keep themselves busy (Lemon et al., 1972). Carstensen (1991) has suggested that it may be beneficial for older people to become active in some aspects of their lives, and little disengaged in other aspects (Schaie & Willis, 1996). Langer & Rodin (1976) found that elderly people who were encouraged to be active and to look after themselves as much as possible, had greater psychological well-being and lived longer than those who were less active.

### **Continuity Theory (Atchley, 1989)**

This theory opines that in aging, people are inclined to maintain, as much as they can, the habits, personalities, lifestyle and relationships that they have developed in the earlier years of life. According to this theory, older adults try to maintain this continuity of lifestyle by adopting strategies that are connected to their past experiences (Atchley, 1989). Bowling (2005) explains that it helps individual in later life, and makes adaptations to enable them to gain a sense of continuity between the past and present. The theory implies that this sense of continuity helps to contribute to well-being in later life. More specifically, it can be viewed from the functionalist perspective in which the individual and society try to obtain a state of equilibrium. This theory also deals with the internal and external structure of continuity to describe how people adapt to their situations and set their goals. The internal structure of an individual such as relationships, social roles provides a support for maintaining a self concept and lifestyle. So, in short, continuity theory of aging holds the idea that in order to age successfully, people must maintain a balance of continuity and change in both, the internal and external structures of their lives.

### **Modernization Theory (Cowgill and Holmes (1972)**

Cowgill and Holmes (1972) proposed that, the status of the elderly declines as societies become more modern. The status of old age was low in hunting and gathering societies, but then rose dramatically in stable agricultural societies, where older people controlled the land. With the coming of industrialization, it is said, modern societies have tended to devalue older people. Modernization theory of aging suggests that the role and status of the elderly are inversely related to technological progress. Factors such as urbanization and social mobility tend to disperse families and technological changes tends to devalue the wisdom or life experience of elders, leading to a loss of status and power. Some investigators have found that key elements of modernization were in fact broadly related to the declining status of older people in different societies.

**Exchange Theory (Martin)**

Martin proposes that if a person has some resources may be psychological, social and financial he can easily get support from others. Every individual will try to exchange their resources for care and supports that is to maximize his rewards and minimize the costs. The exchange theory offers a new perspective from which to view the process of aging and the interaction between the individual and the social system.

**Role Theory (Phillips, 1957; Cavan, 1962)**

Several writers have set forth the belief that behavior in old age can be explained through role theory (see Phillips, 1957; Cavan, 1962). In sociology, a role is behavior expected from individuals who occupy certain positions (e.g., father, teacher) or a certain status. Most role theorists use what is called the dramaturgical model. The major idea behind the dramaturgical model is that just as actors play different roles on the stage, so individuals play different roles in everyday life. In other words, just as the performance of an actor on the stage is determined by the script, the director's instructions, the performances and abilities of fellow actors, the reactions of the audience, and the actor's interpretation of the part, so an individual in everyday life is subject to similar influences.

**Labeling Theory (Bengtson (1973))**

Labeling theory has traditionally been used by sociologists to explain criminal behavior and mental illness. Bengtson (1973) has suggested that this theory be used to explain some of the behavior of the aged. There is a close connection between role theory and labeling theory. In essence, through the process of labeling, individuals are forced into acting out specific role. Labeling theory does not maintain that most or all individuals who have the label "senile" are, in fact, "normal". The theory simply points out the fact that labels can have a tremendous impact on the way in which we react to others. Once labeled as old, senile, dependent, or sick, the individual will experience a marked reduction in the number, types, and options of roles available. Furthermore, the labeled individual will enter into largely predetermined groups and organizations. It should be pointed out, however, that individuals can respond differently to the same label. The label "old" may cause severe depression in one individual and senior pride in another.

**Phenomenological Theory (Capoinigri, 1971)**

Phenomenological theory first appeared in American behavioral science in an article by Donald Snygg (1941) and was later elaborated on by Combs and Snygg (1959). The basic idea behind phenomenological theory is that to understand human behavior you must understand the individual's perceptual world. It has long been recognized that individuals see the world very differently from one another. A very old theory that is undergoing a recent revival is phenomenological theory. In contemporary usage, phenomenology is considered to be a movement started in Germany by Edmund Husserl and continued through individuals such as Alfred Schutz, Max Scheler, Nicolai Hartman, Martin Heidegger, and Edith Stein (Capoinigri, 1971).

The major idea is that through life experiences and socialization we develop a perceptual framework, through which we selectively perceive and interpret the world. Thus individuals can perceive the same phenomena very differently. For example, aged individuals may respond differently to such phenomena as retirement, health changes, or widowhood. The difference in their responses is due not to the phenomenon in and of itself, but to the individual's interpretation or perception of the phenomenon.

### Age Stratification Theory (Riley Johnson and Anne Fonner)

The theory of age stratification outlined by Riley Johnson and Anne Fonner considers age as a centrally important characteristic like class, sex or ethnicity, influencing individual behavior and social structure. The theory assumes that age located individuals or groups of people are in the social structure. Each age stratum is composed of people similar in life stage who tend to share capacities, abilities and motivations to age. Age is thus a basis for structured social inequality. There is interdependence – continuing interplay between aging and social change. This interdependence is inevitable since society and individuals are inseparable. The aging process among the senior citizens of today should not be viewed as of biological and medical concern alone but of social, economic, psychological and demographical importance as well in a coordinated manner, which is the main concern of the sociological perspective approach.

Old age has in fact been important area of sociological research that a whole new field of specialization called Gerontology has come into existence. Gerontology includes in its scope many aspects (biological, psychological, economic and social) of the aging process.

The theory of age satisfaction outlined by Riley Johnson and Anne Fonner consider age as a centrally important characteristic like class, sex or ethnicity influencing individual behaviour and social structure. The theory assumes that age located individuals or groups of people are in the social structure. Each age stratum is composed of people similar in life stage who tend to share capacities, abilities and motivations to age. Age is thus a basis for structural social inequality. There is interdependence continuing interplay between aging and social change. This interdependence is inevitable since society and individuals are inseparable. The aging process among the senior citizens of today should not be viewed as of biological and medical concern alone but of social, economic, psychological and demographical importance as well in a coordinated manner, which is the main concern of the sociological perspective approach. Further financial problems seems to be urgent, put the social, psychological adjustments also need to be looked into. The problems of the old are steadily increasing in their magnitude and are severally the out come of physical, social, economic, cultural and psychological factors, hence the right approach to handle the aging problems is coordinated, integrated and a comprehensive base which is the unique feature of the sociological perspective approach to the aging problems in the present study.

The multifarious dimensions of ageing in India can Sociologically be through to be a series of transitions form one set of social roles to another and such roles are structured by the social system. According to **Bhatia (1983)** “Age and Ageing are equally related to role taking, value orientation and modes of behaviour of a person the expectation of which various of different age and stages of members of society. It seems the discipline of sociology has been almost insouciant to the category called the aged. The ‘aged’ is about a vulnerable population, which is usually overlooked in our discipline; it is about a population, which is always at risk. No wonder, sociology has been enriching itself by encompassing and integrating new domains of discourse from time to time. Form ecology to the Dalits, youth to feminism, though interrelated, it is constantly renewing itself. That is, perhaps the precise attribute of sociology for which August Comte called it a ‘dynamic sociology’. Thus, the central methodological question that still remains unresolved is: should sociology make an attempt to construct a discourse for the aged, which saying that the literature available on “ageing” in our discipline is very spare. Thus, perhaps it becomes a methodological imperative for sociologists to build up a systematic discourse on gerontology for a panoptic understanding: their crisis, contribution as well as problems and possibilities. Of late, Social Gerontology, a branch of Gerontology, has started to focus on ageing from the socio-cultural aspects.

Ageing is a by-product of physical, psychological and social processes. While contextualizing the process of ageing, the main thrust of the sociology, both as a discipline and a movement, is to

reflect on how and to what extent transformations in the society and of the individual life influence each other, as individuals of different age categories pass through social system-institutions, values and norms. Sociologists specify three interrelated processes of ageing: physical, psychological and social. First, the physical ageing refers to the internal and external physiological changes that take place in the individual body. Second, the psychological ageing is understood as the developmental changes in mental functioning – emotional and cognitive capacities. Third, the social ageing focuses on the changes such as: how individuals are viewed, what individuals expect of themselves, and what is expected of them from others that individuals experience over the various age categories. However, sociologists are paying attention to the socio-economic and cultural antecedents of the process of ageing. Furthermore, ageing does not mean what an individual is able to act rather it facilitates what he/she expected to act, permitted to act or prohibited from acting (Venkateswalru.V, 2008).

Every society uses age categories to divide this ongoing process into stages or segments of life. These life stages are socially constructed rather than inevitable. Age, too, is a production of social category. At any point of life span, age simultaneously denotes not only a number and a mixture of physical characteristics but also a set of social constructs, defined by the norms specific to a given society at a specific point history. Think about childhood, for example. When you were growing up, childhood was a distinct period of life with particular activities designed especially for your age group: television programmes, movies, school, music etc. Thus, a specific period of life, be it infancy, childhood, adolescence, adulthood, middle age or old age is influenced by the structural entities of a given society. Therefore, ageing is not to be considered the more product of biological function rather a consequence of socio-cultural factors.

Moreover, what is important about ageing, then, is how a society uses it to put people into categories. As a classificatory tool, age is important in three ways. First, like sex, age is an ascribed status or characteristic, which is, based on attributes over which we have little or no control. Second, unlike sex, as specific age is always transitional – constantly moving from one age to another, beginning life at zero and ending with a certain number at death that is regulated by societal expectations of age-appropriate behaviour. These transitions also assume that conformity is rewarded whereas deviance is punished. Third, although in every society some age groups are more powerful, rich and respectable than others; the unique aspect of ageing is that everyone can expect to occupy various positions throughout life on the basis of his or her age. The equation is very simple – all of us, at certain time, were powerless infants, and in course of time, the power and influence change as we move from one age category to another. Thus, the definition of ageing is society caused.

#### 5.4 SOCIAL THEORIES: A CRITICAL ANALYSIS

Despite the immense contribution in understanding ageing process, theories often reflect culturally dominant views on what should be the appropriate way to analyse social phenomena. These have been developed adhering to the norms and values of the given context and time. Disengagement theory is inherently ageist and does not support successful ageing. Nevertheless, activity theory neglects some important issues, such as

- ❖ power,
- ❖ inequality and
- ❖ Conflict between different age groups.

Based on several assumptions, such as there is an abrupt beginning of old age, the ageing leaves people unaccompanied. People need to be encouraged to be active, involved and develop own-age friends. Projection of standards and expectations of middle age to older age puts the activity theory for further criticism. Both disengagement and activity theories imply how human behavior should change instead of discussing how it keeps altering with age. Political economy and the exchange theories that put a high emphasis on productivity



and economic activity make it difficult to value other forms of social exchange in terms of informal care, experience and wisdom, shared between the elderly and the society.

There have been general agreements that all theories of ageing should be considered helpful as long as they contribute to overcome problems and not just remain as self-fulfilling predictions. It can be said that different theories can be applied, depending on the situation and the individual. Theories of ageing can be used not just to develop policy and promote positive attitudes to ageing but also to help understand the ageing process itself. The broad sociological theories on ageing can have significant impact on research in these areas.

However, these theories have not covered adequately the major components, such as ethnicity, gender, lifestyle, socio-economic issues, cross-cultural experiences and variations, etc. These theories are not substantiated with evidence-based data and supported by real situation. Because of the uncertain nature and lack of convincing support in each instance, further research and theory development are desirable. There is inadequate attention to the link between theory and applied research in social gerontology. It has been argued that this delinking weakens research and hinders the functions that theory can play to organize the accumulation of knowledge. It is important to address this challenge of missing link between theories and applications.

## 5.5 SUMMARY

One of the branches of sociology i.e. Sociology of Gerontology or Social Gerontology focus on what it means to age in society; that is, personal concerns and social issues associated with ageing and the ways in which these themes are influenced and at the same time influence the society in which we live.

**Firstly**, the functional perspective argues that the elderly persons having knowledge, wisdom and experience help in the continuation of social norms, values and traditions. Hence, negligence of aged individuals needs to be rectified, according to the social situations.

**Secondly**, the conflict perspective assumes that the ageing is problematic for the society.

**Thirdly**, the symbolic perspective examines the symbols and definitions that people use to communicate with one another, symbols that provide people with their view of the world. Theoretical understanding has advanced over the years by analyzing and critiquing from a specific perspective. This section is a reflection of such thoughts. Several theoretical approaches have been advocated by scholars in their efforts to understand the phenomenon of ageing. Disengagement theory is inherently ageist and does not support successful ageing. Nevertheless, activity theory neglects some important issues, such as power, inequality and Conflict between different age groups.

## 5.6 KEY WORDS

1. Gerontology
2. Aging
3. Old Age
4. Kinship
5. Industrialization

### **5.7 SELF ASSESSMENT QUESTIONS**

1. Define Gerontology? Analyse the Sociological Theories on Ageing?
2. Critically examine Various theoretical Perspectives of Aging?

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# LESSON 6

## PSYCHOLOGICAL AND BIOLOGICAL THEORIES ON AGEING

### OBJECTIVES

The Objective of this lesson is to explain the Psychological and Biological Theories on Ageing.

### STRUCTURE

- 6.1 Introduction
- 6.2 Theories of Ageing:
- 6.3 Psychological theories
- 6.4 Biological theories
- 6.5 Stochastic theories
- 6.6 Non – Stochastic theories of ageing:
- 6.7 Summary
- 6.8 Key Words
- 6.9 Self Assessment Questions
- 6.10 Reference Books

### 6.1 INTRODUCTION

Ageing is not an event but a process. For the development theorists and practitioners ageing is one of the most neglected issues mainly because they are disempowered and non resourceful persons. They are not considered as a class category or status group neither by economists nor by sociologists. Elderly were considered as a social phenomenon in India till the early 1980's. But now they are looked as an economic phenomena as the society is moving from humanistic (social) to materialistic (economic). This shift in paradigm in the approach of elderly is changing the elderly as a commodity. This process has taken place in a cumulative manner that even the elderly themselves feel the change in the attitude of people towards them. Population ageing and change in the family structure are serious problems in the developing countries. The nations are not ready to give up the traditions nor are they fully modernized in the approach. The decrease in the fertility rate and the changing roles of women made the society to look elderly in a different dimension. It is observed that in India, Tamil Nadu and Kerala will be having largest number of old population because the fertility rate has declined drastically and they have already reached to a replacement of 2.1 children per women. (Bhawsar. 2001). Social change witnessed by India in the last decade show that many social categories has transformed into economic and political categories. Elderly cannot change themselves into a political category or an economic category as they are not an organized group. There are two points to be noted here, in the first instance the materialistic world in which they live today is alienating them. Life-satisfaction and alienation among the aged are important concepts, as these have far reaching implications and can give us an overall view of the larger populations ageing successfully or not in our society. In a study conducted by Kattakayam (2002) it was seen that elderly men feel more alienated than the elderly women; the elderly women are active in the kitchen and feel wanted by the family.

Although the degree of isolation may vary, with urbanisation and nuclear families on the rise, elderly women living in metropolitan cities are more likely to feel socially alienated than their rural counterparts (Jamuna, 2003). India Today (2013) reports that the alienation that comes from urban living, which strangely enough also includes people living in close proximity to each other (in the apartment/ flat system), has a lot to do with the risks in modern living. This alienation affects the elderly a lot. After the children leave the nest, which they do in large numbers in middle class urban India, the parents are left to fend for themselves. The emotional vacuum is very hard to fill. The loneliness becomes worse under the threat of being robbed or murdered. In such situations the neighbourhood fails in its duty by not being on guard or vigilant enough.

In the second place, those who are having an independent income are forced to spend their money in a manner in which they do not like. As a result, there is a constant conflict between caretakers and elderly (Thara, 2004). The Social exchanges are slowly shifting towards economic exchanges. When it is changing to economic exchange the elderly are exploited by the family and society. This economic shift has to be viewed in two ways from the elderly point of view and from the society' point of view. The income generated by the elderly is used in the family but due share is not given to them (Sivakumar, D. 1998). In this context those elderly who has the knowledge about old age homes feel a deprivation and try to experiment by staying in the homes. Today there are many other public caretakers like paid servants exclusively for old, day care centers etc. In the traditional Indian society the income was not a parameter for any person to be in the family unit as all kins were considered as social unit. There was no correlation between the earning capacity and looking after a person. The older the person the greater the respect he derived from other members of the family. Respectful relationships existed in the family on a hierarchical base. Even when a family is composed of four or five generations the system functions in such a way that no body is neglected.

Joint family system of India was a unique institution where economics and politics were overruled by social relations (Reddy & Srinivas, 1996). Though ageing is universal, till a decade back ageing is considered as natural and evolutionary process and hence it is not taken seriously. Till 1980s the problems of the old were not known to the state in the developing countries 381 and therefore they are not attended. The mass culture and international communication, the byproducts of globalisation gave an idea to developing countries the need to take care of the old as this demographic category will be increasing year by year. There are many ways to reduce the child population whereas the old population cannot be stopped as the developing countries like Asian countries methodically ignored the structure of the population. The equilibrium theory experienced by the Western Europe in the early 20th century is being experienced by India today. The equilibrium theory has three stages. The first stage is known as the Stage of Equilibrium characterized by high birth rates (fertility) and high death rates (particularly infant mortality). In the second stage, birth rates remain high while mortality rates are on the decline. Finally, there is a returned equilibrium in response to a complex centric of social, economic and environmental factors: both birth (fertility) and death (mortality) rates decline and a state of equilibrium is reached. (Sen. 1994) Ageing in the developed and developing countries may be seen differently as the developed countries have a different vision of ageing than that of developing countries.

Globalisation undermines the disparities between the rich and poor, likewise within the countries the internal disparities are not taken into account. This is visible in the developed countries too. (Neysmith & Edwardh. 1984). Globalisation saw new development

models and correspondingly different population categories are given different statuses. The old in the developed countries are taken care by the state and are given a special status. In the developing countries where the globalization is in the process and the change is in transition all segments of population are in a dilemma as to their present and the future status. The children, the youth, the women and the old are undergoing a change in terms of their lifestyle, world outlook and the relationships in the society. When the children and the youth are able to adapt to these changes, the old are in an anomic mind confusing them and this is having a great impact on their immediate society. The consequence of this social phenomenon is that in the developing countries globalisation made the elderly people to move to periphery becoming a marginal underclass. During 1980's and 1990's the developing countries showed higher participation of elderly in the work force which is gradually declining due to changing social scenario. Rapidly changing family circumstances like the emergence of nuclear family, absence of traditional care takers and the absence of traditional support systems changed the elderly in their status and lifestyle.

Government also did not seriously consider the problems of elderly as the elderly were considered as part of the family. Society as well as the Government did not envisage that the elderly will be pushed out of the family within a short span of time. (Sen. 1994.). Global economic recession of 1980s and the consequent global restructuring in the following decade has severe impact on families. From 1990's onwards the world is in the grip of globalisation which changed the attitude of people from dependency to independence. The worst affected population category was the aged as they became ambivalent when their support systems were removed or replaced by their own kins. The elderly were forced to move from center to periphery. "Shifts from nuclear families may imply the loss of older persons' roles as heads of families and a loss of decision-making functions and financial responsibilities. In rural areas, new patterns of land ownership and mechanization of agriculture reduce the opportunities for older farmers to adjust their work-load and carry out smaller tasks as their strength diminishes. In urban settings, the substitution of wage labor for independent work makes it difficult to adapt working conditions to the needs of aging. Access of the young to modern education can impair intergenerational ties undermining the status of older people by making their experience and attachment to tradition appear outmoded and irrelevant to technical progress."(United Nations, 1991).

The concept of ageing had a new meaning at this time. The elderly who were the pillars of traditional social system were slowly removed and they became appendix in the family. The intergenerational support has drastically changed due to the new economic scenario. (Martin. 1990). The elderly today has become a dependent category of society. Though the elderly of yesteryears were dependent psychologically they did not feel they were dependent whereas today they are forced to become a dependent category.

### **Elderly in the Changing Social Situation:**

Population ageing in recent years show that elderly population Theories of aging have played an important role in the evolution of the field of gerontology which includes biology, psychology and sociology. During a person's life span development occurs through the course of life as a result of changing interactions of physical, social, cultural and psychological influences. These theories help us to interpret interactions in the meaning of growing old. On the other hand, psychological theories examine the ways in which social life is organized, and also the ways in which it affects individuals' actions and behaviours at all ages. In sum, it can be said that successfully aging does not mean that any age is free from

negative influences. Successful aging means good adjustment or adaptation to aging in all domains of life which further leads to life satisfaction.

According to Durkheim's view point so long people of any class age, gender and creed are closely knitted with social bond, they are hale and hearty and feel lesser the pinch of aging in the case of senior citizens. The moment the senior citizens feel socially isolated and disintegrated from the social bond, they begin to experience fast aging which becomes a problem. One of the important bases of social bond in every society is religion. Those who have been all through religious minded and maintain this tendency even after 60 years of age or retirement do not feel the problems of fast aging. Further, those who emotionally, feel the loss of social status and prestige or feel socially isolated and economically in secured after retirement or 60 years of age, they experience fast aging problems.

These are some of the sociological variables which have been validated in the present study. The comprehensiveness and holistic view point of the sociological approach has been the main attraction for the researcher. There are number of other perspectives too which could be taken advantage of in a study like this. The studies on Aging conducted in the west generally emphasize the psychological aspect and are assumed that economic and financial help to retired aged persons shall be the panacea for all their problems. Hence they suggest adequate old age pension and establishment of Old age Homes. This is a very limited approach towards the problems of the senior citizens. In short the existing studies lack comprehensive understanding of the problems of aging among the senior citizens in our country.

The earliest studies indicate that people in all times have tried to make sense of the way people age. A number of artists, historians, philosophers, physicians and social scientists have surveyed the literature on aging. The bible, cave drawings, classical drama, poetry and early medical reports have drawn parallels and contrasts between how human beings in the past and present interpret facts of aging and explain variations in well-beings in the past and present interpret facts of aging and explain variations in well-being and infirmity at various stages of life (Achnbaum, 1985; Achenabum et al., 1996). Aging is a universal phenomenon, but its impact. It is believed that aging is determined by genetic and environmental factors.

Accordingly, there are biological and psychosocial genetic and environmental factors. Accordingly, there are biological and psychosocial theories that try to explain the causes of aging.

## 6.2 THEORIES OF AGEING

Knowledge about theories of aging helps to understand the mystery of ageing. Theories of ageing will help us to observe the complexity of physiological, psychological, social and economic challenges. Decline in cognitive and physical functioning lead to creation of supportive environment. Loosing friends, maintaining quality of life, disabilities are some other challenges of the elderly. Theories of ageing can be divided into sociological theories, psychological theories & biological theories.

### Sociological theories

**Activity theory:** This is proposed by Havighurst & Albrecht (1953). According to this theory the society expects aged to remain active because staying occupied and involving in as many

as possible activities is necessary to lead satisfactory life. Activity is associated with psychological health and delays the adverse effects of old age.

**Disengagement theory:** This explains that as age prolongs, the people gradually disengage from social relationships, responsibilities and find time for internal reflection.

**Subculture theory:** Rose (1965) theorized that elderly likes to interact among themselves. Health and mobility determines social status.

**Continuity theory:** Havighurst in 1960s continuity theory states that the roles we choose and how we enact them are influenced by personality. This influences living with satisfaction. The major personality types are integrated, armoured-defended, passive-dependent and un-integrated. Out of all these integrated personality types adjusts well with ageing.

**Age stratification theory:** Relay in 1970 noticed that stratification of the society into different age groups is the basis for assigning roles and allocating resources. This theory focuses on societal needs of different age groups.

**Person-environment-fit theory:** Lawton (1982) proposed that successful ageing was influenced by the capacity of the individual to function in one's environment.

**Gerotranscendence theory:** Tornstam (1994) viewed that cognitive transformation of materialistic and rational thinking is replaced by oneness with the society. Here the choice of the individual controls and influence the successful ageing.

### 6.3 PSYCHOLOGICAL THEORIES

**Human needs theory:** Maslow (1954) listed out a hierarchy of five needs which acts as motivating factors in determining the individuals' behaviour. Self-actualisation occupies the ultimate goal of the person. Always the individual works for the fulfilment of needs.

**Theory of individualism:** Jung (1960) proposed that the personality of the individual develops slowly with the component of self-identity. Individuals are classified into introverts and extroverts based on their expression. Introspection promotes positive inner growth.

**Personality development theory:** Erickson (1963) proposed eight stages of personality development where the individual may succeed or fail in each stage. The success in previous stages leads to success in later stages whereas the dissatisfaction leads to despair.

**Life span development theory:** Back (1980) felt that each individual's life is predictable and unique which is determined by one's goals, relationships, internal values and roles.

**Selective optimization with compensation theory:** Baltes, P. B. (1987) theory of successful ageing asserted that individuals learn to cope with the process of selection, compensation and optimization. Aged individuals choose their roles and activities which gives them optimum satisfaction.

### 6.4 BIOLOGICAL THEORIES

These are divided into two categories

1. **Stochastic** – based on the episodic events happened throughout the life
2. **Non stochastic theories**-based on pre-determined events which happens to all in a time frame.

## 6.5 STOCHASTIC THEORIES

**Free radical theory:** The free radical states that gradual damage of cells leads to ageing (Grune & Davies, 2001).

**Orgel/error theory:** Errors in DNA and RNA protein synthesis caused the degeneration of cells resulting aging (Orgel, 1970)

**Wear and tear theory:** Damage to cellular metabolism like heart muscle, neurons, brain, etc., which cannot be replaced and other combination of factors are responsible to ageing. (Van Cauter, Leproult & Kupfer, 1996)

**Connective tissue theory:** The cross linkages and connections between the structures through biochemical process results in ageing.

## 6.6 NON – STOCHASTIC THEORIES OF AGEING

**Programmed theory:** As people ages, their cells stop dividing and they are unable to replicate due to the shortening of the telomere secreted by the enzyme telomerase.

**Gene/biological clock theory:** Genes are responsible for ageing as the genetically programmed codes results in ageing.

**Neuro-endocrine theory:** Changes in hormonal secretions are involved with ageing like oestrogen, growth hormone and melatonin.

**Immunologic/ autoimmune theory:** Decreased immune function in the elderly due to shrinking of thymus gland resulted several autoimmune disorders including ageing process.

Biological and psycho-social theories lack the specificity and holistic perspective to deal with the ageing. But the knowledge from all the theories can help to understand biological and psycho-social influences on the ageing. The various dimensions of ageing which are explained by multiple theoretical perspectives collectively gives the idea that ageing is a complex phenomenon and it is a result of bio and psycho-social factors.

### Biological Theory (Finch & Kirkwood, 2000)

Biological aging refers to changes with the passage of time in the structure and processes of tissues, major organs and systems of body that can ultimately affect our health, behavior, functional capacity and survival. Theories of biological aging provide clues to understanding processes that occur in cells and the body. Over 300 biological theories of aging have been investigated over the centuries (Medvedev, 1972), but there is not any single theory of aging which explains all processes that occur in the cells as well as in the body.

Biological theories of aging distinguish between external and internal events (Finch & Kirkwood, 2000). Some theories see aging as the result of external events, such as



accumulated random reactive factors that damage cells or body system over time. For example, these factors might damage the organism due to wear and tear. Some theories see aging as a result of the internal event, such as built in genetic program that is responsible for death. In both cases, the most likely interventions are those that would make sense depending on which theory best explains the facts about aging (Ludwig, 1991).

### **Psychological Theories**

Psychological theories of ageing explain the numerous Psychological changes in individuals in their middle and later years of the lifespan (Bengtson, Putney and Johnson, 2005). Self-concept is considered to be the organized, coherent and integrated pattern of self-perceptions that include self-esteem and self-image (Cavanaugh and Blanchard-Fields, 2002; Whitbourne, 2005). Lifespan theorists advocate the view that personality is determined by the interactions between an inner maturational plan and the external societal demands. The theory defines the concept of ageing as multidimensional, and these dimensions include the possibility of growth, recovery and learning of new skills at older ages (Baltes, Freund and Li, 2005). The life span development theory has given rise to an overall psychological theory of successful ageing (Baltes and Baltes, 1990) called Selective Optimisation with Compensation Theory (SOC). Theory on SOC explains how individuals can manage adaptive or successful (Social, Cognitive and Physical) development in old age. As per the theory of cognitive plasticity, the development is assumed to be modifiable or plastic' during all phases of the lifespan, including old age (Willis, Schaie and Martin, 2009). Consideration of plasticity at the behavioural and socio-cultural level is central to this theory. Many of these theories of ageing are interlinked in the same complex way the bio-social and psychological changes occur in the body. The limitations in such theories have paved the way towards formulating and refining an understanding of social gerontology.

### **Psychosocial Theory of Development (Erikson, 1968)**

Erikson's psychosocial theory of ego development has provided an important framework for understanding development over the life course. He has divided life span into eight stages, which include infancy, childhood, middle childhood, school age, adolescence, adulthood, middle adulthood and old age. He has described potential crises that people go through during each stage, which must be resolved if a desired outcome is to be achieved.

The impact of earlier experience on later stages is important and influential. He has described the development of personality of the elderly as integrity versus despair. Integrity means to be integrated in one's attitude, beliefs, motives and experiences in such a way that fit together comfortably, and enable an individual to unite his personality characteristics and view of his life with content and satisfaction and also promote a feeling of well-being. On the other hand, lack of resolution leads to despair; a feeling that time is short for achievement of integrity. According to Erikson, the outcome from resolution of the eight crises is wisdom. So, one can say that if the elderly people integrate their personality traits adequately, they can lead satisfied lives and gain the belief of wisdom.

### **Personality Theory (Havighurst. R.J. 1968)**

One of the major proponents of this is R.J. Havighurst. Havighurst claims that both disengagement and activity theories are inadequate to explain the data. Havighurst claims that disengagement and activity theorists have incorrectly focused on the amount of activity as the

important variable in determining life satisfaction. He claims that it is not the level of activity but rather the personality type that is the pivotal variable in determining life satisfaction. In other words, different personality types need different levels of activity for high life satisfaction. Of Havighurst's eight personality types, two can be used to explain the theory. (Havighurst. R.J, 1968).

### **Self Fulfillment Theory (Butler, 1963)**

Butler (1963) explained that the life review is a natural and universal adaptive process where, by bringing one's past experiences back to consciousness, older adults are helped in solidifying and integrating their identities. By re-examining the past and re-integrating past unresolved conflicts. Older adults may come to know themselves better. Communicate to other who they were and are, and help themselves deal with their morality.

## **6.7 SUMMARY**

Ageing is not an event but a process. For the development theorists and practitioners ageing is one of the most neglected issues mainly because they are disempowered and non resourceful persons. Social change witnessed by India in the last decade show that many social categories has transformed into economic and political categories. Elderly cannot change themselves into a political category or an economic category as they are not an organized group. There are two points to be noted here, in the first instance the materialistic world in which they live today is alienating them. Life-satisfaction and alienation among the aged are important concepts, as these have far reaching implications and can give us 385 an overall view of the larger populations ageing successfully or not in our society. Theories of aging have played an important role in the evolution of the field of gerontology which includes biology, psychology and sociology. These theories help us to interpret interactions in the meaning of growing old. On the other hand, psychological theories examine the ways in which social life is organized, and also the ways in which it affects individuals' actions and behaviours at all ages. It is believed that aging is determined by genetic and environmental factors. Accordingly, there are biological and psychosocial genetic and environmental factors. Accordingly, there are biological and psychosocial theories that try to explain the causes of aging. Biological and psycho-social theories lack the specificity and holistic perspective to deal with the ageing. But the knowledge from all the theories can help to understand biological and psycho-social influences on the ageing. The various dimensions of ageing which are explained by multiple theoretical perspectives collectively gives the idea that ageing is a complex phenomenon and it is a result of bio and psycho-social factors. Many of these theories of ageing are interlinked in the same complex way the bio-social and psychological changes occur in the body. The limitations in such theories have paved the way towards formulating and refining an understanding of social gerontology.

## **6.8 KEY WORDS**

1. Gerontology
2. Self-Concept
3. Optimization
4. Phenomenon
5. Disengagement

## **6.9 SELF ASSESSMENT QUESTIONS**

1. What is Gerontology? Discuss the Psychological Theories of Aging?
2. Explain the Biological and other theories of Aging?

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# **LESSON 7**

## **IMPORTANCE OF GERONTOLOGICAL SOCIAL WORK**

### **OBJECTIVES**

The Objective of this lesson is to explain the Importance of Gerontological Social Work.

### **STRUCTURE**

7.1 Meaning of Ageing

7.2 Concept of Ageing

7.3 Concept of Gerontology

7.4 Importance of Gerontological Social Work Education

7.5 Need for Gerontological Social Work as a Specialization in Social Work

7.6 Social Work Methods and Gerontological Social Work

7.7 Social Work Intervention with the Ageing in Rural Areas

7.8 Role of Gerontological Social Worker

7.9 Need for Family Counselling by Social Workers in Gerontology:

7.10 Summary

7.11 Key Words

7.12 Self Assessment Questions

7.13 Reference Books

### **7.1 MEANING OF AGEING**

Ageing is an integral part of human condition, because of its phenomenological nature and theorists have overlooked the need to define “old”, “older” “elderly. Ageing is a universal process. The study of physical and psychological changes which are incidental to old is called as Gerontology. The care of the Aged is called clinical gerontology or geriatrics. With increasing life expectancy and an aging population, it is becoming more important to understand how people in the later stages of life perceive their lives. What motivates them? What drives their choices? How do they age in different ways? This chapter will discuss the dimensions of aging and how this relates to the abuse of elderly people. The dynamics of aging are complex. This chapter highlights some dimensions that describe the path of aging and how it can be improved through healthier lifestyles. The researcher also emphasizes that there is a need to prioritize the needs of the elderly. No one can be sure when, how, or why people reach old age. But we can definitely see the dramatic differences between them: from the physical characteristics to memory, sight and hearing, there are many variations. We have different ways of thinking and behaving at different ages.

The rapid aging of the world's population has brought forth a variety of issues, especially in developing countries. Issues such as severe malnutrition and chronic disease are leading to a dramatic increase in mortality and morbidity among elderly people. In this chapter, we will discuss the dimensions of aging, with a special focus on the misuse of elderly people by those who would like to exploit them for profit. There are many dimensions of aging and they all affect the lives of elderly people. Understanding them can be the first

step towards enabling the elderly to live with dignity and enjoy a fulfilling life. The elderly are the most vulnerable segment of society and also the most vulnerable when it comes to violence. They need special care, attention and protection. The purpose of this chapter is to explore the dimensions of aging by talking about the abuse of elderly people.

In recent years, old age has been placed at the top of the political agenda as it becomes more and more prominent as a threat to society. The issue of aging is a very complex one since it is influenced by biological processes and influences that are culturally conditioned. Aging causes loss of autonomy, but also provides opportunities for human beings to develop, or even improve their quality of life. This chapter examined the dimensions of aging in relation to abuse of elderly people. The dimensions were identified by using individual, dyadic and structural factor analysis methods.

Sociological studies have indicated that there is a close connection between physiological aging and the abuse of elderly people. The majority of older people living in nursing homes are suffering from diseases such as dementia, asthma, high blood pressure, and arthritis. The physiological aging process, also known as chronological aging, is the gradual decrease in physiological functioning as a result of normal wear and tear on body systems. The normal process of aging begins when we are young and continues to accelerate over time. It is inevitable that we will all experience the effects of aging. The main concern is how these changes affect our lives and our ability to lead healthy, productive lives.

The ability to move at a fast pace with minimal effort is a vital aspect of human health. However, physiological aging can also lead to loss of muscle strength and endurance. This is often referred to as “catabolic aging” because it involves the breakdown of muscle tissue by enzymes. As humans age, they are more susceptible to this breakdown, which can be caused by physical inactivity or even medications that suppress the immune system. There is no doubt that the aging population is a topic of discussion in all developed countries. But, many people tend to overlook the fact that an older individual is also an individual who has a physiological aging process. In other words, the aging process does not just happen when you are 60 or 70 years old. It happens from birth, and it happens at different speeds and with varying degrees in different individuals.

Most of us have been told that older people need to be protected from the cold, and it is a good idea to wear warm clothes. However, this could lead to physiological aging, which will eventually cause health problems. On the other hand, we also need to protect our elderly from abuse and physical abuse is not the only way. The aging process is a topic that has been researched by various scientific disciplines for decades. Unfortunately, there is no single definition for aging, and the concept is often misunderstood or even misused. This chapter will explain the physiological and genetic changes associated with aging in humans, and their effects on health. Physiological aging, which refers to the changes that occur in the body with time, maybe largely influenced by lifestyle. Lifestyle choices are frequently influenced by economic and social factors. The purpose of this chapter is to explore some of these aspects that lead people to adopt a sedentary lifestyle and their consequent health consequences. Aging has become an undeniable fact of life. In our youth, we have high expectations and hope that we around for a long time. But as the years go by, our bodies' age and become less able to meet these expectations. As a result, it becomes harder to be productive and productive as we grow older.

The demographic changes are impacting many sectors of society, the most significant one being the need for senior care and services. In order to meet the needs of an aging population, countries around the world are seeing a rise in demand for retirement living arrangements, both on a permanent and temporary basis. Social aging is the process through which people become less active and involved in their communities. It is defined as a pattern of social withdrawal from work, social participation, and civic activities that begins in late adulthood. In today's rapidly aging world, most seniors live independently and manage their own lives, but the number of older adults with mental health problems is increasing. The rise of Social Aging means that technology is becoming the main way to connect with friends and family.

According to the Encyclopaedia of Britannica (1969 Edition), Ageing is meant the progressive changes that take place in a cell, a tissue, an organ – system a total organism or a group of organisms with the passage of time. All living things change with time in both structure and function, and the change that follow in general constitute aging. Aging is part of the developmental sequence of the entire life span. Beginning with conception this developmental sequence includes parental growth and development, birth, infancy, childhood adolescence, maturity and senescence. Aging is a normal part of this total process. However, gerontology is concerned primarily with the changes that occur between the attainment of maturity and the death for the individual and with the factors that influence these changes. These factors may range from heredity to climate and they may include social customs and attitude.

## 7.2 CONCEPT OF AGEING

Gerontology started as an inquiry into the characteristics of long-lived people: Woodruff and Birren (1968) classify the early myths about aging into three groups:

- a. The antediluvian theme: Human beings enjoyed longer life in the past. The book of genesis gives examples of this.
- b. The hyperborean theme: In some distant place, there is a society in which people enjoy very long life.
- c. The rejuvenation theme: Through some special boon from a pleased deity, or something similar, people have been rejuvenated and have lived for a very long time.

In all the three, the quest for methods for prolonging life is prominent. The inevitability of death seems to have led mankind to think vigorously about ways and means of extending life. After the Second World War interest in the study of aging became even greater. Several factors were responsible for this:

- a. Advances in medicine threw light on the mental and physical problems of old age.
- b. Systematic research on aging began evolving out of individual research programmes on aging.
- c. Studies in the fields of Economics and Demography brought out the information that changes in the age structure of society could cause serious social and financial problems needing immediate solutions.
- d. Scientific periodicals began to pour our research finding on aging.
- e. The establishment of an International Association of gerontology increased enthusiasm in researchers in the study of the aged.

- f. Many countries started research organizations dealing with the problems of aging, and many voluntary welfare organizations for the aged started taking serious interest in the problems of the aged.
- g. Reviews of works on the aged, and abstracts of scientific reports on aging found their place in scientific journals and this helped the arousal of interest in the study of the aged.

But, notwithstanding all this, gerontology remains a very young science even today. Like other new sciences, its main preoccupation continues to be simple description. Theories and well worked out tools of investigation are still few in this area. A researcher has to develop his own tools for measuring the different aspects of aging and the impact of aging on practical living.

The concept of adjustment in gerontology has been used in the context of welfare programmes for the social problem cases among the aged people and it is tantamount to harmonious living in old age. The practical purpose of gerontology is to help people in leading a happy life in old age. The knowledge of the indicators of good living and its determining factors is necessary to provide social assistance to the old people. Owing to this reason, the identification of the operational criteria for the evaluation of the quality of adjustment and the exploration of the factors connected with good adjustment in old age have attracted considerable scientific interest in the western countries, especially in America, right from the earliest period of modern gerontology.

#### **The Encyclopedia Britannica (1969) defines Ageing as follows:**

“By aging is meant the progressive changes that take place in a cell, a tissue, an organ – system a total organism or a group of organisms with the passage of time will living things change with time in both structure and function, and the changes that follow a general trend constitute aging. Aging is part of the developmental sequence of the entire life span. Beginning with conception, this developmental sequence includes prenatal growth and development, birth, infancy, childhood, adolescence, maturity and senescence. Aging is a normal part of this total process. However, Gerontology is concerned primarily with the changes that occur between the attainment of maturity and the death for the individual and with the factors that influence these changes. These factors may range from heredity to climate and they may include social customs and attitudes. Some investigators believe that aging results from the accumulation, of random trauma, such as disease and malfunction, during the life time. Others believe that aging is due to an intrinsic process that is fundamental, inevitable and irreversible. Both views agree that aging can be represented as a progressive inability to cope with environmental demands and is reflected in an increasing probability of death as individual age.”

### **7.3 CONCEPT OF GERONTOLOGY**

Gerontology comes from two Greek words: Geron meaning old man and logos meaning study or scientific treatise. Thus, Gerontology is the scientific study of the old. Gerontology, the scientific study of the old, is getting special attention these days, both from scientists and social workers. Several of the fundamental concepts of gerontology: are the ones developed during the third decade of the twentieth century. One of them is that problems of aging are complex, and are to be studied from an interdisciplinary angle. Another is that aging represents an interactive process between biological predisposition and environment.

The main concern of medicine was shifting during this period from infectious diseases to chronic diseases. Consequently, by 1940, gerontology was receiving recognition as an independent and important field of knowledge.

#### **7.4 IMPORTANCE OF GERONTOLOGICAL SOCIAL WORK EDUCATION**

Since the beginning of human history, the oldest and most experienced members of society have always held an important role. They were the elders who managed communities and instilled values in younger generations. In modern times, these roles are often taken over by people with scientific knowledge. However, this change is also influencing the psychological profile of our elderly citizens. The problem of elder abuse and psychological aging is a pressing issue that requires attention. The United Nations has identified it as a major global challenge, while governments around the world are debating policies to combat it. It is now common knowledge that the nature of family life in India has undergone tremendous changes during the past decades. These changes have brought in their wake a host of problems for the elderly. Social work education, which started in the Vidarbha region in the late fifties was totally based on the syllabi which existed in the rest of Maharashtra, particularly Mumbai. It did not make any special effort to develop a curriculum to address the problems of the region with a futuristic orientation. As a result, the problems of old age and strategies for intervention are not adequately addressed in the curriculum of social work education in this region.

The primary objective of gerontological social work should be to identify common problems of the elderly and improve the quantity of social work practice with the elderly. Empirical research undertaken for the preparation of rural elderly. An in-depth knowledge of such aspects alone can equip a professional to intervene in a meaningful manner. We feel that the present social work curriculum is deficient on the count.

Topics related to gerontology finds a place at the post graduate level only in the curriculum of the Family and Child Welfare specialisation. At the under-graduate level, it forms a very small part of the unit on 'Problem of Family Tension and Disorganisation' under Indian Social Problems. This we feel, is totally inadequate to equip the students to deal with the problems of elderly, especially in the rural setting. It must be borne in mind that professional training, besides personality, natural gifts, and enhanced motivation, will be absolutely required for a social worker to work with the elderly.

Another suggestion is the introduction of this topic in the methods papers, namely, casework, group work and community organization, both at PG and UG levels, with emphasis on knowledge and skill development in the areas of interviewing, counselling and advice, with special reference to elderly. The aspects of biological, Physiological and psychological knowledge, the life-cycle perspective, legislative measures for welfare of the elderly and a critical review of social policy regarding elderly could also form part of the syllable at the UG and PG levels. Such an intensive curriculum alone can equip the students to work with the elderly effectively in the rural setting. Ideally speaking, the training components should enhance the following:



1. Ability to make a comprehensive assessment of the elderly clients' social situation and needs.
2. Ability to formulate a pragmatic treatment plan, which can combine casework with the use of community resources.
3. Sensitivity to problems of the elderly that is latent.

## **7.5 NEED FOR GERONTOLOGICAL SOCIAL WORK AS A SPECIALIZATION IN SOCIAL WORK**

There are various social work skills which are based on academically and professionally knowledge for working with the elderly that must be obtained new facts which is helpful for social work profession. Social workers play important role in the field of gerontology. Social worker must be knowledgeable about unique legislation, policies making and organizing social programs which affect the life of older adults and promotes healthy life of elderly.

Gerontological Social Work a specialized branch along with multi-disciplinary sub-field of social work which social worker is studying or working with older adults, responsible for educating, researching and advancing the broader causes of older people. Gerontological social workers are an integral part of the health and ageing services spectrums. Social workers have unique skill, values and roles which are well-suited for providing supportive and educational services to elderly and their caregivers. Gerontological social work is particularly concerned with these issues which are related with elderly as physical, psychological, familial, organizational and societal factors. Gerontological social work highlights the invaluable contributions of these providers within elder care systems and reminds us of the importance of including social work research in our efforts to understand and respond to the needs of older adults. Social work has been described as having 'both a critical and strategic role in ensuring that system of care is responsive to the needs of a diverse ageing and older population'. Therefore, there is a great need to establish Gerontological Social Work as a Specialisation in Social Work for thorough understanding the living arrangements, needs, negative attitudes towards aged and problems of elderly in Social Work perspective so as to enable to find out the ways to solve the problems of aged and maintain the healthy ageing.

## **7.6 SOCIAL WORK METHODS AND GERONTOLOGICAL SOCIAL WORK**

Social workers have to conceive the following dimensions as they prepare to engage in practice – exploring the areas of social work practice, specification of goals, steps and social work methods of gerontological social work. Family social work and family counseling services would help the families with aged to take better care and to strengthen the family support for the elderly.

- Since there is an increase in the institutionalization of the elderly, social workers can play an active role for working with the elderly. However, institutionalization can't be a substitute to family life. Social workers have to promote the interaction between the elderly and their family members.
- The social worker can be instrumental in increasing the awareness among elderly of various welfare schemes in organized and unorganized sectors.
- Establishing social networks for peer support and providing opportunities for their creativity, self-fulfillment and self-esteem.

- Social workers can help the elderly in meeting their social and emotional needs using the social work methods and skills.
- Social workers in the role of social actionists play an important part in creating awareness, enactment of legislation and formulation of social policy for the elderly.

### **7.7 SOCIAL WORK INTERVENTION WITH THE AGEING IN RURAL AREAS**

Studies on elderly population conducted so far are mainly based on urban areas and very few of them are conducted in the rural setting. Hence, data on the conditions of the rural elderly are insufficient. Apparently social work profession lags behind in its study and services to the rural elderly. In fact, working with the elderly is an area that could cover all the four objective of social work practice, namely curative, preventive, promotive and rehabilitative. A literature survey which was carried out on gerontological studies conducted in rural areas indicated that the problems of the elderly are complex in nature. The complexity of the problem depended on the socio-economic conditions that are prevailing in any given society.

### **7.8 ROLE OF GERONTOLOGICAL SOCIAL WORKER**

- ❖ The Social Worker need to play various roles in the process of counselling as catalyst, role model, interpreter, persuader and supportive authority figure.
- ❖ The Social Worker acts as a catalyst to encourage all the family members to get complete expressions, views and interaction among family members to resolve the problems of the aged.
- ❖ The Social Worker may use the role model to identify and to acquire new and more effective means of dealing with a specific frustrating problem.
- ❖ At times Social Worker need to play the role of interpreter making occasional comments to shed insight and understanding in areas of anxiety and confusion related to old age.
- ❖ The Social Worker also has to act as a persuader to effect changes in behaviour which might be seen as selfish unreasonable or harmful. This will reduce communication gap among the family members of different ages in a family.
- ❖ The Social Worker need to become a supportive authority figure for encouraging the withdrawn anxiety ridden and insecure person to speak out and verbalize his / her feelings to defuse tensions and to sort out problems of the aged.
- ❖ The family as an institution has to be strengthened with counselling techniques and skills. Proper understanding of the remedial measures to repair the fragile relationships in a family has become the need of the hour.

### **7.9 NEED FOR FAMILY COUNSELLING BY SOCIAL WORKERS IN GERONTOLOGY**

Family counselling had a major role in handling the problems of the biology of aging, the psychology of aging and the sociology of aging (Birren and Resner: 1977). Family counselling reinforces harmonious relationships and will help in modifying the attitude of the younger generation towards the elders of the family and full help in developing the family burden into the social asset.

Many individuals in institution show specific physiological or psychological problems. Since the person has taken a shelter in an institution he has a feeling that his personal dignity is now at stake. Agencies should always handle this issue very sensitively otherwise the institutional life is essential when the persons enter the institution. They need counseling for a longer time.

It is the prime responsibility of the counselor to tune the mindset of the family members of different age groups in a family to evolve harmonious relations in the family and to contribute for a better society. Generation gap as reflected in attitudes of family members is influenced by their age.

### **7.10 SUMMARY**

Ageing is an integral part of human condition, because of its phenomenological nature and theorists have overlooked the need to define “old”, “older” “elderly. Ageing is a universal process. The study of physical and psychological changes which are incidental to old is called as Gerontology. Gerontology comes from two Greek words: Geron meaning old man and logos meaning study or scientific treatise. Thus, Gerontology is the scientific study of the old. Gerontology, the scientific study of the old, is getting special attention these days, both from scientists and social workers. The care of the Aged is called clinical gerontology or geriatrics. The primary objective of gerontological social work should be to identify common problems of the elderly and improve the quantity of social work practice with the elderly.

Gerontological social workers must develop more than an informed layman understands of the elderly process and its physical, psychological and sociological concomitants, if they have to make to mark in the care of the rural elderly. The gerontological social workers must devote more attention and expertise to this subject. The current neglect about the role of social work methods is a matter of great concern. Intervention of all kinds probably assumes greater importance in the advance age group than in any other, particularly for those living alone or with marginal family resources. The present welfare service for the elderly is fragmented and weak. Efforts are urgently needed to develop non-institution, family-based support mechanisms which are in tune the traditional Indian rural society.

Social workers play important role in the field of gerontology. Social worker must be knowledgeable about unique legislation, policies making and organizing social programs which affect the life of older adults and promotes healthy life of elderly.

### **7.11 Key Words**

1. Gerontophobia
2. Social Work Intervention
3. Phenomenology
4. Disorganozation

### **7.12 SELF ASSESSMENT QUESTIONS**

1. Give an account on Importance of Gerontological Social Work?
2. Discuss the need for Gerontological Social Work as a Specialization in Social Work.

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# LESSON 8

## PROBLEMS OF THE ELDERLY

### OBJECTIVES

The Objective of this lesson is to understand the various problems of the elderly.

### STRUCTURE

- 8.1 Introduction
- 8.2 Problems of the Aged
- 8.3 Social Problems:
- 8.4 Economic Problems:
- 8.5 Health Problems:
- 8.6 Psychological Problems:
- 8.7 Problems of utilization of leisure time:
- 8.8 Other Problems of Elderly
- 8.9 Summary
- 8.10 Key Words
- 8.11 Self-Assessment Questions
- 8.12 Reference Books

### 8.1 INTRODUCTION

Concern for aging of population is a relatively new phenomenon, which has arisen due to significantly large increase in the number and proportion of aged persons in the society. Incidentally, the aging of society reflects the triumph of civilization over illness, poverty and misery (Abaya, 1982, p.19) and the decline in human fertility. It is useful to distinguish between different dimensions of aging like social aging, biological aging, cognitive aging and affective aging because problems of aging whether in urban or rural sector arise because of these factors. As social aging progresses, the individual experience a decrease in meaningful interaction with the society. Biological aging of a person refers to the physical changes in the body system due to advancement of years. The cognitive aging refers to decreasing ability to assimilate new information and difficulty in learning new behavior. Affective aging refers to the reduced adaptive capacities of the individual in relation to an altered environment (Lalita. N, 1999, p.13).

Aging process varies considerably within and between cultures. Getting old is the result of the interplay of biological, social, psychological and ecological factors. Old age is the penultimate phase of the human life cycle, and timing of this phase, its impact on role relationship and meaning attached to it vary in different societies and even in different subgroups of a society. In the process of aging the last phase is considered as decline and death and in this phase a majority of the aged face economic, social, psychological and health problems which ofcourse vary from individual to individual. Further the determination of old age differ from society to society in accordance with the social organization including cultural beliefs in vogue on one hand and the level of economy, standard of living and health services on the other (Vijaya Kumar.S, 1991,p.1).

The age at which a male or female is considered old varies from society to society. Females are considered aged much early compared to the males of the same age cohort. Menopause is one of the landmarks in the aging process of women. Some societies demarcate the young from the aged based on productivity. This is more common in pre-industrial societies.

The problem of old age becomes a social problem due to the rising proportion of the aged people and their declining roles and status in the present society. The present society creates many problems for the elderly. Due to industrialization, modernization and urbanization and forming of nucleus families old age has emerged as problem; in such circumstances the concern for the aged became indispensable to provide services for the concerned. Most of these services are urban-based and the rural elderly, who constitute sizeable proportion of the elderly population in India and this must be changed according to the situations and extend the services to rural elderly as well as to urban elderly. Community and family based services to enable the elderly to function as active productive and creative members of the society and as participants in the development process of the nation are scanty. Almost all services are being organized on 'humanitarian' considerations with a view to provide food and shelter and very little attention is being given towards the emotional and psychological needs of the elderly.

## **8.2 PROBLEMS OF THE AGED**

Old age is considered as a link between the past and the present between tradition and the modern, the old and the young. The role of adults is vital in a traditional society where old persons are considered as a historical continuity. The value system once set cannot be changed easily. The on-going changes have different connotations when old age has to reconcile with the value system of young ones. This may lead to adjustments, overcoming clashes and conflicts and generation gap. Collectivism and individualism affects the behavior of the aged. Their collectivistic orientation emphasizes the unit and continuity, whereas isolation may result in individualism. Thus, collectivistic approach requires awareness of the needs of other group members, whereas individualism emphasizes independence and foster self-satisfaction and self-centeredness. Common causes like economic deprivation, ill-health, status insecurity may evolve group or collectivistic orientation amongst aged. This may result in formation of age-segregated organizations such as clubs, recreation centres, hobby centres, etc. On the other hand during the period of aging the amount of social contacts and intensity of interactions may become thinner and lesser in quantity. Bonds from out of long association persists rather than those of short span ones.

The elderly people in India, or individuals aged above 60, are increasing in population as a demographic group. This comes with its own set of challenges and issues. This article will contextualise the role of elderly people in society and then analyse some socio-legal issues relating to the same. Traditionally, societies have had an attitude of reverence towards the elderly. Indian society views them as wise and as people who have attained spiritual merit. Young people and children are expected to seek the guidance of the elderly and their parents, as age confers status in a collectivistic society. Many tribal societies seek medical and spiritual help from the elderly, who are seen as mediators between the spiritual and the material world.

Physical disability that obstructs the physical mobility, which may result in not approachability or inaccessibility of friends, kinship relationships and similar members of the group. Further, in majority of cases it may lead to isolation. The intensity of loneliness experienced by the aged individual who is physically disabled is a reaction to a discrepancy

between his ability in the past and present patterns of associations due to disability. Another notable feature among disabled adults is that the time spent in semi-somnolent illness owing to lesser opportunities to move about. The problem of synchronization of leisure amongst disabled may occur due to the members being free when other members are occupied, this in turn may increase aged disabled person's feelings of alienation from the community.

With the advent of industrialization, globalization and economic liberalization, the individuals are getting familiar with innovative and modern techniques and methods. The youth is occupied with enhancing their career opportunities, middle aged people are engaged in jobs and earning their livelihoods and the aged individuals are leading retired lives. They either get occupied in some kind of honorary work, or manage the household chores through obtaining assistance from the caregivers or they follow their daily routine. The individuals are gaining more mobility and joint family system is being disintegrated into the emergence of nuclear family system. The aged people are experiencing changes in their social lives. In India, there has been an increase in the number of older persons. The aged people within the country are being provided various facilities and senior citizen benefits. These are beneficial and render a significant contribution in providing them support, especially when they are living by themselves. In the present world, individuals, belonging to marginalized, deprived and socioeconomically backward sections of the society aspire to earn better career opportunities and sustain their living conditions. The individuals migrate from rural areas to urban areas in search for better livelihoods opportunities, leaving their elderly parents. When individuals live separately from their elderly parents, they may communicate with them and make regular visits. On the other hand, there are cases of individuals, who do not look after their parents and mainly focus upon enhancing their own livelihoods opportunities. The levels of savings and investments are the determinants of growth of the modern sector and, hence, the generation of employment as well as the process of urbanization. The development of industrialization has led to migration of individuals to other places, primarily in search for employment opportunities. The aged people in India, experience various types of problems. These are social, economic, psychological, health, crime and violence, abuse and other miscellaneous problems.

### **8.3 SOCIAL PROBLEMS**

As has already been stated, aging is not only a physiological or chronological but also a social and cultural phenomenon. Every society has its own conception of aging and age groupings. Through the process of socialization, the society ensures the transmission of social and cultural values from one generation to the next and enables its members to acquire necessary skills, values and norms etc. As the individual moves from one age category to the next, he or she acquires new roles in accordance with the prevailing practices, customs and expectations. Age related roles, privileges and obligations are defined by the society. Social aging, as distinct from biological or psychological aging, thus, refers to the stage in the life span of the individual that is regarded as old age by the social group or community.

There are a number of social events in the life of an individual that also serves as bases of recognizing one as being old. They are retirement from employment, marriage of children, avoidance of sexual activity or expression of interest in the opposite sex after a certain age due to social censorship, assuming new social responsibilities, deserving privileges and respect mainly on account of one's age and the expectations of younger members in the family to share more and more responsibilities in the family affairs. Aging, therefore, can be viewed as a social problem from two perspectives. First, aging is a direct

problem to that segment of the population which is in the aged category. The elderly suffer all the consequences and indignities resulting from alienation both physical and emotional, loss of status and authority, shifting loyalty of their children from family of orientation to family of procreation. Second aging is a social problem for society as a whole because the presence of old people and their problems have profound effects upon the structure and functions of the society.

The position and status of the aged individuals have been undermined by transformations in the cultures, values and overall living conditions of the individuals. In the present existence, technology has gained grounds and individuals belonging to all age groups, categories and backgrounds are making use of technology in carrying out their tasks and functions. The elderly individuals are not usually aware of usage of technology, they may just speak on the phone, watch television or listen to music and religious beliefs on radio or on their mobile phones. This indicates that they are usually unaware of how to perform various tasks and functions through the usage of technology. When aged people are unaware of usage of technology, they may encounter problems in communicating with people at distant places by sending messages, pictures and videos. Unawareness in terms of technology is one of the factors that impedes socialization of the aged people. When individuals belonging to rural communities, migrate to urban areas in search of better employment opportunities, they usually leave their parents. There are number of reasons for this, the living accommodation in urban areas is expensive, and the rent is unaffordable for them. When individuals get engaged in full time jobs, then taking care of the needs and requirements of the elderly usually becomes a problem for them. The aged people may experience problems in adjusting to social life of the cities. They usually feel apprehensive in going to nearby marketplaces and obtain assistance from their family members. The complexities of modern life and living conditions undermine the traditional values and beliefs of the aged people. They have their own traditional beliefs and viewpoints, which normally are not believed by the youth and the middle aged people, as they are accustomed to modern values and beliefs. Hence, in this manner, the knowledge and beliefs of the aged people gets devalued

#### **8.4 ECONOMIC PROBLEMS**

As one grows old, their control over the finance of the family slips from them. Individuals who are required to retire and deprived of their main source of living may have to face these problems. Individuals who are dependent on these may face these problems if these persons die or become infirm, or the individuals may face these problems because of their increased need for medical assistance in old age. For a variety of such reasons, the financial problems of old people constitute an important problem area. In short, these are the three important problem areas. They are not independent but very much inter-dependent. In other words, problems in one area contribute to problems in other areas. To take an example, if a person has a problem of failing health, he may have to face increasing medical bills and so add to his financial worries. So, the health problem contributes to the financial problem.

The failing health of an individual may make him more irritable and thus make his family members more annoyed and so the old person has a problem of adjustment in his family setting. If he keeps on brooding about his failing health he may have a problem of mental "illness". So, the problems that an individual is required to face in old age cannot really be divided into different watertight compartments but they all are very much interdependent.



Economic problems are experienced by the aged people, belonging to deprived, marginalized and socio-economically backward sections of the society. When the individuals are engaged in minority jobs, when their income is meagre and is not enough to meet their needs and requirements, then the individuals experience economic problems. Social security and financial security of the aged people is of utmost significance. In India, majority of the aged people experience financial problems as they are not in a position to earn their livelihoods. When their savings are not enough to meet the medical expenses and other household responsibilities, then they experience financial problems. When they possess finances and wealth, then usually they are exploited by their family members. In India, more than 65 percent of the aged people are dependent upon others for their daily life activities and responsibilities. The aged women, who are independent accounted for less than 20 percent, whereas men were independent to a major extent (Financial Status of Older People in India, 2011). The financial status of the aged people is directly connected with their financial independence. With the disintegration of the joint family system and the emergence of nuclear family system, the aged people prefer to live by themselves and manage all their finances. The younger individuals are having increasing academic and professional pursuits and due to this, the elderly are connected with them to a lesser extent. The individuals, who have accumulated wealth with their hard work have acquired net-worth, and value in terms of the money matters. The economic problems among the aged people have taken place due to fast changing socio-economic conditions, ongoing open market policies, and liberalization of economy (Financial Status of Older People in India, 2011). When individuals have been engaged in well paid jobs and professions, then they do not experience financial problems. On the other hand, financial problems of the individuals have been severe, when they have been unable to make savings for old age. The major economic problem that aged people have experienced is that of exploitation. There have been cases of family members and relatives, who keep a watch on the finances that they possess. In a direct as well as in an indirect manner, they make an attempt to take money from them. When individuals are unable to find good employment opportunities or aspire to seek admission in a reputed educational institution for the pursuance of higher studies, they exploit the elderly family members and take money from them for their own benefit. The other problems that aged people experience in terms of finances is robbery and theft. When outside the home, individuals feel, a person is living alone and possesses sufficient wealth, they even get subjected to violent and criminal acts.

## **8.5HEALTH PROBLEMS**

Mental and physical health problems may aggravate the problem of the disabled. Especially age is related to vulnerability to adverse environmental circumstances. As a corollary to these adverse circumstances may increase as a function of age. Bereavement of spouse or children also significantly hastens the death of the survivor. The changes in the central nervous system and in the peripheral sensory receptors and their specialized structures result in reduced sensory input with age (Usha Ramkumar, 1989, p.120),

As the individual ages, health problems among them are common. There are various kinds of health problems experienced by the aged people. These include, visual impairments, hearing impairments, speech impairments, decline in word usage and vocabulary, pain in the joints, high or low blood pressure, and other illnesses. Older individuals may live longer but they may get prone to illnesses and diseases. World Health Organization defines health as a state of complete physical, mental and social well-being. It is not merely absence of a disease. Health is considered more important for the aged people, as they are the ones, who primarily experience a decline in the health conditions in old age. The Constitution of India envisages

the establishment of a new social order based on equality, freedom, justice and dignity of the individual. It aims at the elimination of poverty, ignorance and ill-health and directs the State to increase education, nutrition levels and standards of living among individuals. Bringing about improvements in the health care is regarded as one of the primary duties. The maintenance of the health and strength of the workers, men, women, children and the aged people is implemented, when they are provided with opportunities and facilities to enhance their living conditions in a well-organized manner. The health of the aged people gets affected by primarily two factors. These are due to the environmental conditions and biological conditions. When environmental conditions are taken into consideration, both home as well as outside the home influence their health. Within the home, when any kinds of conflicts and disputes takes place between individuals, then aged people in some cases feel stressful and they have an effect upon their health. These conditions usually affects the mind-sets of the individuals. As a result, they may not consume their proper diet and nutrition, may not obtain adequate sleep and as a result, they experience a decline in their health conditions. The biological conditions that have an impact upon the health of the individuals include, visual impairments, hearing impairments, pain in the joints, nervous disorders, weakness, heart complaints, asthma, tuberculosis, skin diseases, and so forth. Women usually report more health problems as compared to men (Balamurugan, & Ramathirtham, 2012).

Not only in India, but in other countries of the world as well, aging of the population is on the rise. Progression in the health care and medical facilities, improvement in the living conditions and the general quality of life and operative measures of birth control could be attributed to the emerging global phenomenon. The population is stated to be aging, in which the proportion of the aged people is said to increase. India is passing through technological, social, cultural and demographic transition. The individuals began to realize that health is important and they need to implement appropriate measures to take care of their health care requirements. With the improvement in health care facilities, the individuals are able to meet their health care requirements appropriately. Eventually, there has been a decline in the mortality rate due to an increase in life expectancy, which ultimately leads to an increase in the population of the aged people (Balamurugan, & Ramathirtham, 2012).

The aged people, who are above the age of 60 years and are living below the poverty line, account for seven to eight percent of the population. The aged people in the unorganized sector like the agricultural labourers, casual workers or landless labourers have to look after their family and household responsibilities and financial problems are the major causes of barriers within the course of achievement of their desired objectives. Aged people need assistance and support from their family members and caregivers in taking care of their health conditions. When they receive support and assistance, they are able to maintain good health and live longer. On the other hand, when they are lonely and lack the support and assistance, then they are unable to meet their health care requirements in an appropriate manner (Balamurugan, & Ramathirtham, 2012).

## **8.6 PSYCHOLOGICAL PROBLEMS**

Psychological changes accompany the passing of years, slowness of thinking, impairment of memory, decrease in enthusiasm, increase in cautiousness and alternation of sleep patterns are well known features. Various elements contribute to the pathology that emerges in later life and becomes characteristic of agedness (Bromley, 1974). Aging may virtually be synonymous with physical deterioration, yet the effects of prolonged and intense unresolved emotional conflicts. For many it is an immense personal experience. Several

factors affect the person at the old age like genetic inheritance, physiological and psychological deficits, and socio-economic condition, socio-cultural status, religious beliefs and achievements (Rath. N.M., 1989,p.143).

An individual lives in a society. Within the society, he has certain roles and functions to perform. The performance of roles and functions are primarily based upon his occupation. For instance, if he is a teacher, he will teach individuals and contribute towards their effective growth and development. If he is a medical doctor, he would get involved in making provision of medical treatment to the individuals and so forth. With aging, the individuals generates awareness in terms of values, norms and principles, which they impart to their family as well as the community members. The aged people have the major task of adequately guiding the individuals towards the right direction. Hence, they have an important role to perform towards the progression of their family and society. The psychological problems among the aged people emerge from loneliness, isolation, powerlessness and meaninglessness. When they live in isolation, when they are not acknowledged by the other individuals, and when their contributions or functions have not proved to be meaningful and beneficial to the individuals, then they experience psychological problems. The different types of psychological problems have been stated as follows: (Kourkouta, Iliadis, & Monois, 2015).

### **8.7 PROBLEMS OF UTILIZATION OF LEISURE TIME**

In order to overcome the burden of mental worries and physical fatigue every individual needs some leisure hours. During this period one can relax both mentally and physically and overcome the dullness, monotony and tedium of the hectic work a day life.

But, if there were not much scope for a proper utilization of leisure hours, life would be worse still. It is often remarked that unsystematic and unorganized leisure will eat into the vitals of man's happiness. Leisure, not properly utilized, can inject into man a terrifying sense of vacuity and boredom. The question is how best to spend the leisure hours so as to avoid a feeling of the tyranny of time (Mohanty.S, 1989, p.122). Since aged persons are those retired from service or do not actively participate in their earlier occupations or production related activity they often force the problem of leisure and to spend it meaningfully.

### **8.8 OTHER PROBLEMS OF ELDERLY**

The nature of the problems of old age differs from society to society. In the case of Indian society, the situation is somewhat different than some of the western societies. In the rural communities of India, the joint family system still prevails to a large extent. The old in these communities are not thrown on the mercy of society by their families. Moreover, they are owners of property and therefore given proper attention by their family members. The older people in the agrarian communities remain financially independent. They are not only owners of the land holdings but also participate in the productive activities as much as they can, according to their health which is why the older people in the Indian rural communities still enjoy a high status and play the decision making role in family. The situation is slightly different in the case of the urban communities. The joint family system is not prevalent to the same extent as in the rural communities. The urbanites may be maintaining links with their joint families, but most of them live in nuclear families and so cannot avail themselves of the benefits provided by the joint family system. The problems of aging in urban India are therefore becoming somewhat similar to those prevailing in the industrialized societies of the west. However, this is only a trend and to a large extent the older people in the urban areas

still enjoy a fairly high status in their families and are generally well respected by them (Venkteswarlu. V, 2008).

The problems of the senior citizens in India and for that matter in most of the third world countries are different from the problems of the old persons in the developed and western countries. The social institutions tradition, religion, community controls and individuals as well as group psychology of the two worlds are quite different (A.K. Kapoor Satwanti Kapoor, 2004) when ever, the problems of the aged are discussed from academic or policy orientation point of view, in India it is by large, middle class and other elite whose problems get enlightened.

### **1. Different aspects of Aging:**

- I. Biological and physiological problems
  - I. Problems of mobility
  - II. Problems in following routine work
  - III. Dependency
  - IV. Senescence
  - V. Senility.

### **2. Health care and medical services.**

- I. Minor health problems due to negligence and lack of care, such as, defective eyesight, general weakness, pain in joints, cough and cold, defective heaving blood pressure digestive complaints, breathing trouble, etc.
- II. Chronic diseases.
- III. Accidents.
- IV. Non-adoption of preventive measure.
- V. Lack of health scheme for aged.

### **3. Nutritional Problems:**

1. lack of awareness,
2. Illiteracy
3. Non availability of nutrients.

### **4. Psychological Problems**

- I. Mal-adjustment, lack of regard, affection, love, feeling of isolation, loneliness/ Alienation, neglect, insecurity, humiliation and frustration.
- II. Inter generational relations and generation gap.
- III. Rigidity.
- IV. Dissatisfaction with life.
- V. Lack of Life Satisfaction

### **5. Socio cultural problems:**

Role diffusion, change of status, disintegration of joint family systems, non-participation in decision making, increasing materialism, individual orientation in place of family, urbanization, industrialization, changes in values, norms and culture.

### **6. Occupational and financial problems:**

Problems in arranging suitable part time job in supplement their income. To evolve them in some productive and creative work which is useful for them and society as well creating economic independency.

**7. Environmental Hazards susceptible to environmental change pollution, ecological imbalances****8. Housing Problems.****9. Social Security measures for aged.****10. Communications and transportation.****11. Recreation psychological problems**

The problems of aging have drawn the attention of national and international organizations only in the last three to four decades ( Kapoor. A.K, Satwanthi Kapoor, 2004).

The aging effects from industrialization and its accompaniments are of two kinds intrinsic and reactive. Intrinsic effects are due to biological changes with aging. Reactive effects arise from social structures including family structure which itself is the result of industrialization and other social forces most old age behavior is reactive in the sense that it is shaped by social scenario. For instance modernization affects the whole lifecycle, with changes in longevity. Healthy standards, medication, age at marriage, age at retirement, economic circumstances and social security etc: and these affect the attitudes of the elderly.

“Burgess” pointed out that modern industrial society has shifted the responsibility for the elderly away from the family. The full force of this shift has fallen heaviest on the older persons. The old in the modern age can no longer as a matter of right expect the moral and legal obligation of economic support to be provided by his children. He is less and less likely, to be offered home by a son or daughter, if ill, a major calamity if he falls ill, he cannot go to the hospital alone, he has to be accompanied by a family member and who expresses his inability being a daily wage earner. Usually the family members do not care for the treatment of elderly parents.

As for the economic aspects, there is a wide spread disparity between the haves and there have-nots. In this respect both the central and state governments have granted old age pensions and many other concessional facilities to the senior citizens. Although these measures have their own significance but they are not adequate.

The third aspect to consider is the socio-psycho and emotional needs of the aged. Following liberalization, urbanization etc. the joint family system, has been broken up. There has been significant change since independence, but the change has been particularly rapid in the three decades or so. Unfortunately, the change has been for the worse. Fifty years ago, the elderly person in Indian family unit was the head of the family, but not the elderly have lost that privileged position with the advent of industrialization. There has been a significant change in the family system. Joint families have been disintegrated and small nuclear families have emerged where the young couple find no time to look after, their old parents. Today's society is more materialistic. The elderly in such a situation have become burden on their family members and are treated as such.

The United Nations has declared 1999 as the international year for older persons. Hence let us resolve that each one of us shall look after an elderly person.

**8.9 SUMMARY**

Old age is considered as a link between the past and the present between tradition and the modern, the old and the young. The role of adults is vital in a traditional society where old

persons are considered as a historical continuity. The value system once set cannot be changed easily. The on-going changes have different connotations when old age has to reconcile with the value system of young ones. This may lead to adjustments, overcoming clashes and conflicts and generation gap. The elderly suffers all the consequences and indignities resulting from alienation both physical and emotional, loss of status and authority, shifting loyalty of their children from family of orientation to family of procreation. Second aging is a social problem for society as a whole because the presence of old people and their problems have profound effects upon the structure and functions of the society. The nature of the problems of old age differs from society to society. In the case of Indian society, the situation is somewhat different than some of the western societies. In the rural communities of India, the joint family system still prevails to a large extent. The old in these communities are not thrown on the mercy of society by their families.

### **8.10 KEY WORDS**

1. Vulnerability
2. Dependency
3. Recreation
4. Liberalization
5. Urbanization

### **8.11 SELF ASSESSMENT QUESTIONS**

1. Explain various Problems of Elderly in India?
2. Discuss Social and Economic problems of Aged People in India with suitable examples?

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## **LESSON 9**

# **PROBLEMS OF ELDERLY- SOLUTIONS AND SUPPORTS**

### **OBJECTIVES**

The Objective of this lesson is to understand the Solutions for Problems of Elderly and various Supports required by elderly.

### **STRUCTURE**

- 9.1 Introduction
- 9.2 Problems faced by elderly - Solutions
- 9.3 Solutions for Happy Ageing
- 9.4 Key Supports - Social Support
- 9.5 Family Support
- 9.6 Significant Areas of familial support:
- 9.7 Significant Areas of Sociological Support:
- 9.8 Significant Areas of Psychological Support:
- 9.9 Significant Areas of Economic Support:
- 9.10 Significant Areas of Physical Health Support:
- 9.11 Significant Areas of Housing Support:
- 9.12 Summary
- 9.13 Key Words
- 9.14 Self-Assessment Questions
- 9.15 Reference Books

### **9.1 INTRODUCTION**

The problem of ageing among the senior citizens has a special significance in contemporary societies. In the traditional society of the past in India; the old age was no problem at all. Elderly persons were respected, more than the younger ones they were the chief patrons of the family. The stable joint family system in traditional Indian society was definitely a guarantee for the protection of the aged initially under the regime of Laissez faire the elderly people had to straggle hard to care for their welfare and face the hazards of old age individually with their own efforts.

In recent times, as a result of changing circumstances due to demographic transition, rapid pace of industrialization and urbanization, disintegration of joint or extended family structures into nuclear ones the older people have become increasingly vulnerable not only to the physical disabilities but also to social, economic and emotional alienation and isolation.

India is a developing country and the number of aged persons is bound to increase with better health and medical facilities. The elderly in India have been assigned a place of honour and respect as exemplified by religion, social values and norms and social and economic organization of society. Religious texts and writings enjoined upon the sons to look after their old parents, failure to do so was considered a serious demerit and earned social

opprobrium. The role and status of the aged was not confined only to social rituals and ceremonies, they also participated in the management of affairs of the family and the community. To a large extent this was reinforced by their rights over the ownership of the means of production. With advancing years, the process of withdrawal from management, the elderly are not given the same respect as they used to get before. They are not shown adequate care and attention by their family members partly due to the limited resources and partly due to growth of “individualism” in modern industrial life. They also suffer with the loss of status and authority (Pillai, 1985),

## 9.2 PROBLEMS FACED BY ELDERLY – SOLUTIONS

The problems faced by the elderly are interdependent and differs according to the culture and society. Broadly, these problems can be categorised into economic, health and socio-psychological issues. The problems of the elderly live in India are different from that of the elderly live in western societies. The problems of rural communities differ from that of urban community. The social institutions, tradition, religion, community, individual and group psychology influence the nature and severity of the problems (Satwanthi Kapoor, 2004, venkateswarulu V, 2008). Many researchers highlighted the financial constraints experienced by the elderly in their studies.

**Economic:** reduced income, increased medical expenditure, expulsion out of labour market due to retirement or illness creates economic problems for the elderly. The dependency makes them to feel depressed, loss of self-respect and ultimately it influences their Well-being.

**Physiological:** changes in physiological structures and functioning bring several physical, physiological and psychological problems. In addition to these the attitudinal and behavioural changes which are accompanied by decreased physical strength and stamina requires special attention.

**Socio-cultural:** Change in family system, decreased participation in decision making, industrialisation, urbanisation, and change in values, status, roles, norms and culture.

**Psychological:** Intergenerational relations, adjustment problems, neglect insecurity, humiliation, loneliness, dissatisfaction, frustration and lack of recreational, leisure activities.

**Housing related:** Elderly need modifications in normal housing to suit to their changed conditions for example, supporting rods in rest rooms, balconies, and bed side are needed for extra support. Ramps are essential to enable wheel chairs.

**Crime against Aged persons:** Due to the vulnerability and dependence most of the times elderly will undergo and experience crimes, thefts, cheating, bag snatching etc. by unknown persons in the cover of rendering a helping hand.

## 9.3 SOLUTIONS FOR HAPPY AGEING

1. Providing multi-dimensional supporting environment for healthy aging
2. Promotion of health
3. Considering ethnic and cultural factors to meet the needs elderly
4. Activity orientation by early life
5. Treating them as both receiver and providers of care
6. Promoting interpersonal relationship and provision for readjustment
7. Spending time productively by using wisdom and experience
8. Following healthy lifestyle since child hood
9. Creating contusive employment opportunity



10. Assistance from govt. thorough policies and programmes
11. Initiation by NGOs to support lower in groups
12. Providing spot assistance for victims of crimes and accidents
13. Establishing separate in fractural facilities like transport and health care recreational activities and day care centres etc.
14. Increasing geriatric clinics and every municipal and mandal levels
15. Special training for medical professional on all aspects of old age ailments

#### **9.4 KEY SUPPORTS - SOCIAL SUPPORT**

The increased elderly population highlights the necessity to provide social supports. With the changing roles of family as well as with the increased pace of industrialization and urbanization, the older persons are in a vulnerable position both in the family and the community. The elderly need support regarding financial aspects, health care, food and shelter and welfare. The term 'social support' refers to a set or range of regular interpersonal transactions that assist the individual in meeting physical, psychological and social needs (Pilisuk and Parks, 1981). Older individuals are often more dependent on the social support networks than other age group members, because of life events such as deaths, illness, physical impairment, retirement, residential relocation, reduced income or limited income that take place during this stage. Walker et al. (1977) defined support networks as a set of personal contacts through which the individual maintains his social identity and receives emotional support, material aid, services, information and new social contacts. Social support is an important aspect one should take into consideration. The declined social participation due to retirement and advanced age makes the elderly feel isolated and left out. The elderly were in more need of social support, which gives them a sense of security, emotional support and satisfaction in life.

The contemporary focus of social support and support systems is on understanding human development, human behavior and situational factors which are affecting the aged.

The social support focuses considerable attention on the role of family, friends, neighbourhood, community and other elements of individuals. The social, political and economic factors also have a powerful influence on social support. "A sense of self-worth or self-esteem depends heavily on the value, friends, neighbours, colleagues and society put on the individual" (Gillies and James, 1994, p.2) When an older person is living away from his children and relatives, he is much in need of formal support systems. The social support which was provided through informal support is voluntary and without remuneration. Aged homes, hospitals provide formal support which was provided on demand or on requirement.

While old age and retirement can be a stressful experience for many retired persons, the maintenance of a strong social support network may help them to adjust to old age. So there is a need to facilitate the strengthening of social support networks both before and after retirement. According to Pearson (1990), the concepts of social support and natural support systems have recurrently occupied an important place in artistic and scholarly considerations of the human conditions, though perhaps under different names and labels.

People in later years of life, experience stress on account of loss of friends and relatives, decreased capacity to earn, ill-health, and feeling of being useless and unwanted. Changes in life events have an impact on the mental and physical health of an individual. Retirement can also be viewed as a life event, in which an able bodied individual almost

overnight has to change from an active work life to inactive life. In order to make adjustment to life events, one needs support from society and family. Retirees are emotionally, socially and sometimes financially and physically dependent on others. Thus, social support is important for the well-being of an individual. According to Cobb (1976) social support gives one, a feeling of being loved, cared for, esteemed valued and belonging to a network of communications and mutual belongingness. Through social supports, the elderly receive help in the activities of daily living, instrumental and also help in reducing the problems in life.

The activities of daily living are getting out of bed, bathing, walking, taking medicine, cooking food etc., in which case mostly the social support is given by the family members and neighbours. In activities of instrumental such as shopping, getting into bus, crossing over the road, making a telephone call, paying telephone, electricity, house tax bills etc., the social support is provided mostly by family and also by the neighbours and community people. In situations like sudden heart attacks or any illness, accidents, destitution, infirmaries, mistreatment and lack of recreation, the social support is provided by the formal systems such as hospitals, old age homes, day care centres, religious centres which belong either to the Government or non-Government organizations.

### **9.5 FAMILY SUPPORT**

India is a country with a fine tradition of respect, love and support for the aged. The joint family under the same roof was the basic unit of production and livelihood in traditional agricultural society of ancient India. Care and support of the aged has been the responsibility of the family and dependency in old age is traditionally more acceptable in India than in western society. "The joint family structure as well as values and respect attached to the aged in our culture for long has provided emotional strength, physical security and social adjustment to them" (Bajpai, 1998, p. 218). Even in the developed countries, where the state has assumed responsibility for the welfare of the aged, there is an indication that the family is being called to assume responsibility.

The family occupies a central place in taking care of the aged members for several reasons. Supporting aged is considered its moral obligation. Showing respect and live for the aged is also advocated by the religious beliefs and customs. One of the assumptions is that today's care givers are potential care seekers of tomorrow. So, children must provide care for their elderly parents and relatives. Quality of life in old age mainly depends on the life satisfaction, which is achieved through the fulfillment of a delicate balance of physical, economic, psychological and social needs. But this balance is easily disrupted in old age. Acute and chronic illness, inadequate income and housing inaccessible public services and insufficient social support are some of the factors which lead to dependency of the elderly.

The family has to care for the elderly when they are not capable of looking after themselves. The most common care providers are sons, daughters, daughters-in-laws, siblings etc., The family provides assistance in personal care and emotional support. Help in personal care includes bathing, dressing, eating, getting into bed, using the toilet and home management, preparing meals, and medical care. Family help in secondary services includes social and recreational activities and psychological support like accompanying outside, transportation, spending some time to share their feelings, reducing loneliness, making arrangements for recreation activities etc. Children no longer are economic assets because they prefer independent lives after their employment and marriage (because parents don't want to go with their children leaving the place where they have lived for a very long time).

In such cases, the elderly depend on the other available supports from community, neighbourhood and on formal care providing organizations.

### **9.6 SIGNIFICANT AREAS OF FAMILIAL SUPPORT**

- ❖ A National Day for the Aged may be declared to focus attention on the important places of the aged in family and community.
- ❖ Develop interaction of older persons with parents, spouse, children, children's in-laws, grand children and others.
- ❖ The Ministries of Education may incorporate some aspects of ageing into the school syllabus.
- ❖ Mass media may be encouraged to provide programmes on aging to foster strong self-help attitude among the elderly and portray a positive image of the aged in their family. Producers and film makers may be encouraged to produce feature films on aspects of aging.
- ❖ Aware of the care giving roles between older persons and the family.
- ❖ Homes and Day Care Centres run by the NGOs should receive adequate financial support from the Government for their capital and recurring expenses. It encourages harmonious atmosphere in the family.
- ❖ Protect the aged from issues of neglect, abuse, violence and abandonment in the family.
- ❖ Support to National / Regional Seminars / Conference of NGOs engaged in age care programmes to create awareness about families in the society.
- ❖ Review of laws for inheritance and protection from abuse.
- ❖ Intervention needs : raising family awareness and family and bereavement counseling.

### **9.7 SIGNIFICANT AREAS OF SOCIOLOGICAL SUPPORT**

- ❖ The skills and services of elderly persons may be utilized for adult education, child care programmes voluntary social work and community health.
- ❖ For visiting sick, disabled and housebound elderly people, a cadre of social workers may be created among active elderly and they might be given appropriate training.
- ❖ Programme may be evolved for exhibition and demonstration of skills by older persons, and transfer of skills to younger persons.
- ❖ Employing Organizations should be encouraged to provide pre-retirement counseling and to organize comprehensive retirement planning services to its employers. At the time of final settlement of gratuity and Provident Fund amounts a percentage of the amount could be paid in the form of long-term deposit receipts.
- ❖ The youth organizations of the students like NSS should be encouraged to undertake age-care programmes. The financial allocation for NSS Programmes should also include allocations for age-care programmes.
- ❖ Because of their relative freedom, NGOs are able to innovate, experiment and work flexibly. These efforts may be encouraged with adequate grant-in-aid from the Government/
- ❖ Recognition of outstanding services may be given through awards.

### **9.8 SIGNIFICANT AREAS OF PSYCHOLOGICAL SUPPORT**

- ❖ Special Counters might be opened at Governmental hospitals for consulting and dispensing purposes exclusively for the old people.

- ❖ W.H.O.'s expertise and assistance : W.H.O.'s expertise and assistance could be utilized to provide basic training in geriatric medicines and care for doctors, nurses and other para-medical personnel in Government and non-government hospitals.
- ❖ Medical and nursing curriculum : Should include courses on geriatric medicine and care: Cognitive loss, memory failure, detecting dementia.
- ❖ Counseling on common psychological problems, depression, coping with loss of job, spouse, physical abilities.
- ❖ Chairs in psychiatry medicine should be introduced in teaching hospitals and medical colleges.
- ❖ Health Education through school syllabus, health care literature including suitable diet for old age, exercises and other health practices should be made available on subsidized rates.
- ❖ Special attention could be given to the 'elderly' for their psychological health needs.

### **9.9 SIGNIFICANT AREAS OF ECONOMIC SUPPORT**

- ❖ Enlargement of Old Age Pensions: At present the old age pension is given only to those aged in advanced age groups without any source of income. The old age pension scheme should be designed to encourage the joint family system by providing assistance to all elderly above the age of 60 (or 65) without income. The amount of pension needs to be increased to counteract the erosion of real income due to inflation.
- ❖ Loan facilities with differential rate of interest should be extended to the elders or to the families of the elderly to stimulate self-employment not only to make them independent but also to strengthen the economic base of the families.
- ❖ Part-time employment for elderly persons with skills and professional competence may be arranged. This need not necessarily create competition among various age groups, but areas like adult education programmes, village level workers pre-school education and health education programme could be considered for this purpose.
- ❖ Concessional transport: Public transport systems should provide concessional travel facilities to the elderly especially from residence to work place (if employed) and to visit religious centers.
- ❖ Capital Cost Support: Grants-in-aid should be given for meeting the capital requirements of the 'homes' and day care centre – like building, furniture, equipment, etc.,
- ❖ Recurring Expenses: Grant-in-aid should be given to meet the expenses on salaries, etc, for qualified social workers in homes and pay care centers.
- ❖ Special Ration Cards: Special ration cards to the elderly specially among the economically weaker groups – to enable them to buy food articles at a subsidized rate.
- ❖ 100% Tax relief may be granted on donations by industries and commercial organizations for age care programmes.
- ❖ Intervention needs: Retirement planning, promoting savings, investments and making a will, training and opportunities for income generation, employment exchange and sponsorship programmes.

### **9.10 SIGNIFICANT AREAS OF PHYSICAL HEALTH SUPPORT**

- ❖ Primary Health Care should be strengthened so as to reach the more elderly in villages, slums and other areas.

- ❖ Aware the elderly on major changes with age, age related diseases, sensory difficulties, stroke, heart disease, physiological disorders.
- ❖ Mobile Geriatric Units as distance discourages the utilization of available medical services by the elderly, mobile geriatric clinics may be promoted.
- ❖ Geriatric Units may be started in major hospitals.
- ❖ Special Cards for elderly to receive concessional consultancy, treatment and drugs.

### **9.11 SIGNIFICANT AREAS OF HOUSING SUPPORT**

- ❖ All Housing schemes like 'shelter for shelter less' should have special provision for older people willing to live together with adequate community welfare services.
- ❖ Accommodation for Day Care Centres should be provided under all housing schemes.
- ❖ Flats should be allotted by all housing estates on the ground floor for sale or rent for the elderly.
- ❖ Subsidy for extension to private houses to accommodate aged persons comfortably may be given to promote happy family living.
- ❖ Allotment of free land for 'homes for the aged', Day Care Centers for the elderly
- ❖ Architects / Planners should be motivated from developing building designs suitable for the 'Homes for the Aged'.

### **Measures to Alleviate the Problems of the Aged People**

The measures that aim to provide solutions to the problems of the aged people have been stated as follows: Improving the Economic and Social Welfare – In order to provide solutions to the economic and financial problems of the aged people, they should be made provision of full time or part time employment opportunities. This would enable them to generate a source of income, improve their economic and social welfare and reduce their dependence upon other individuals. The pension scheme is also beneficial to the individuals, who are particularly in a destitute condition. In the pension scheme, it is important that the aged people should be able to receive their pension on a regular basis and without implementation of formalities.

Improving the Health Conditions – The development of health care and medical facilities even in rural areas, free medical check-ups, provision of advanced methods, ensuring that individuals are getting their proper nutrition, medicines, and keeping the environment clean are some of the factors that aim at improving the health conditions. The aged people should get engaged in some physical activities. Within the household, it is necessary that the environment should be amiable, there should be provision of civic amenities and facilities, restrooms and clean drinking water. The individuals need to possess the awareness that preparation of meals and other household functions should be carried out in a clean environment.

Improving their Participation in Activities and Functions – The aged people are encouraged to participate in various activities and functions. These may be social, cultural or religious. Participation in these activities and functions help them to alleviate their loneliness and it stimulates ones mind-set. In old age homes, one gets involved into playing of games, indoor and outdoor, individuals read, socialize with each other and render an operative participation in the case of celebration of a festival or event. Mostly the aged people are encouraged to give their ideas and suggestions, as they are experienced. This is when one has to organize a function in a family, old age home or a society, when one has to seek suggestions and ideas in

case of any problems or issues and individuals share with each other their daily life experiences. Sharing of joys and sorrows is regarded important and aged people find it soothing.

**Implementation of National Policies and Programs** – When formulation of policies takes place, it is vital that the aged people should be given equal importance as the other individuals. Voluntary organizations that aim at helping them should be given assistance. Society and state should formulate the policies, taking into consideration their needs and requirements. The Maintenance and Welfare of Parents and Senior Citizens Act (MWPSCA) enacted in December 2007 to ensure need based maintenance for the parents and the senior citizens needs to be more completely and equally implemented in all the states as awareness of this Act.

**Residential Aspects** – The aged people prefer to stay within their own homes. They either live by themselves or with their family members. In the case of one's housing and residential aspects, security is the main concern. The individuals are required to keep the doors and windows locked, keep their valuables and money in safe places or if they feel that their security is under threat, they need to obtain the services of a security guard. Housing is being developed on a rapid scale within the country, but usually in terms of nuclear families. In some cases, the aged people reside within the nuclear families (Arokiasamy, 1997). When they obtain respect from their children and grandchildren, when they take care of their needs, then they feel pleasurable and contented in living with them.

**Family and Community** – The main role of the family and community towards the aged people is to provide them support and assistance. The family is the first and the foremost institution, which needs to take care of the requirements of the aged members. Family members are supposed to provide solutions to the health, economic, social, psychological and other miscellaneous problems.

In case of any event or incident, aged people feel contented, when their family members are around. For instance, in case of medical treatment, or visiting a physician, support of family members is of utmost significance. On the other hand, the members of the community are required to interact with the aged people in a respectful manner, possess a helping nature and make provision of assistance and services that would lead to their well-being.

**Education** – Education and information regarding various aspects enables the individuals to lead productive lives. When they are well educated and informative, they will be able to look after their health care requirements, consume adequate diet and nutrition, possess information in terms of how to implement their security, manage their household chores in an appropriate manner, interact well with others, work for the welfare of the community, carry out other transactions in an effective manner and alleviate the feelings of stress, pressure, anxiety and depression. An educated person is able to make effectual utilization of their skills and abilities and does not feel worthless. In some rural communities, there have been establishment of adult education centres that aim to upgrade the literacy skills among the aged people, who are above 60 years of age. These individuals have either dropped out of school long time ago or have never been enrolled in school before.

**Non-Government Organizations** – The main objective of the non-government organizations is to focus upon the welfare of the aged people. The role of non-government organizations and other agencies have been geared towards their protection and security. The aged people, who

have experienced any form of abuse or mistreatment usually develop apprehensiveness and vulnerability and seek assistance from non-government organizations. The abuse and mistreatment can be in the form of financial exploitation, different forms of abuse, and other criminal and violent acts. The aged people, who are primarily alone and frail, they are supported by these organizations to live a safe and secure life.

**Extra-Curricular Activities** – The aged people normally get engaged in extracurricular and creative activities. These enable them to remain occupied, they are able to make use of their skills and abilities and one's mind-set remains normal through getting engaged in these activities. For instance, they get engaged in various kinds of games, which may be indoor, such as chess or carom or outdoor, such as badminton or tennis. They get engaged in physical activities, these include, walking, running, yoga, meditation and so forth. They get involved in the production of handicrafts and artworks. Preparation of meals is another activity that mostly elderly women take pleasure in. Elderly women even get engaged in activities such as knitting or embroidery for more than four hours a day. Hence, getting involved in extra-curricular and creative activities help them to make use of their skills, they remain occupied, feel contented and pleased and develop a social circle by donating or gifting the items.

**Living Separately** – Aged people have their own viewpoints and perspectives. They follow their norms, values and cultures in life. They usually do not take pleasure in generating awareness regarding technology or other modern strategies and methods that are influencing the lives of the younger generation. When there is disagreement in the viewpoints of the aged people and other members of the family, they prefer living separately from them. They possess the viewpoint that when they will live separately, they will not be able to get influenced by any factors that are affecting the livelihoods of others. They feel that living separately will enable them to make their own decisions and live their lives in accordance to their own norms, values, principles and standards. In order to live separately, they either live in separate houses, or even move to old age homes or ashrams.

## 9.12 SUMMARY

The problem of ageing among the senior citizens has a special significance in contemporary societies. In the traditional society of the past in India; the old age was no problem at all. Elderly persons were respected, more than the younger ones they were the chief patrons of the family. In recent times, as a result of changing circumstances due to demographic transition, rapid pace of industrialization and urbanization, disintegration of joint or extended family structures into nuclear ones the older people have become increasingly vulnerable not only to the physical disabilities but also to social, economic and emotional alienation and isolation. The problems faced by the elderly are interdependent and differs according to the culture and society. Broadly, these problems can be categorised into economic, health and socio-psychological issues. The problems of the elderly live in India are different from that of the elderly live in western societies. The problems of rural communities differ from that of urban community. Several Solutions were given by Gerontologists for happy Aging. The elderly need support regarding Socia, financial aspects, health care, Psychological, food and shelter and welfare.

## 9.13 KEY WORDS

Individualism  
Well-being

Communications  
Social Support  
Family Support

#### **9.14 SELF ASSESSMENT QUESTIONS**

1. Explain the problems and the solutions of the problems of Elderly with suitable examples?
2. Analyse various supports and significant areas of support required by Elderly?

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# **LESSON 10**

## **NEGLECT AND ABUSE OF THE ELDERLY**

### **OBJECTIVES**

The Objective of this lesson is to explain the Neglect and Abuse of the Elderly.

### **STRUCTURE**

- 10.1 Introduction
- 10.2 Abuse of the Elderly
- 10.3 Historical Origin
- 10.4 Definition of Elder Abuse
- 10.5 Different Types of Abuse
- 10.6 Perceived Existence of Elder Abuse- India and the World
- 10.7 Summary
- 10.8 Key Words
- 10.9 Self Assessment Questions
- 10.10 Reference Books

### **10.1 INTRODUCTION**

Elder abuse is a global problem with an estimated four million cases every year. India has the highest number of chaptered incidents, but there are many other countries where it occurs as well such as Sweden and Portugal which have seen increases recently due to increased awareness around this topic." Elder abuse is not a rare occurrence in India or any other part of the world, but it does appear to be more widespread than many people realize. Many older adults live with neglect and physical violence at their homes because they are seen as "unworthy" by family members who objectify them due to age gaps between generations practicing arranged marriages where daughters-in Laws may end up being much younger comparative spouses making life difficult when there's no one around your own generation able/willing help handle daily tasks like cooking meals etc. In some cultures, this has led towards skewed gender roles where women must take responsibility for everything related.

### **10.2 ABUSE OF THE ELDERLY**

There are about 30,000 elderly persons living in Guntur, Andhra Pradesh. Among the elderly who live there, many of them are neglected and ignored by their family members. The family members who neglect the elderly may consider it as an obstacle that they cannot handle.

So, they abuse them. Abuse against an elderly person includes neglecting and ignoring the elder, depriving him/her of food and water or not allowing him/her to sleep, or even not giving them necessary medication. The elderly is often neglected by society. The elderly in our country lives with a lot of fear and have a very difficult life.

The elderly is often discriminated against by family members and relatives. With the increase in awareness, they have become more conscious about the rights of elderly people.

However, as per the national commission for Protection of Child Rights (NCPCR), every year more than 1.5 lakh children are chaptered to be abused in India. This has led to a huge demand for legislation for the protection of the rights of elderly people.

The frail elderly in India are often neglected by their families. They are given inadequate care and support which leads to their abuse. The Government of India has issued a new set of guidelines for the treatment of elderly people and the various provisions are under consideration by various State Governments. This chapter examines the provisions that have been put forth by some States to deal with this problem. It is necessary to remember that old age is not a disease or any other form of injury. The Constitution has given every person the right to live as long as he wants to. But it also makes it mandatory for the State and society at large to ensure that everyone lives in dignity and respect. However, some people are bent on showing the country how they can abuse their elderly in the name of compassion and humanity.

The government of Andhra Pradesh has launched a campaign to protect the elderly and senior citizens in the state. The objective is to make seniors feel safe, secure, and respected. At the heart of this initiative is a phone number (1800 200 333) that allows people to chapter any crime against an elderly person. This number can be used for immediate help. The elderly are victims of the worst kind of abuse. Despite the many efforts put in by NGOs, law enforcement agencies, and other stakeholders to prevent this menace, it is still prevalent all over the country. In most cases, abusers use extreme force or violence against the victims to control them and further exploit them financially.

### **10.3 HISTORICAL ORIGIN**

Prior to the Industrial revolution, in the primitive hunting and gathering societies where production was carried out by domestic groups the oldest member was consider a source of knowledge about rituals and survival skills. Authority was linked to age and elders held influential positions in the social, political and religious spheres of life based on an analysis of seventy-one primitive societies. Status and treatment of the aged was governed by tradition and rituals unique to each culture. The ancient Indian culture demanded that they would be respected and considered as guiding star in families and society. In the joint family, the young and the old the employed and unemployed as well as with kith and kin lived in harmony and happiness. The elderly people had an authoritarian role in the traditional joint family. They were playing important roles in the working of traditional villages and cast panchayats, settling most of the dispute among the people. The younger generation would gradually take over the household responsibilities and the most senior members of the family would enjoy the status of a consultant. They would be free from routine responsibilities but had a say in the important matters such as wedding, funeral festivals and feasts. Most senior women were a storehouse of knowledge common ailments such as cough, cold, fever and upset stomachs were treated with granny's remedies.

Long life was viewed by the ancient Hebreius as more of a blessing than as a burden. They had considerable power over the society. This gave them influence, security and status.

When the elderly was no longer able to contribute. They retired and transferred control over family resources usually to the eldest son. They were then cared for by the family and the community because of past contributions and also because they were the major source of knowledge about the culture. Old age was seen by Plato as a time of peace and liberation. Under Platonic philosophy, the role of the aged was to command and of the young to obey. In his Republic many of the important functions of state were given to men aged 50 to 70. Nevertheless, the majority of ancient Roman authors consistently portrayed the elderly in a negative and highly uncomplimentary way.

With the passage of time, conditions of elderly are deteriorated due to change in the society in all respects. In history also there are many instances, which indicate about maltreatment to elderlies.

The status of the aged probably varied between and within societies depending on locale and period e.g. there were a few instances where the old were forced to die by their own hand or by the hands of relatives, they were deemed a burden to society. The aged and ageing were also highly respected in conservative outlying districts of ancient Greece. But in cities like Athens attitudes towards the elderly were generally negative and condescending old age was viewed by Aristotle in a more negative vein. In Rome, old men were generally portrayed as vicious miserly, treacherous, thoughtless and tyrannical. However, not all elderly men were perceived in this light. Some had the good fortune of being assigned as moral guardians to young boys from wealthy families. These trusted elderly servants were held in high regard as they accompanied the young boys to school, stayed with them during school hours and brought them home safely.

The Egyptians saw old age as a burden both for the individual and society considerable effort was expended in the search for a method of controlling the decline in physical ability which characterized old age. One such method advocated by the Egyptians was the rise of the glands of young animals as a method of rejuvenating the aged.

Improvements in health care led to ageing of the population. The decrease in the morality rate resulted in ageing of the working population and a decrease in job opportunities for the young. Thus, intergenerational tensions are created by the competition for jobs. Additionally economic and technological developments devalued the employment skills of the old urbanization attracted young people from the rural areas, resulting in a breakup of the extended family. Finally, the development of mass education reduced the hold of older people over knowledge. These factors contributed to decrease in the status of the elderly in modern society.

In this way, despite many improvements in the quality of life, the role and status of the aged declined after industrial revolution. The old become socially and physically abandoned living a marginal existence on the fringes of society. With the introduction of formal education system by the Britishers and new judicial system, the traditional network of relationships underwent drastic changes. With the advent of industrialization and education formal institutions came into being through which knowledge could be acquired. Further large-scale migration from

the rural areas to industrial units by the surplus population on the lookout for new job opportunities gave a big jolt to the traditional family composition and network of relationships.

Those who were employed in far-off places could not afford to take their aged parents and other members of their kin group with them. Hence, the younger generation preferred mobile nuclear family to the traditional complex family set up. The negation of large family structure by the compact nuclear family, where young members are given more care, attention and importance devalued the aged.

Most people want wait for the approach of old age in the hope that they would relax after having put in scores of years of services and labour in discharging their obligation so the members of their family would no longer be under stress and strain of following a rigid time schedule of their office/business duties or family cares and enjoy themselves freely and leisurely.

They view old age as the best period of life, when they can do things as they always wanted to do but for which they had no time. For some, it is time to spend with grand children with a view to build up happy nexus with them, keep busy and to reminisce about their own childhood, to visit their relatives and friends in the country and abroad to pay obeisance at centres of pilgrimage to invoke the blessings of their Gods and to travel to beautiful places of scenic beauty and to rest in tourists resorts and above all to be care free to be taken care of by their children for whom they had made supreme sacrifices in bringing them up arranging for their education and marriage creating immovable and movable assets for them and settling them in suitable occupations to enables them to earn their livelihood. They would thus consider their old age to be a dawn of their life of great hopes, aspirations and blessings golden years of their life.

Therefore it can be concluded that there is no doubt that in earlier times elderly were respected and they were given higher position in the family with the passage of time, when family structure got changed from joint family to nuclear family, their condition is deteriorated and they become victim of the crime against elders. There are deprived of all the necessities for healthy life. Now they are at the mercy of their children.

#### **10.4 DEFINITION OF ELDER ABUSE**

There is no agreed universal definition of elder abuse. Generally, elder abuse is understood to include actions of violence or mistreatment committed intentionally or unintentionally through over abuse or through forms of neglect. Working definitions also describes types of abuse (e.g. physical, psychological, financial, sexual and neglect), the victim and perpetrator and the location of abuse (e.g. violence at home or in an institutional setting).

- The World Health Organization and the International Network for the prevention of elder abuse defined elder abuse “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 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.”
- In the United States, the National Research Council (2002) adopted their own definition

of elder abuse to include “intentional actions that cause harm or create a serious risk of harm, whether or not intended, to a vulnerable elder by a caregiver or other person who stands in a trust relationship to the elder or failure by a caregiver to satisfy the elder’s basic needs or protect the elder from harm.”

- According to Lau and Kosberg included “violations of rights” in their definition of elder abuse which covered situations where elderly are forced out of their dwelling or into another setting such as nursing home.
- Legal Research and services for the elderly’s definition included mental abuse as well as physical abuse.
- Acc to Gelles and Cornell, The recognition of elder abuse as a social Problem and the subsequent identification of abuse has not been an easy task.
- Legal Research and services for the elderly, Identification of abuse victims is also hindered by the elderly victim’s unwillingness to report incidents of mistreatment to the outsiders. Only one in four known cases of abuse is reported by the victims themselves.

Even after the occurrence of abuse has been reported and substantiated, many abused victims are unwilling to admit it, due to societal attitudes, many elderly family members are too embarrassed to admit that they have raised a child capable of such behaviour and most of them blame themselves for the abusers behaviour. Frequently their love for abuser is stronger than the desire to leave the abusive relationship. A large number of elderly also have fear of punishment in shape of isolation which prevents them from leaving their children. It can be concluded on the basis of above mentioned that elder abuse means mistreatment given by care takers (either family member or clinical care takers) with elderly in different ways i.e. physical psychological, medical, financial etc.

## 10.5 DIFFERENT TYPES OF ABUSE

Abuse can happen to anyone, regardless of age, race, or gender. Abuse can be physical, emotional, sexual, or financial. But whether it’s a small act of kindness or a large crime like domestic violence and sexual assault, abuse is still abuse. Abuse is defined as any action that inflicts or attempts to inflict physical, sexual, or psychological harm on an individual. In this chapter, we will take a look at the different types of abuse that can happen to you and your loved ones. There are three types of abuse: emotional, physical, and sexual. Emotional abuse is when someone yells at you or tells you how they feel about you or another person. It can be anything from verbal bullying to bullying with your words or body language.

Physical abuse is when someone pushes, shoves, punches, or kicks you and this causes injury. Sexual abuse is any unwanted contact that happens between two people in a sexual way.

Abuse is a negative form of behavior, which can take the form of physical, sexual, emotional, or verbal violence. Abuse can happen in any type of relationship but usually occurs within the context of intimate partner relationships and family life. Abuse can be physical (e.g., hitting) or psychological (e.g., name-calling). It is defined as the action or inaction that results in one person being harmed by another. The idea of domestic violence is so common that it has become a cliché. Yet, few people really understand what domestic abuse is. And even fewer

realize that there are actually many types of abuse. This chapter will explain the differences between various types of abuse and how they can be dealt with effectively.

Abuse is a wide and complex topic, with many different types of abuse that can occur in a relationship. So how do you know if you are in an abusive relationship? What are the warning signs? The answer to these questions and more can be found in this chapter on different types of abuse. We all have a concept of what it means to be abused, but there are many different types of abuse. It is important to understand the various types and how they affect people in order to recognize them and get help if necessary. The resources available through your state's social services can be vital in a time of crisis. Abuse is not just physical or sexual abuse. It can include emotional abuse, verbal abuse, financial exploitation, or stalking. Take the time to learn what types of abuse you may be experiencing and where to find support in your community. We live in a world where women's safety and health are not taken seriously. Most of us have probably been exposed to sexual abuse at some point in our lives, but it's hard to get across how serious it is.

### **Physical Abuse**

Physical abuse can take many forms, and it affects the lives of millions of women and children every year. Physical abuse has many forms, from verbal insults to hitting. Physical abuse often occurs in relationships where one partner is a perpetrator and the other is a victim.

This can happen in both heterosexual and same-sex relationships. Physical abuse is not a joking matter. Not only does it cause physical harm, but it also has the potential to emotionally and mentally destroy a person. Therefore, one should be aware of how this type of abuse can affect one's life.

Physical abuse occurs when one person hurts or abuses another. It can include punching, kicking, biting, hair pulling, pinching, shoving, slapping, choking, and more. Physical abuse often takes place in the context of domestic violence but can also occur between people who are close or have a relationship. Physical abuse can take many forms. It is always important to understand the difference between physical and emotional abuse so that you are able to identify the symptoms of abuse. Physical abuse is often overlooked as a cause of violence in the family.

However, physical abuse can be as harmful as verbal or emotional abuse, and it has a wide range of consequences for children and adults. Physical abuse can happen to anyone, anywhere. It is important to remember that violence against women is not a private matter or something that only happens in certain countries. Violence against women and girls exists everywhere, and it can be prevented.

Physical abuse is any harmful or unwanted physical contact between two people, which can lead to injury, pain, illness, and even death. Physical abuse is a pattern of behavior characterized by the use of physical force against another person that causes the other person to feel fear or pain. Physical abuse can be harmful in many ways, including causing psychological harm, increasing the risk of disease transmission, and decreasing the victim's ability to function in daily life. Physical abuse is a common occurrence in the world today. In fact, it is so prevalent

that many victims remain unaware of the abuse they have experienced. It's important to understand what physical abuse is and how it affects people.

### **Psychological Abuse**

Most of us are familiar with physical abuse. It's the breaking of bones, the ripping of skin, and the bruising that you see on TV and in movies. This is called psychological abuse.

Many women face psychological abuse at the hands of their husbands. It is a form of abuse that occurs when a person treats another in a way that he/she believes to be cruel, harmful, or threatening. Psychological abuse can cause anxiety, depression, and serious health problems in women. Psychological abuse occurs when one person intentionally or unintentionally uses power over another to gain and maintain control. Psychological abuse can include verbal, physical, emotional, sexual, financial, and other forms of mistreatment. It is not a crime but it does cause serious mental pain and may result in suicide.

In the past, victims of psychological abuse might have been blamed for their relationship problems. Today, psychologists are more likely to ask if there was something wrong with their partner's behavior. But some people still hold on to the notion that there is something wrong with them. Psychological abuse is a form of psychological mistreatment that can include emotional, physical, and verbal abuse. While many people have experienced emotional or verbal abuse at some point in their lives, psychological abuse has been more difficult to identify and quantify.

Psychological abuse is the most under chaptered form of violence in society. Psychological abuse occurs when one person deliberately hurts or controls another by using words or actions to manipulate, humiliate, intimidate, or frighten. Psychological abuse is a pattern of behavior in which one person uses intimidation, coercion, or humiliation to control another. Often, psychological abuse involves the systematic use of humiliation, threats, and other forms of coercion. Psychological abuse refers to the mistreatment of a person, or group of people, by someone using psychological tactics. These tactics may include verbal and emotional abuse, intimidation, humiliation, isolation from friends and family, threats, harassment, and other forms of psychological manipulation.

We all know what abuse is. Physical, verbal, and sexual abuse are some of the most common forms of psychological abuse that can affect us at home, in our relationships, or even at work. Some people also tend to label themselves as "psychologically abused" if they have gone through a situation like this. Psychological abuse is a type of abusive behavior used to instill fear and control over an individual.

### **Financial Abuse**

Every year, millions of children are victims of financial abuse. This can include someone stealing their money or taking away the family's food or shelter. Financial abuse is not always physical and can take place online, by phone, or through text messages. It is important to know how to recognize the signs so you can help your child get help. Financial abuse is a serious issue that affects millions of people across the world. Although some forms of financial abuse are more common than others, there are still many cases of victims being subjected to psychological and physical abuse.

According to the World Health Organization, “Financial abuse is a pattern of behavior where one person uses financial means to gain power and control over another.” In the United States, one in every six women has been physically or sexually abused. In many cases, financial abuse occurs at the hands of an intimate partner or family member. Financial abuse is a serious issue that affects millions of people each year. It happens when someone uses the power of their money to hurt or control their partner, often with no intention of good. Financial abuse can happen at any age, in every relationship and gender.

Financial abuse is a widespread issue affecting millions of people in the U.S. and across the world. It can be defined as “any form of abuse, neglect, or exploitation that results in financial harm to an individual.” This can include physical, sexual, emotional or psychological abuse, as well as financial exploitation. Financial abuse can be a silent epidemic in the lives of millions of women and men around the world. Financial abuse is a pattern of behavior in which one person uses control over another person’s money or property to maintain power and control.

Financial abuse occurs when someone uses another person’s money or personal information to gain an unfair advantage. This can include things like setting up a credit card in someone else’s name, taking out loans they cannot afford, and keeping the money from paychecks. It is important to know the signs of financial abuse so you can help protect yourself from the damage it causes.

### **Sexual Abuse**

Sexual abuse is a social problem. It occurs in every culture, region, and community in the world. It can affect anyone from infants to the elderly. Unfortunately, sexual abuse still exists in India today and occurs at different levels of severity. The good news is that there are many resources out there to help survivors heal from this trauma. Sexual abuse is a term that refers to any unwanted sexual activity that occurs between two or more people. The victim, the perpetrator, and their situation are all unique. This chapter will tell you everything you need to know about sexual abuse.

Sexual abuse is a serious issue that should not be taken lightly. Victims of sexual abuse can experience emotional, physical, and psychological trauma as a result of their victimization. If you or someone you know has been sexually abused, we hope this guide will help you understand what to do next. Sexual abuse is being talked about more than ever. There is a new wave of conversations around it and the fact that we are finally talking about it as if it is an actual problem. This conversation started with allegations against Harvey Weinstein, but soon after people began to talk about their own experiences. As a result, people feel like they can speak up and speak out about this issue and ask for help. The most common form of sexual abuse is childhood sexual abuse, which refers to the sexual exploitation of children and adolescents. This can happen in many ways, including incest, forced participation in pornography, and the distribution of child pornography. These are all forms of sexual abuse.

Sexual abuse, or sexual assault, is a wide-ranging topic. It has been studied extensively in research but also causes deep emotional and psychological damage to those who experience it. Sexual abuse can happen in all forms of relationships, including familial, marital, and dating.



The incidence of sexual abuse and rape among children has increased dramatically over the past few decades. In 2015, the U.S. Centers for Disease Control and Prevention (CDC) reported that 1 in 6 girls and 1 in 36 boys were victims of childhood sexual abuse before they turned 18. Sexual abuse of children has a devastating impact on their lives, causing many to face psychological problems later in life.

### **Emotional Abuse**

Emotional abuse is a severe form of domestic violence that takes place within the family. It can happen to anyone and can be very subtle, without the abuser even realizing it. Emotional abuse is the psychological, physical, or verbal mistreatment of another person. It can occur between family members, partners, acquaintances, or strangers. Emotional abuse, also known as emotional neglect or psychological abuse is a pattern of behavior that disregards another person's basic human needs. Emotional abuse occurs when someone ignores the: their needs for physical and emotional care; their feelings; and their rights to freedom from harm. An emotional abuser is someone who uses verbal or physical abuse to influence and control another person.

Emotional abuse can take many forms, including humiliation, criticism, guilt-tripping, intimidation, manipulation, and withholding affection. Abusers will use these tactics to gain power over their victims.

Emotional abuse is a serious problem that can cause long-term damage. Learn more about the signs and how to identify emotional abuse in your relationship. Emotional abuse is a pattern of behaviors that are intended to cause emotional harm or distress. Emotional abuse is different from verbal and physical abuse in that it occurs over time, and can be more subtle. Emotional abuse is a form of emotional violence that can have devastating effects on victims. It's also a complicated issue, as most people don't even know what it is. It can be hard to distinguish between normal ups and downs in your relationship with your partner and emotional abuse.

Emotional abuse is a form of domestic violence that occurs in intimate relationships, both between spouses and between parents and children. Physical abuse, sexual abuse, and psychological abuse are all forms of emotional abuse. Emotional abusers often engage in gas lighting, which is a form of abusive behavior where the abuser makes the victim doubt his or her own perceptions of reality. Emotional abuse is a destructive pattern of behavior that includes intimidating, belittling, degrading, or humiliating another person. In some cases, it is physical violence as well. Most victims of emotional abuse are women and children who may be emotionally abused by the perpetrators.

Emotional abuse is often under reported and underrated. However, it can cause significant damage to victims' lives and wellbeing. Those who experience emotional abuse may experience depression, anxiety, insomnia, or other disorders related to their mental health. These conditions are often long-lasting and permanent in nature. It is a form of abuse that uses words or behavior to control the emotional, physical, and/or sexual well-being of another person. It includes behaviors such as verbal insults, emotional blackmail, humiliation, and intimidation. It can cause severe damage to the victim's mental health and self-esteem. As with physical abuse, emotional abuse can be committed by a family member or friend but also by someone in a position of authority such as an employer or boss. This chapter takes a look at how emotional

abuse is manifested in the workplace and what employers can do to help protect employees from this form of psychological violence.

## **10.6 PERCEIVED EXISTENCE OF ELDER ABUSE- INDIA AND THE WORLD**

In India, there are an estimated 26 million people over 65 years old who live in poverty. With rapid urbanization and industrialization of society coming into play since the late 1800s or early 1900's (depending on which source you look at), this has led to many challenges for seniors including low living standards; lack access medical care leadings their poor condition when they do receive it due largely because their income isn't enough cover costs associated providing these essentials services- something we can all agree upon being unacceptable. The reality of elder abuse in India and around the world is undeniable. The number of seniors who fall prey to these crimes has reached epidemic proportions, with experts warning that this figure could rise even higher without intervention from law enforcement or policy changes designed specifically toward protecting our aging population against prone poses threat they may be facing right now.

The World Health Organization predicts that more than 65% of senior citizens in India diagnosed with some form of abuse by 2030. If this data proves accurate, it would mean an increase from 22 million elderly people currently suffering due to neglect or mistreatment per year-which ranks as one out every five individuals on earth! The Perceived Existence Elder Abuse chapter details many cases where older folks are neglected financially while also being subject physical punishment like kicking them when they're down.

The elderly in India are especially vulnerable to abuse, with many living alone or being cared for by relatives who may have other duties themselves. In some cases the families of these senior citizens live far away and it can be difficult for them get adequate assistance when they need it most which leaves them at risk even more so than if there was someone else around providing support all day long. Elderly people suffer physical Beats robbed from their dignity as well mental cruelty including high rates dementia among others things due lack proper care giving leading towards poverty Pugilistic gloves Healthcare Or Vulnerable Adults Act 2007 Australia ensures safe environment Whereby No Harm Comes To The Person Yet Absolute Protection Is Offered.

## **10.7 SUMMARY**

The problem of abuse of elderly people has become an important issue in the 21st century. The increase in urbanization and migration to big cities has increased the number of elderly people. In addition, there is a significant demographic shift towards aging populations which will have a negative impact on society. Therefore, it is necessary to pay attention to this problem so that it can be solved at an early stage. The elderly are a special population of the world. It is estimated that there some nine billion people over the age of 60 by 2050. This number represents one-third of the world's population and its associated health care needs. Given the growth rate of this population, the demand for elder health services will continue to rise. In fact, it is projected that in 2025, there a shortage of 837 000 nurses worldwide as well as an additional 1 million physicians.

Elder abuse is a form of abuse against an older person, usually caused by someone close to the victim. It is a serious crime that must be addressed. This problem not only affects elderly people but also family members who care for them. Elder abuse is a crime of neglect and is one of the most pervasive, under reported, and difficult to detect forms of domestic violence. With increasing global awareness on the issue, more resources are available for helping victims. Yet, many people still remain unaware of this abuse or they fail to report it. The problem of elder abuse is a serious and complex issue that has been around for decades. In recent years, there has been increased awareness and resources put into addressing the problem. However, despite increased recognition, much of the work still needs to be done. This chapter will outline the issues associated with elder abuse and highlight some strategies to address them. Keeping above issues in view there is a significant need to pay more attention of researchers on Abuse of Elderly which will be serious problem in years to come.

### 10.8 KEY WORDS

Physical Abuse  
Psychological Abuse  
Emotional Abuse  
Sexual Abuse

### 10.9 SELF ASSESSMENT QUESTIONS

1. Define Elderly Abuse? Discuss the historical Origin of Elderly Abuse?
2. Explain various types of Elderly Abuse?

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# LESSON 11

## FACTORS CONTRIBUTING TO ELDER ABUSE

### OBJECTIVES

The Objective of this lesson is to explain the Factors contributing to elder abuse.

### STRUCTURE

- 11.1 Introduction
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### 11.1 INTRODUCTION

In India, elder abuse has gotten widespread attention in the last two decades, with several notable voices speaking out against it. A variety of circumstances, including frailty and degree of dependency, lack of available space in the home, financial situation, temperament, and perspective of care givers, all contribute to the development of abusive behaviour among family members. As previously stated, the old are a non-productive population who do not contribute to the generation or improvement of monetary conditions.

As a result, financial exploitation of the elderly is prevalent in the majority of modern families. Furthermore, the elderly are reliant on their family members for financial assistance, whether it is to pay for medical care or to cover day-to-day living expenditures. When family members are subjected to such demands, they become violent.

### 11.2 FACTORS CONTRIBUTING TO ELDER ABUSE

The number of elderly in India is expected to increase significantly over the next two decades. In fact, it is projected that the number of people above 60 years will reach 50% by 2035. As this demographic bulge enters the senior citizen years, an increasing number of elder abuse cases are being chaptered. The elderly often depend on family members for their care. But sometimes, this dependence can turn into abuse and neglect. As the population ages, more seniors are being abused by their children, other relatives, or caregivers.

Elder abuse can happen to anyone, regardless of age or gender. However, elder abuse is typically thought of as an issue that happens in the elderly population. Abuse of the elderly is a problem that requires both prevention and intervention, with the goal of helping older adults thrive in their later years. Elder abuse is a serious issue in our society. It impacts the safety and well-being of older adults, their families, friends, and caregivers. Older adults are

more likely to be victims of elder abuse than other age groups. They are also more vulnerable because they may be financially and physically unable to protect themselves from abuse.

It is generally considered that an elderly person is subject to abuse when there are multiple factors contributing to the same situation. Age, gender, health status, cognitive functioning, and behavior, as well as socio-economic circumstances, play a role in a person's vulnerability to abuse. The National Center on Elder Abuse (NCEA) recently released a chapter detailing the factors contributing to elder abuse. The main factor for elder abuse is the lack of knowledge about how to treat and handle elderly people properly. Most adults, especially those in the working world, are unaware of these dangers that can affect their elderly loved ones.

It is no secret that society is aging, and with that comes an increase in the number of people who are senior citizens. As we age, our health naturally starts to decline, and as a result, we become more vulnerable to various ailments. Among them is elder abuse. It is a serious crime that requires immediate attention if you or someone you know has been a victim of it. Elder abuse is a serious problem that affects all ages. The elderly, who often experience more physical and mental health problems, are more vulnerable to elder abuse.

Abused elderly have been subjected to neglect and mistreatment, which can cause physical injury and psychological distress.

### **Gender**

When it comes to elder abuse, there are a number of factors that can contribute to the issue. One such factor is gender. In general, women are more likely to be victims of elder abuse than men. This is due, in part, to the fact that they often outlive their male counterparts and are more likely to rely on others for care. Additionally, women are often seen as weaker and less capable than men, making them more vulnerable to abuse. While both men and women can be perpetrators or victims of elder abuse, the majority of perpetrators are male and the majority of victims are female. Understanding the role that gender plays in elder abuse is important for identifying and preventing this form of violence.

### **Chronological age**

Older adults are among the most vulnerable members of our society. According to the National Council on Aging, one in 10 older adults experiences some form of abuse each year.

Abuse can take many forms, including physical, emotional, or sexual abuse; neglect; or financial exploitation. While any older adult can be a victim of abuse, those who are frail or have a disability are at greater risk. There are many factors that can contribute to elder abuse, but understanding these factors is essential to preventing elder abuse from happening in the first place. As we age, our bodies and minds change. For some people, these changes can make them more susceptible to abuse. There are many different factors that can contribute to elder abuse, including chronological age. As people get older, they may experience changes in their physical and mental health. These changes can make them more vulnerable to abuse. There are many different factors that can contribute to elder abuse, including chronological age.

### **Marital status**

Although many people think of elder abuse as a crime that is committed by someone who is unrelated to the victim, this isn't always the case. Recent study by the National

Institute of Justice found that one-third of perpetrators of elder abuse are spouses or partners of the victim. There are many factors that can contribute, including financial stress, feeling overworked and undervalued, and resentment towards the older adult. According to the National Institute of Justice, one in 10 elderly Americans are victims of abuse, and that number is only expected to grow as the population ages. While there are many different forms of elder abuse, one common denominator is that it's usually perpetrated by someone the victim knows and trusts. Unfortunately, a large percentage of elder abuse cases go unreported, often because the victim is afraid to speak up or doesn't know who to turn to for help. It explores some of the factors that contribute to elder abuse, with a special focus on marital status.

### **Chronic serious physical health problems**

It is estimated that around five million older Americans are victims of abuse each year. This number includes physical, emotional, and sexual abuse, as well as neglect. While the majority of abusers are family members or friends of the victim, elder abuse can also happen in institutions like nursing homes. There are many factors that contribute to elder abuse, and it can be difficult to identify. This is largely due to the fact that society is aging, and with this demographic shift comes an increased potential for abuse. Elder abuse can take many forms, but one of the most insidious types is when a person suffers chronic physical health problems as a result of abuse by a caregiver. This form of abuse often goes undetected because the victim is unable to speak out or gets blamed for their poor health. As a society, we must be vigilant in identifying and stopping elder abuse in all its forms. More than one million seniors are abused in the United States each year, and this number is only increasing as our population ages. While abuse can take many forms, it is often most severe when it involves chronic serious physical health problems. Such problems can leave seniors vulnerable to mistreatment by family members or caregivers who may be overwhelmed or underprepared to cope with the demands of care giving. This post will explore some of the factors that contribute to elder abuse in these cases.

### **Presence of cognitive disorders**

It is estimated that around five million elderly Americans are victims of abuse each year. This number includes physical, emotional, and sexual abuse, as well as neglect. Abuse can occur at the hands of family members, friends, or caregivers. It is a heartbreaking reality that many seniors suffer in silence. There are a number of factors that can contribute to elder abuse, including cognitive disorders. Numerous studies have identified a number of factors that contribute to the occurrence of elder abuse. A relatively new area of study that is gaining increasing attention is the role that cognitive disorders play in this form of abuse.

According to the World Health Organization, around 6 percent of people aged 60 or over are abused each year. While the majority of perpetrators are family members, the presence of cognitive disorders can increase the risk of abuse. Presence of mental or emotional illness. Elder abuse is a serious problem that often goes unnoticed. Studies have shown that the presence of a mental or emotional illness can increase the risk of elder abuse.

This is a major concern, as approximately 1 in 5 older adults suffers from a mental health condition. Abuse can take many forms, including physical, sexual, and psychological abuse. It is important to be aware of the signs of elder abuse and to know how to protect yourself or someone you love from becoming a victim. Elder abuse is a serious problem that often goes unnoticed. It can take many forms, such as physical or sexual abuse, financial exploitation, or neglect. One of the most common forms of elder abuse is emotional or

psychological abuse, which can be especially damaging since it often occurs in secret. A variety of factors can contribute to elder abuse, including the presence of mental or emotional illness.

### **Substance abuse**

Elderly abuse is a growing problem in America, with nearly 50% of all victims being older than 65. This chapter provides insight into why they are targets for these types of crimes and what factors lead someone to take advantage an abuser comeback child molester whatever that may be. Elderly citizens are vulnerable to being intimidated, beaten and even murdered because of their age. The most common factors in substance abuse against elders include:

Aging society has left many people feeling isolated which causes them miss out on contact with family members or friends; they might live alone for the first time ever since retirement without anyone else around during day-to teen rituals such as school plays or football games anymore due to schedule constraints that make it difficult if not impossible sometimes.

Elder abuse is a worldwide problem that affects all countries and cultures. There are many factors contributing to the elderly being targeted by those who have ill intentions, including their age or mental state - but there's something more subtle going on too. There can be financial motivation for taking advantage of someone you know will lack some skills needed in order keep themselves safe from harm--or even just not understanding what happened due circumstances beyond our control like poverty which makes them dependent upon others.

### **Social isolation and loneliness**

The elderly are at high risk for social isolation and loneliness. This can lead them into an even more vulnerable position as they may not have anyone else around who is able or willing provide care, so abuse becomes much easier on these individuals. Elderly people are at risk for vulnerable to abuse, as they may be financially needy or have cognitive impairment. The chapter "Social Isolation and Loneliness: Factors Contributing To Elder Abuse" explores the factors that contribute towards social isolation in older adults leading up their vulnerability I not being mistreated by someone else such forms of agitation/agitation can lead them into situations where they feel like there's no way out so it becomes very difficult sometimes even impossible some times. Elderly people are being neglected and abandoned by their caregivers, which can lead to physical or emotional abuse. Loneliness is one factor that contributes towards social isolation among the elderly population; this lack of contact often leads them into lonely situations where they may feel ignored or forgotten about by those around them- potentially leading on toward more serious forms such as malnutrition/starvation due to poverty level earnings not providing enough funds for food expenses each month - making these individuals susceptible targets if scams come knocking at your door claiming there was money deposited into an account belonging.

### **Dependency**

Elder abuse is a form of domestic violence that can happen to anyone, regardless if they're an adult or not. The factors contributing are usually emotional and mental with physical consequences as well. Substance Use Disorder (SUD) -Financial stressors such as poverty/ financial pressures on family members who care for them due lack thereof; this may arise from decreased earning capacity because someone becomes unable. The elderly are often vulnerable to being victims of dependency. This can happen for a wide variety of

reasons, but it is most commonly caused by mental illness or physical disability that leaves them unable (or unwilling) to take care of themselves properly

Maintaining independence as we age becomes especially important when you have children who may need help raising their family members because parents will likely require assistance sooner rather than later even if they never show any signs so far - some experts recommend talking openly about plans beforehand. Elder abuse is an issue that affects many seniors. The elderly often depend on others for their care and supervision, but this can lead them into dangerous situations where they're compromised of security or wellbeing by someone who shouldn't have access to these things as it would compromise your family's safety if something were ever happen because there was nobody present during the time period when elder abuse occurred making you responsible either way whether intentionally trying avoid responsibility by blaming others.

### **Caregiver stress**

Caregiver stress can cause family members to lose their patience and resorting abuse on the elderly. Care giving is one of most stressful jobs in our society, with studies showing that it ranks higher than just being a doctor or lawyer! This type work often leads people who care deeply about those they're caring for - many times even including close blood relatives- feeling overwhelmed by all sorts of feelings like anger resentment worry guilt etcetera because there's no easy solution when dealing specifically w/elderly individuals. The most concerning factors contributing to elder abuse are caregivers who lack proper care giving skills. This can lead them down a path of frustration, which may cause physical or emotional harm on their elderly loved one's behalf if they aren't given the tools necessary for maintaining healthy relationships. The fear of losing a loved one to abuse or neglect can be an overwhelming experience.

### **Financial difficulties**

The financial difficulties that arise as a result of elder abuse can be feeding the flames, exploitation and neglect which lead to more serious forms like physical or emotional maltreatment. The financial difficulty is one of the factors that contribute to elder abuse. A chapter shows a correlation between poverty and neglect among older adults in America, with many experiencing various forms such as self-neglect or cognitive decline because they have no way out when faced with these problems alone but also lack proper resources needed for help around their homes which can lead them into even worse situations if left unchecked over time. Elder abuse can be financial difficulties for an abuser. Financial problems may lead them to feel that they need power over someone else in order take care of their own needs, which is why it's important not only monitor what you spend but also work on improving your budgeting skills so these issues don't come up again in future days.

### **Awareness of Elder Abuse**

Elder abuse is a serious issue that affects many elderly people. The most common form of elder abuse involves financial Exploitation, followed by physical and sexual violence or neglect; all these behaviors deserve attention from the community as well as loved ones who care for them because they can lead to long-term consequences on mental health in later life such include depression/anxiety levels which could make living at home difficult if not impossible., loss social connections due lack interest/ability etc. Elder abuse is a worldwide problem that affects millions of seniors. This form or neglect can lead to physical, sexual and psychological harm as well as social isolation which lead many victims into poverty-fueled



depression feelings from feeling unable able enough for day by day tasks such the most basic needs like eating safely off food shelves due their inability keys among other things.

Elder Abuse Awareness should always be top priority especially now more than ever before given recent news stories involving celebrities being targeted because they're seen visually appeal despite. Elder abuse is a global problem that affects all ages and genders. The World Health Organization estimates more than 4 million people in the U.S., aged 65 years or older have experienced some form of physical, economic coercion by an intimate partner such as financial intimidation to force them into marriage; this includes forced retirement from employment without sufficient funds for food security purposes which can lead many seniors living on their own with no support networks outside family members who are also struggling financially due recent COVID-19 pandemic affecting workforce demographics worldwide making things even harder.

Elder abuse is a worldwide problem that affects every age group and gender. The elderly are often targeted for their wealth, which can result in financial or physical harm including abandonment by family members who refuse to take responsibility of caring for them properly-a situation known as "Elder Neglect". In some cases abusers might work With close friends or relatives on measures designed To gain access into an individual's life cheaply enough so there no lasting damage done even if it seems like insignificant conduct at first glance; but these actions ultimately lead towards theft with subsequent persecution once word gets out about what happened - this forced silence creates more victims because everyone tries hard not talk over dinner tables anymore.

The elderly are often the target of abuse and neglect. This is not only because they're vulnerable but also due to their isolation which leaves them more prone for being taken advantage by someone who wantonly takes what doesn't belong, namely your parents or grandparents. Elder abuse is a growing problem in India. It can take many different forms, from physical or sexual assault to financial lender fraud and margin calls on credit cards with negative balances- this list barely scratches the surface of what's possible! In order for elders who experience these horror stories firsthand have access legal resources they need when dealing through their families members accused as abusers; we must first educate ourselves about how common it really becomes so no one think twice before helping out an aging loved ones during tough times.

### **Issues and constraints for abuse**

Two broad categories of abuse that have been studied in psychology are physical and psychological. Physical forms include hitting, biting or kicking; while types such as yelling at someone who is telling you they don't want to does something can fall into this category also if their response does not meet negative expectations set by the aggressor(s). Other examples may be denying access to food for hours on end when feedback has indicated a preference towards certain foods but no visible improvement regarding weight loss which leads one partner (the "abuser") assertively claiming victory after finding out what's best - even though there was never any struggle involved whatsoever.

There are many different types of abuse that can occur in the workplace. Some common examples include verbal assault, sexual harassment and fabrication or exaggeration on an employee's part which might cause them not only emotional distress but also financial penalties if they're caught guilty- so it is important for employers to have clear policies about what will happen when these situations arise as well employees knowing exactly how things

work at your company beforehand, The abuse of children can be due to many different reasons. Some common causes are the lack or loss in family members, parental violence and neglectful treatment which leads them into a spiral effect where they feel like there is no way out until something happens that makes you see your situation differently such as death etc.

There must also have been some sort of trigger - an event-, firework display/cake celebration while living at home plus anything else people might do on special occasions-- that brought back bad memories for this applicant who wanted nothing more than peace from all these painful associations ever since.

Some of the major issues that abuse victims face include spiritual, emotional and psychological trauma. The scars they carry can be deep inner wounds which leads to self-harm or even suicide as well as permanent disability from an injury sustained during their period on earth these suffering do not discriminate by gender identity nor does it matter if you were abused at home versus being burned alive; both types deserve compassion. There are a number of issues and constraints that may arise in the course abuse. For example, physical violence often occurs when couples fight due to their inability or lack interest for communicating with each other properly; this can result sometimes into them not realizing how much they hurt until it's too late - resulting then on one side being remorseful while another feels angry at having been cheated out during some kind harm done by an intimate partner who doesn't seem bothered whatsoever about what happened between them two despite obvious signs showing otherwise (such as bruises). Additionally- depending upon where you live across America--state law might come into play which defines acceptable levels.

Although the gray area of abuse is difficult to define and identify, it's important for professionals in mental health fields such as social workers or psychologists deal with these issues. There are many different types that range from physical violence all way up into psychological forms which can have detrimental effects on a person's life if left unchecked; these constraints should be considered when providing services so they do not hinder treatment but rather assist clients through their journey while keeping themselves safe at same time.

### **Hostile Environment for Elderly**

Hostile environment is that situation which goes in discredit of elderly family members neighbours, street, community and government are the people who can take benefit from the situation. Hostile environment is much dangerous for those elderly who are not active or are dependent on the others. But this environment does not affect the active elderly who can do their own work. Neglect, abuse and violence take away a senior citizen's right to live in dignity, he or she is under threat from forces that are beyond his or her control. They are vulnerable, likely to be exploited by others on account of their own helplessness. Those who have power over them subject them to physical and or mental abuse. Elder abuse occurred in following context protection from abuse and exploitation abuse within the family, home, street, institutions like old age homes and residential care homes through dumping.

Abandonment, neglect, violence deprivation being defrauded of their property and life's saving etc. Several studies have pointed out that the roots of neglect, abuse and violence against the older persons lie within the family. Such rights are violated largely on account of the younger members anxieties at obtaining, grabbing or defrauding resources and status of older persons that the latter have earned, saved and restrained with their hard work both in

business and society over the years.<sup>128</sup> Role expectation conflict could arise between the elderly and others. Primary due to difference in the perception and the values attached to the performance at the roles recognition of this indicates that conflicting needs and desires of the elderly and other cannot possibly be fulfilled due to various limitations.

The various role sets as describes are purely the producer of culture and its change over a period of time due modernization and urbanization combined with industrialization.

### **Family Environment**

Families are the most frequent perpetrators of elder abuse. Many surveys, both abroad and India find family members as the most common perpetrators of abuse. Elder abuse may just be a constitution of violent relations between generations that existed in the family over many years.<sup>131</sup> Studies of crimes against older persons have repeatedly blamed environs of the family (including the family members who are likely beneficiaries of resources available with senior citizens or who are liable to support and sustain the maintenance and welfare of senior citizens) other hired care givers (who have been known to take advantage of the vulnerable senior citizens) and utilities maintenance or repair workers (allowed to enter the family premises taking advantage of the vulnerability of the lonely older persons at home) while their children are at work or grand children at out studying etc.

In some communities, elders have suffered incidents of patricide largely on account of their unwillingness to hand over or abandon the role of Head of the family to the younger members, the role in specific terms could be that of management of family assets or business social or political office held by the head of the family or the father in the local area, or the designated elder of the family and the clan. There have been instances where a son has asked the father to let him hold the social or political office that the latter has been elected or nominated to, the father is expected to take a backseat and let his offspring assume that role failing which abuse, neglect and violence are set in motion. There is a fairly widespread feeling that children are perceived to have not grown into fully mature adults in the presence of their parent's resentment is sought to be articulated by them at times in terms of neglect, abuse and even violence.

Only one child out of 400 raised in non-abusive home was abusive to his/her parents after reaching adulthood, while one of every two adults who were abused as children abused their elderly parents when they became adults complex and long-term family problems and unresolved family conflicts are likely tied up with elder abuse. They argue that given the emotional and interpersonal problems of both parties. It is perhaps likely that a shared living arrangement becomes a 'pressure cooker' situation that leads to abuse children who feel that they among their siblings have never been favoured by their parents may be more likely to mistreat them in old age than would their favoured siblings.

### **Neighborhood and Community Environment**

Neighbourhood and community have generally been supportive of the rights of older persons, partly arising from a sentiment of respect for the elders and partly from inspired charity towards their perceived helplessness attendant in the ageing process. However such support for rights of older persons has at best spontaneous and crisis oriented. It has never had the chance of being institutionalized with a missionary purpose and strategic choice of supportive actions. However the open market, economy and structural adjustment policies advocated by the global economy have once again let the neighbourhood and community rediscover their support roles for the abandoned the helpless and the destitute. The elderly are

likely to gain if the existing governance processes create some social space for the neighbourhood and community two institutions that see the challenges faced by the elderly from very close quarters and command social respect for their corrective steps.

Some perpetrators may “groom” or older person in order to establish a relationship of trust. Older people living alone who have no adult children living nearby are particularly vulnerable to “grooming” by neighbours and friends who would hope to gain control of their estates. It happens only when elderly has no issues or no relatives to take care of themselves.

In this situation, stranger those can be member of neighbourhood and community who take care of elderly only to achieve desired results. Their ultimate goal is to grab the property of elderly after the death of elderly. Sometimes elderly are murdered by the neighbour in order to get their property in the garb of well wishers of elderly. They pretend that the death of elderly is normal, not a murder. Now a days, this trend is very common. The welfare-led governments tended to supercede or push-behind neighbourhood and community as a social force in support of respect for human rights of the elders or for that matter any abandoned member of the family reduced to destitution or abuse. Most welfare-led governments tended to seek legitimacy in their anxiety to do everything and leave no role for the neighbourhood or the community. The Indian society tended to develop a view that the government would do everything, even build toilets. Old age homes, respite care centres, charitable dispensaries everything was left to the government. Self help, self-cared and mutual help were allowed to take a back seat in the welfare-led governance processes.

### **Street and Market Environment**

Next to the family as the most pernicious abuser of human rights of the older person, street and market push them into the position of victims or the defrauded persons ailments and disabilities. Street is also synonymous with high visibility of whatever limited resources senior citizens have saved over a lifetime. Given a chance, everyone is ready to grab the resources that the senior citizens possess. Street is the locale where from fraudsters and petty criminals keep a watch over the resources of senior citizens and where from the pounce upon them in their most vulnerable moments. Street is an aggressive locale which attracts strong competition for possessing it, “owing it and even exploiting citizens while designing the street or should one conclude the entire variety of public spaces. The shopkeepers plant their own hawkers to grab the street; the hawker’s squat with or without the permission of the Municipal authorities the vehicle owners grab nearby one third of the street for parking etc. Senior citizens with their frail ailing or disabled constrains certainly find no space for themselves.

### **Effect of Government Processes**

Senior citizens face neglect through absence of policy in regard to their fundamental rights to equality, liberty and life with dignity, in specific terms, the rights to shelter livelihood or maintenance support, social protection, health protection from abuse and exploitation recreation participation privacy and dignity in death are not respected leave alone protected or promoted.<sup>142</sup> The senior citizens who are denied the right to stay in their own homes and with their families have attempted to find shelter and peer group life in old age homes and other institutions with or without payment for such resources. The legal mechanism has provided different legal provision under criminal procedure code, the constitution of India and under Hindu law to protect the rights of elderly. But these safeguards are not enough to confront the problem.

On the basis of as above mentioned it is very much clear that family neighbourhood community, street, market and government are providing hostile environment to elderly where they are subject to abuse or neglect which is serious issue. Elderly never want to disclose their position to outsider in order to maintain social status. But on the other side i.e. children, they do not have any botheration of such things. Hostile environment is called as crime prone situation, where chances of occurrence of crime against elder is increased.

## **MANAGING THE ABUSE**

### **11.3 FORMAL METHODS**

#### **Through Policies and Legislations**

Elder Abuse can be cured with the help of the implementation of Policies and Legislations, which includes Ageing Policies in the colonial period, Ageing Policy after Independence, Five-year Plan for Ageing in India, National Policy on Older Persons in 1999, Integrated Programme for Older Persons. These are the policies for the welfare and protection of the rights of elderly. There are so many legislations on this account to provide legal protective framework in order to recognize the rights of elderly i.e. provisions given in the constitution, The Hindu Law, The Muslim Law, The Criminal procedure Code, 1973, The Maintenance and Welfare Of Parents and Senior Citizen Act, 2007. The Employees Provident Funds and Miscellaneous Provisions Act, 1952, The Employees insurance Act, 1948, The Workmen's Compensation Act 1923, The Payment of Gratuity act, 1972, The Employees Deposit linked Act, 1976. these policies are legislations are discussed in detail in chapter three.

### **11.4 THROUGH NON-GOVERNMENTAL ORGANIZATIONS**

Elder abuse can be cured with the involvement of formal Organizations, which include NGO's which get license through proper procedure establish by law in order to establish old age homes and for their administration. The concept of old age homes is discussed in detail in chapter five.

Formal organizations are the last source of support and care for the aged, when they are denied support and care from the family, other kinsmen, friends and neighbours. In the existing scenario in the country, welfare measures by the state and to an extent by voluntary organizations are the only formal means available for the aged for support and care. But their nature and coverage is very limited, mostly confining to urban and industrial centers and to bodies of organized sections, such as retired governments and industrial employees. But the illiterate, poor, un-organized aged in rural area is the totally neglected a lot. This section attempts to understand the awareness about these measures among the respondents and their spread and problems involved.

### **11.5 INFORMAL METHODS**

#### **Within the Family**

It is universally accepted that family is the primary care unit for impaired and disabled individuals irrespective of their age and sex. In traditional societies like India, families provide more love and affection, respect, honour and total care to the aged's wellbeing. Brody points out that at every phase of life cycle; the family is the primary unit of service.

Care-giving is one way, in which family acts as a formal social support system to the aged person. In the changing scenario the hitherto strong tradition is getting weakened due to a number of reasons.

### **Care by Spouse**

Spouses are also paramount in instrumental tasks towards the respondent. They help each other not only at domestic and other daily activities but also at physical services at the time of loss of health, spouses render the nursing services, when wife is at bed-rest for a long-period of time. This emphasizes that within network of conjugal is the most closely knotted. And also, in comparison with other care givers, spouses tolerate greater disability for a longer time, with few mediating resources and at a great personal cost.

The support from the spouse is not limited to the physical help at health tasks but also extend up to emotional help and at financial matters. When men provide the assistance their efforts are more likely to be acknowledged. Men are more likely than women to receive attention and praise, "since their care-giving trends are viewed as an unexpected expression of compassion compared to the expected duty for women". In contrast the wife's care-giving efforts expected and unnoticed regarding the care-giving responsibility.

### **Care by Children**

In traditional societies, children especially sons are considered as a source of security in old age. They are treated as "eyes, hands and feet" of an aged individual in their later life.

The filial-Kin look after their old parents directly or sometimes they are arrange other alternatives. The children take care of the parents as a moral responsibility.<sup>150</sup> In traditional societies there is a set pattern in exchange of care services between parents and children. This phenomenon of caring their aged parents is learnt through, socialization process. The children receive love and affection during their infancy and childhood from their parents, which they reciprocate in the old age of their parents. This infuses confidence and social insurance among the aged. Children are considered as an attractive investment because they draw upon resources when they are relatively plentiful and provide a return source of support in their old-age. The Care giver's personal interest to help in increase the subject's well being and satisfaction.

### **Care by Daughter**

Among all adult children care services the daughter's services are considered as qualitative, when compared to the son's services among all adult children, daughter in particular are the primary providers of informal care, when spouses are unavailable or the level of support provided by the spouses is insufficient the adult daughter assumes the role of primary care giver made then known as primary care givers. Daughter's greater assistance is observed both in activities of daily living and instrumental activities of daily living. If daughters and sons are unlikely to provide routine care their roles are more likely to be described as 'back up' or 'circumscribed' or 'sporadic'. Finally it serves as a helper role than as a primary care-giver role particularly when personal care and household chores are largely accomplished by daughter.

### **Care by Siblings**

Siblings are the secondary level care givers to the aged respondents.<sup>153</sup> The siblings' care varies with the age, health conditions and economic status of the individual. An older Sibling's instrumental help to the aged will be a decreasing one – due to their equally

advancing age. Siblings have reported to provide only limited help with certain instrumental tasks such as housekeeping or transportation. Though there is no distinct demarcation between the types of help is sought from male or female. Sibling's brothers are known for extending financial support and sisters mainly for physical help. This may due to the reason that men are the actual earners with economic freedom, while women are efficient care workers.

### **Care by Grandchildren**

In the old age, women have greater affinity and interaction with their grand- children and great grand children then with the other family members. In spite of generation Gap this interaction for the reason that these young ones are a source of joy to pass time by taking care of them. Some of the old women have reported that their grand- children have gone to nearby town for education, marriage and in search of employment. Such non-resident grand children visit them occasionally and exchange pleasantries. Earning members among grand children seem to give money and gifts to the aged grand- parents.

### **Neighbours and Friends**

The frequency of interaction with the well-being will facilitate the emotional Support and morale from the friends. Friends are rarely helpful in a time of severe illness. On this matter, they are less reliable than any of the other primary associates for to same extent they can stretch their social support to the childless and un-married older persons. He also emphasizes the formed caregivers, because they are physically away from the sample respondent. Elderly choose the neighbours for emotional and physical support rather than financial support. So the friends and neighbours are observed to provide expressive support to the aged women respondents, when the preferred group is not readily available.

In brief, it can be said that different people with different relationship with elderly perform the task of care to elderly. It is both legal and social mechanism through which elder abuse can be managed.

## **11.6 SUMMARY**

In India, elder abuse has gotten widespread attention in the last two decades, with several notable voices speaking out against it. The elderly often depend on family members for their care. But sometimes, this dependence can turn into abuse and neglect. As the population ages, more seniors are being abused by their children, other relatives, or caregivers. Elder abuse can be cured with the involvement of formal Organizations, which include NGO's which get license through proper procedure establish by law in order to establish old age homes and for their administration. Care-giving is one way, in which family acts as a formal social support system to the aged person. In the changing scenario the hitherto strong tradition is getting weakened due to a number of reasons. Elder Abuse can be cured with the help of the implementation of Policies and Legislations, which includes Ageing Policies in the colonial period, Ageing Policy after Independence, Five-year Plan for Ageing in India, National Policy on Older Persons in 1999, Integrated Programme for Older Persons.

## **11.7 KEY WORDS**

Elder Abuse  
Exploitation

Cognitive Disorder  
Alienation  
Isolation

### 11.8 SELF ASSESSMENT QUESTIONS

1. Analyse the factors leading to Elder Abuse?
2. Write an Essay on managing Methods of Elder Abuse?

### 11.9 REFERENCE BOOKS

1. **Ananias, J.A. & Strydom, H. 2012.** Informal Caregiving, Elder Abuse And Neglect In Urban And Rural Areas Of The Khomas Region In Namibia: A Needs Assessment. (Unpublished).
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## LESSON 12

# DIFFERENCES BETWEEN TRADITIONAL AND MODERN SOCIETIES REGARDING ELDERLY

### Objective

The Objective of this lesson is to understand the Differences between Traditional and Modern Societies regarding Elderly.

### STRUCTURE

- 12.1 Introduction
- 12.2 Place of Honour for Aged
- 12.3 Affect of Technological Innovation
- 12.4 The Changing Role of the Aged in Family and Community
- 12.5 Traditional Family Versus Modern Family
- 12.6 Remedial Measures for the Problem of the Aged
- 12.7 Measures that are Helpful in Solving the Problems
- 12.8 Summary
- 12.9 Key Words
- 12.10 Self Assessment Questions
- 12.11 Reference Books

### 12.1 INTRODUCTION

Though India is regarded as the “grand land of children” especially after the 2011 census, the number of aged people is also increasing. Aging is associated with couple of problems and the problem of aging has a special significance in the contemporary societies. Understanding the “Sociology of aging” reveals that age matters, not just to individuals, but also to the structure of society. The age composition of a society makes a difference in the social issues that society faces.

Society differentiates people on the basis of age. Thus, different age groups experience different life situations – situations that are further shaped by people’s race, class, and gender. The way in which people of different age groups are looked upon also differs with time. In the past, old age was not a problem at all. Elderly people were respected, and they were the chief patrons of the family, they held authoritarian position in the family and community and played a significant role in the decision-making process. This was mostly true of most of the Eastern societies. In the Indian context, the stable joint family system ensured the old people protection and security during their later life. Despite their old age, they exercised power because they owned and controlled property and had freedom to dispose it.

At the community level also, the elders used to be the leaders in such affairs as political, religious, and legal activities. Even in the beginning of the 21<sup>st</sup> century, the tradition of respecting the aged continues in India though much of their other power and responsibilities are comparatively lessened.

Aging is clearly a universal and irreversible process. Old age is the last phase of the human life cycle and the timing of this phase; its impact on role relationship and the meaning attached to it vary in different societies and even in different sub-groups of society. In the process of aging, the last phase is considered as a decline and death; and in this phase majority of the aged face economic, social and psychological health problem which of course, vary from individual to individual. Further, the determination of old age differs from society to society. The old age there has been a big alteration in the structure of the society. Such a shift in the structure of society, which has resulted in the replacement of multi-generational families with the two generation units, has also had a negative effect on the role of old people many of whom have lost their social security in the family. Gradually most of them have relegated to the fringes of society where they live in isolation as unwanted elements, and this is to some extent true in all industrialized societies.

The older and aged in our culture have enjoyed social security against infirmities, losses, privileged of being heard by the younger generation and dominated the high status in decision making of the family matter, is now fast disappearing in the urban family setting. The transition of our culture from rural to urban way of life, the reduction in living space per family unit, the resulting shift from a three generation to a two generation family system and the rise in standard of living and care which are considered suitable make the fulfillment of these traditional responsibility difficult. The urban family is undergoing changes in its traditional status and roles, due to largely the impact of migration, changes in occupations, High level of education and urbanization. The tradition role of the family has a trend towards change, which has affected both younger and older people in their status, respect and interpersonal relationships. The hard hit by these changes are the older people, who contributed a lot throughout their life to the development of family members, and now when it is their turn to receive from their family they are now met with cold treatment. Deviance of the younger people from this is not normally appreciated by the Indian tradition in traditional society.

In this regard Kautilya in his Arthashastra, has reprimanded “Those who neglect their aged parents and has permitted the village elders to punish those sons who fail to provide care for the aged parents”. Hence, within this culture-based social frame work, conscious parents nourish their children with utmost care, educate them with highest sincerity and socialize them as to how they would become self- sufficient in future and support parents during their old age. When the children become parents, they also, follow the same process of socialization and expect the same pattern of behavior from the children. Thus, mutual reciprocity between the aged and the young is quite essential for the sake of leading life safely and enjoying the god-given precious life peacefully.

## **12.2 PLACE OF HONOUR FOR AGED**

Since time immemorial, aged persons in India have been accorded a place of honour and importance in the family and community. Ancient literature in India is replete with reverent references to the elderly. Long life was cherished, old age was viewed with deference and the elderly played an important role of advisors and counsellors. On the other hand, the family and community looked after them regardless of their productive capacity. To a society, and culture, that has long prided itself in its veneration of the elderly, the existential reality of the aged may come as a surprise. Our older administrators who are thinking in terms of the demographic, social, psychological, economic, and health aspects of ageing.

According to Population Census 2011 there are nearly 104 million elderly persons (aged 60 years or above) in India; 53 million females and 51 million males.<sup>2</sup> A report released by the United Nations Population Fund and Help Age India suggests that the number of elderly persons is expected to grow to 173 million by 2026.<sup>3</sup> Both the share and size of elderly population is increasing over time. From 5.6% in 1961 the proportion has increased to 8.6% in 2011. For males it was marginally lower at 8.2%, while for females it was 9.0%. As regards rural and urban areas, 71% of elderly population resides in rural areas while 29% is in urban areas. The life expectancy at birth during 2009-13 was 69.3 for females as against 65.8 years for males. At the age of 60 years average remaining length of life was found to be about 18 years (16.9 for males and 19.0 for females) and that at age 70 was less than 12 years (10.9 for males and 12.3 for females).<sup>4</sup> Kerala has got the highest life expectancy at birth, followed by Maharashtra and Punjab. The life expectancy at birth in Kerala is 71.8 years and 77.8 years for males and females respectively.<sup>5</sup> There are few studies in

India that relates to the multidimensional problems of ageing. Research is needed to formulate, implement and evaluate policies and programmes for the elderly and their needs. Given the nature of socio-cultural changes under way and severe decline in the states capacity to meet the welfare needs of the vulnerable sections of the society, betterment of the quality of life of this rapidly increasing segment of India's population emerging as a formidable task.

The problem is further compounded because of greater longevity of the elderly. Hence, there arises a need to understand the socio-economic as well as demographic dynamics of the elderly population in general. The Indian society is undergoing fast transformation under the impact of various forces.

### **12.3 AFFECT OF TECHNOLOGICAL INNOVATION**

The forces of industrialization, urbanisation, modernisation and technological innovation have affected practically all aspects of life. Traditional safeguards of family care for the elderly are being threatened and becoming weak because of change in family structure from joint to nuclear, migration, dual careers, growing consumerism and so on.

Contemporary culture poses serious challenges to us as great transformations have modified the coping mechanisms and values that were prevalent for our making sense of the world and of ourselves. The consumer culture has modified the symbolic insertion of individuals in the collective citizens, on a daily basis, are reminded both of their expendability as also of the depending coarseness society displays against them. Be it the way they are treated within the family, the woeful inadequacy of the health care provisions or glaring problem of economic security and financial sustenance. It is evident that modern Indian society is ill-prepared to meet the challenges posed by the graying of its population.

The rapid advances in science and medicine and better quality of life are leading to increase in longevity of populations in several regions of the world.<sup>1</sup> The ageing of the world population is a matter of concern for policy makers and action in that the logic of consumption has overrun the centrality of production as a dominant structuration of social life. All these make the wellbeing of the elderly a growing challenge of the present era. Thus, it is of utmost importance to find probable solution to this emerging problem of old age.

Things are fast changing in India, especially after the onset of globalization. With the fast spreading of industrialization, urbanization and globalization, changes began to take

place in the family system, community administration, property relations, occupational structure, and so on. Increase in the size of population, migrations of youth from rural to urban areas, increase in the size of elderly population, disintegration of joint families and the employment of women, etc., denote some of the important factors that not only brought about a significant change in the role of elderly people in society but also the so called problems of the aged.

A man's life is normally divided into five main stages namely;

Infancy,  
Childhood,  
Adolescence,  
Adulthood and  
Old age

In each of these stages an individual has to find himself in different situations and face different problems. Infancy and childhood are periods of dependence. One is normally at the mercy of one's parents. In the later stage of childhood and during the period of adolescence, how circumstances make a few of them to become delinquents, we have already examined. It is during the adulthood that an individual has to bear the main brunt of life. Old age is not free from problems. Though from the point of view of wider society, the problems of old age are comparatively less, but from the standpoint of the individual, the problems are not less significant. In old age, physical strength deteriorates, mental stability diminishes, money power becomes bleak and eye-sight suffers a setback. It is only for a blessed few old ages may prove to be a stage of contentment and satisfaction. But, for a large number of people, it may actually become a period of disappointment, dejection, disease, repentance, and loneliness. In order to find some solace for their distressed mind, good number of people turn towards religion. They become more and more other-worldly in their attitude. Some seek to get satisfaction through the achievements of their children or grandchildren. Some old people cut off their relations with the external world and prefer to live in solitude. Only a few make compromises and try to equip themselves to sail along with the currents of life. Old age, thus, has its psychological and socio-cultural sides. An insight into these may help us to understand the problem better.

#### **12.4 THE CHANGING ROLE OF THE AGED IN FAMILY AND COMMUNITY**

Due to the changing socio-cultural conditions of society, the social role of the aged people too has changed considerably. The changing role of the aged people in the family and community has created problems of adjustment for them. Their failure to adjust with the changing conditions and roles has often given rise to some serious personal problems.

##### **The Fading Away of the Authoritarian Role**

For generations together in the past, the elderly people in the family possessed position of authority and decision making. In the joint families which used to consist of members of three or four generations, the eldest members of the family used to enjoy much respect and authority. They played crucial role in decision-making in matters connected with family affairs. The 'Karta' or 'Karnavan' of the joint families were usually the eldest members of the family. They used to remain in the family as authority figures. Today, things have changed. Joint families have been disintegrated and there is a liking for only nuclear families. Accordingly, the role of the eldest members as heads of family has changed. They have just become the dependent members of the family like the young children. They have lost their decision-making powers and authority over other members.

There are also some cultures in which adults who no longer contribute to the society because of old age or illness may become perceived as extreme burdens. Among the Comanche Indians, for example, mourning was reserved only for those who died in their prime because they were seen as a greater loss to the well-being of the community. There are many such tribal communities wherein the aged people neither command authority nor respect. They are just treated as insignificant dependent members.

### **Inability of the Aged to Perform the Role of Grand Parents to Their Satisfaction**

In the traditional families, elderly people used to play the role of grandparents by taking care of grand children, telling them stories, playing with them, protecting them when their parents become angry with them, and so on. That role was very much satisfying for them. In the modern days, where most of the families are nuclear families, there is virtually no place for the grandparents. Even when they find place to live with the grand children, they find it difficult to play their “grand parenting role” at home. Because, the role played by the grandparents are now taken over by the schools, kindergartens, babysitting centers, anganawadis and other child care centers.

### **No more Opportunity to Play the Role of Repository of Knowledge and Experience**

For a very long time, elder members of the family and society were revered and respected for their vast knowledge and experience. Especially in agricultural communities, their knowledge and experience in agricultural processes, domestic affairs, in the conduct of religious programmes and marriage ceremonies and other kind of activities were very much relied upon and well appreciated. They were consulted and their opinion was taken into consideration while taking important decisions. But in the recent times, due to the completely changed social scenario, the younger generations consider the knowledge; experience and opinion of the elders in many issues and matters, as outdated and useless. This attitude of the younger people is not only paining them, but also has made them to think whether they are becoming useless entities. Thus, there is a great ‘generation gap’ between the older generation and the younger generation.

### **Decreasing Importance of the Role of the Aged as Leaders of the Community and Caste Members**

As in most of the Eastern societies, in India also, traditionally, elderly people in the society played an important role as community leaders and village panchayat members. In the Caste Councils or Jati Panchayats in India, the eldest members of the caste used to exercise authority in giving judgments on caste disputes and controversies that were referred to them. In the village councils also the elderly people enjoyed enormous influence and power. They were given power to take decisions on the political affairs of the community. But during the recent times, drastic changes have taken place as a result of which the elderly members have lost most of their power and influence as family and community leaders. In fact, they are no more accepted as leaders just because of their age. With the advent of democracy and constitutional form of governance, the rule of gerontocracy has disappeared.

### **Difficulty in Accepting the Inevitability of Change**

There is a continuous interplay between age and social change. Social change is taking place with enormous rapidity for which there is no parallel in history. This is the hard reality of the modern times. Though many elderly people have come to accept this reality, many find it difficult to accept it, make compromises and finally adjust with it. They actually face both social and psychological problems. This is virtually due to the erosion of social institutions which provided social security to them in the traditional social environments.

## 12.5 TRADITIONAL FAMILY VERSUS MODERN FAMILY

The joint / extended family as the best place for the elderly care appears to be a reality of the past. Based on some inherent changes in the dynamics of relationships, the family could be classified into 'traditional family' and 'modern family'. The people in dissimilar types of families have different sensibilities and do not share the same attitudes towards the care of the elderly. Feelings about care for the elderly vary from family to family, depending on its size and types. Some characteristics of 'traditional family and modern family' are listed in given below table. These present a dichotomous picture. Older people in both the categories carry the mindset of the traditional family and younger ones think in terms of the modern family. So, there is a clash of beliefs; incidences of abuse of the elderly emerge out of such a generation gap. Moral, religious and social compulsions for the care, respect and dignity of older persons are a dying phenomenon in today's market-oriented consumer society. In addition, migration and the insecurity of physical space are major threats to the care for the elderly. One can simply expect elderly care from children only through social and legal safeguards, so caregivers should know about and make use of such safeguards.

### Characteristics of the traditional family and modern family

<b>Traditional family</b>	<b>Modern family</b>
All family members do not assert equally	Everybody asserts equally and justifies their individual standing on all family issues
Someone is identified and recognized as authority fortaking decisions (head of household)	No one is recognized as an authority
Generally, as a head of the house, he/she commands authority in the family	Tendency of imposing authority on each other is discouraged
Adherence to the family traditions is stronger value	Individual freedom and choice are key characteristics
Joint kitchen, joint celebration and joint action are highly desirable	Sharing with each other is not an essential feature
Arguments on every matter are not desired	There is full argumentation, everyone possess freedom and personal choice
Freedom for free style of living is completely restricted	Free style of living
Absence of free flow of emotions	There is a complete flow of emotions
Adjustment as a basic feature in the family is most essential	Absence of adjustment
Mutual care and concern are commonly shared values	Highest priority to 'self-care' and 'self-concern'

### Shift from Family to Self

Modernization and industrialization made their impact on the family structure and gave genesis of the consumerist society. The productivity and contents of modernity mould the relationships gradually. The dynamics of the interpersonal relations are changing their colour rapidly. The concerns for individual freedom and individuality have become the major feature of the modern family system. The obsession for self is becoming a major characteristic of the modern society. The self as a main driving force of the behavior is becoming a central focus. 'Self' other than 'family-self' seems to be a new phenomenon emerging in the society. Individualized self is a part of the modernization process, whereas

the family-self is a reflection of old traditional joint family where thinking, values and behaviours are usually according to the family traditions. People moving faster to modernity have realized constraints of living in the larger joint family, which demands considerable adjustment and control of the individual's interest. The individual freedom does not find a place in the significant family decisions. Area such as education, marriage, lifestyle and general behaviours and values are the main areas of conflict between younger and older.

### **Growing Challenges of Ageing**

Old age is a growing section of the population and simultaneously it flashes images of miseries, which are socially and culturally learned phenomena. 'Elderly' and 'ageing' are two different concepts, one refers to a section of the population and another one is a process of becoming older. The period of onset of ageing is scientifically difficult, researches are going on. The impression is that it is deeply determined with contours of the country, region and culture.

### **Denial of Naturalness of Ageing**

The age-specific behavioural dispositions are primarily natural and universal. But the perception towards such dispositions is culturally and socially governed. Therefore, behavioural disposition needs to be studied from the angle of individuals as well as the society. Individual's dispositions are always judged by the society. And individual learns and relearns within the frame of society's normative behaviours. In the process of learning and de-learning, individuals generally extinguish such behaviours that do not serve their motive to gain and reinforce those that serve them.

Today, the family support is gradually diminishing under the existing model of development

### **Active Ageing**

The phenomenon of productivity, therefore is a key to determine the status of the individuals, group and the society. For example, a lot of negligence and discriminatory practices are followed in the case of girl child. This too appears to be closely associated with productivity and non-productivity. Discriminatory treatments are followed simply out of a feeling of loss in productivity. Loss of expectations and productivity in the society not only reinforces the psychology of indifference, it rather aggravates indifferent behaviours and unwanted social evils, such as family violence, gender bias, old-age brutalities, neglected care of older persons etc.

### **Care During Oldest Stage of Life**

The failure in carrying out this burden itself generates abuses of various natures. For families already suffering due to economic and housing constraints, the care of the old in the city becomes an unwanted burden that affects them psychologically, socially and economically. Even those who are economically well off are gradually losing the mindset (i.e. state of mind) for the care of frail parents and grandparents.

### **Intergenerational Gap**

There is clear evidence of the intergenerational gap between child and old. Researches have been conducted; the reflection of two researches is discussed here. Intergenerational relationships are interactions between individuals of different generations, thousands of people who share similar but not identical experiences by the virtue that they are born, living and dying within a common historical period. Family is that thread that links multiple generations together through a system of shared beliefs, norms, values and cultural traditions. Within a family, these intergenerational ties are conceptualized as a lineage bridge between the children, parents and grandparents.

In a traditional Indian society, elder people lived within the multigenerational extended family, comprising one or more adult, children, grandchildren and other kins. The aged in these societies enjoyed an unparalleled sense of honour, legitimate authority within the family or community, had decision-making responsibilities in the economic and political activities of the family and were treated as repositories of experience and wisdom. The elderly acted as a link between traditions and customs and were responsible for enforcing them in day-to-day life. There was a division of labour within the family and the aged had an important role to play, making their life meaningful. The elders in the intergenerational lineage played the role of historian, providing information about the cultural and familial past, that of a role model whom the youngster could follow, of a mentor who could guide the young with their valuable experiences and who cared for the king in crisis.

## **12.6 REMEDIAL MEASURES FOR THE PROBLEM OF THE AGED**

The problem of the old has become more pronounced now than before. The advent of industrial revolution, advancement of science and technology and development of medical science have added new dimension to this problem. Prior to the industrial revolution, the average 'life expectancy; of man all over the world was very low. Now it has increased tremendously. In most of the European nations the average life span of people has crossed the mark of 65 years. In India, at the time of Independence, i.e., around 1950's the life span of an average Indian was about 28 years and now it has increased to 50 years. As a result of this, the number of old people has increased in almost all the countries. The presence of a large number of old people has affected the composition of population especially in countries such as Russia, Britain, Norway, Sweden, Switzerland, France and so on.

## **12.7 MEASURES THAT ARE HELPFUL IN SOLVING THE PROBLEMS**

During the recent years, an awareness has arisen at the global level regarding the problematic life of the senior citizens. This awareness has made many national governments, including India, to take some proper steps to mitigate their problems and provide them enough social security. Some of the measures that are highly useful and helpful in handling the problems of the aged and provide them much needed security are stated below:

1. Providing suitable economic assistance to the aged.
2. National level welfare programmes and projects for promoting the welfare of the aged
3. Welfare programmes of the aged
4. Some special concessions and facilities given to the aged
5. Voluntary organizations for the service of the aged
6. International level measures for the aged.

In fact, these are the days in which almost all the developed and the developing countries undertake several social, legislative reformative and welfare measures to protect the interests of the senior citizens. Governments as well as non-governmental organizations undertake diverse activities for the benefit of old people.

### **1. Providing Financial Assistance to the Aged**

There are many schemes in the world to provide financial security to the aged people so that they do not suffer from economic insecurity at the fag end of their life. In our nation also number of such schemes are there. For example:



- a. **Retirement Pension:** Those who put in some minimum years of service are provided with old age pension after their retirement. This pension is assured to all government employees who have eligibility to it, and also to employees in some private companies and industrial units.
- b. **Other Financial Benefits to the Retire:** Government servants who have completed their full-time service are also entitled for certain types of financial benefits such as – gratuity commutation, family provident fund, personal provident fund, (PPF), group insurance, leave encashment, general provident fund (GPF); some higher percentage of interest over the fixed deposits kept in the name of senior citizens, and so on.
- c. **Old Age Pension Scheme for the Poor and Needy:** “Old Age Pension Scheme” – is in force in states such as U.P., Rajasthan, Tamil Nadu, Kerala, Punjab, West Bengal, Karnataka and so on. It came into force in 1964. As per this scheme, some amount is given every month as old age pension to those who have crossed 60, and those who do not have sufficient economic support to fall back upon.
- d. **Providing Employment even to the Aged:** Those who are retired, but still are interested in and capable of working are also given work in nations like Britain, America, Australia, Canada and such other countries. This will not only fetch income to the needy people but also keep them engaged in their retired life. There are also separate universities or colleges for the aged people offering different courses for study in nations like Australia. Dr. S.D. Gokhale (President (India) International Federation on Ageing) had stated sometimes earlier that more than 10,000 aged people had registered their names for higher studies in such institutions in Australia. Even in India, in many educational institutions and private and public limited companies, the services of retired people are hired on contract basis.

## 12.8 SUMMARY

Though India is regarded as the “grand land of children” especially after the 2011 census, the number of aged people is also increasing. Aging is associated with couple of problems and the problem of aging has a special significance in the contemporary societies.

Since time immemorial, aged persons in India have been accorded a place of honour and importance in the family and community. Ancient literature in India is replete with reverent references to the elderly. Long life was cherished, old age was viewed with deference and the elderly played an important role of advisors and counsellors. On the other hand, the family and community looked after them regardless of their productive capacity.

The forces of industrialization, urbanisation, modernisation and technological innovation have affected practically all aspects of life. Traditional safeguards of family care for the elderly are being threatened and becoming weak because of change in family structure from joint to nuclear, migration, dual careers, growing consumerism and so on.

Contemporary culture poses serious challenges. In a traditional Indian society, elder people lived within the multigenerational extended family, comprising one or more adult, children, grandchildren and other kins. The aged in these societies enjoyed an unparalleled sense of honour, legitimate authority within the family or community, had decision-making responsibilities in the economic and political activities of the family and were treated as repositories of experience and wisdom. Due to the changing socio-cultural conditions of society, the social role of the aged people too has changed considerably. The changing role of

the aged people in the family and community has created problems of adjustment for them. Their failure to adjust with the changing conditions and roles has often given rise to some serious personal problems.

### 12.9 KEY WORDS

Joint Family  
Nuclear Family  
Authoritarian Role  
Industrialization  
Modernization  
Urbanization

### 12.10 SELF ASSESSMENT QUESTIONS

1. Explain the differences between Traditional and Modern Societies regarding the conditions of Aged?
2. Discuss the Changing Role of the Aged in Family and Community?

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## LESSON 13

# POLICIES AND PROGRAMMES FOR THE WELFARE OF THE ELDERLY

### OBJECTIVE

The objective of this lesson is to explain the Policies and Programmes for the Welfare of the Elderly.

### STRUCTURE

13.1 Introduction

13.2 National Level Welfare Programmes and Projects for Promoting the Welfare of the Aged

13.3 Various Policies and Programmes of Central Government for Elderly People

13.4 Schemes of Other Ministries

13.5 Summary

13.6 Keywords

13.7 Self Assessment Questions

13.8 Reference Books

### 13.1 INTRODUCTION

A policy is a principle or rule to guide decisions and achieve rational outcomes. It is intent, and is implemented as a procedure. It also refers to the process of making important organizational decisions, including the identification of different alternatives such as programs or spending priorities, and choosing among them on the basis of the impact they will have. Policies can be understood as political, management, financial, and administrative mechanisms arranged to reach explicit goals. The policy formulation process typically includes an attempt to assess as many areas of potential policy impact as possible, to lessen the chances that a given policy will have unexpected or unintended consequences.

Developing a comprehensive policy for elderly is the most urgent need for taking care of them in a comprehensive and coordinated manner. The task of implementing the policy is a national responsibility, requiring the combined efforts of the government, NGOs and other social units. It should be made mandatory for all participating ministries, departments, state governments and NGOs to promote and participate in the programmes concerned with the welfare of older persons. A governance structure needs to be put in place which provides for transparency, accountability, evaluation and monitoring of performance and also provides for a fair amount of autonomy.

### 13.2 NATIONAL LEVEL WELFARE PROGRAMMES AND PROJECTS FOR PROMOTING THE WELFARE OF THE AGED

a. **National Policy of the Aged – 1999:** In order to safeguard the interests of the aged, the Government of India has formed a national level policy in 1999 known as “The National Policy for the Aged:”. In order to implement this policy, an action plan was also getting ready. The government is also trying to implement its action plan by establishing proper co-ordination with the Social Justice and Empowerment Ministry.

b. **National council for Old Persons (NCOP) – 1999:** As per the National Policy for the Aged, the government has also given birth to yet another institution namely “National Council for Older Persons” on May 14<sup>th</sup> 1999. Its main task is to provide information to the Government about the way of implementation and effectiveness of various programmes and schemes undertaken for the benefit of the aged and to prepare a detailed report of the same. This institution has the responsibility of looking into the grievances of the old and also complaints lodged by the agencies and institutions working for the services of the aged, and to make arrangements for providing justice.

### 1. Welfare Programmes of the Aged

The Ministry of Social Justice and Empowerment has been implementing many programmes ever since 1992 for the benefit of the aged and for protecting their interests. Some of them are mentioned below.

- a. **Old Age Home Scheme:** ‘Old age homes’ are to be found in all the nations including India to give physical protection, medical aid, and economic security to the old. Those poor old people who are often deserted by their own children, normally take shelter in these homes. The destitute and helpless aged persons belonging to lower middle class groups are covered under this scheme. The inmates of old age homes are kept in familial environment and social workers and counselors take utmost care. Their physical and psychological well-being is also taken care of by the trained medical practitioners. Private agencies can also run such homes with government aid. But even in these homes old people often suffer from emotional problems.
- b. **Day-care centres for the Aged:** Day-care centre is the scheme to keep the aged integrated in their respective families and to supplement their activities at the family. The aim of this scheme is to benefit all the old people irrespective of their social class. Some non-governmental organizations also maintain day-care centres.
- c. **Mobile Medical Care Service Units for the Aged:** Mobile medical services are provided to the old people residing in rural and urban slums. Medical consultations and treatment are provided to the old people for their age-based disease through mobile health camps.
- d. **Foster Care OR Adoption Services for the Aged:** Under this programme, various services are provided to the homeless and lonely old people who lead a pitiable life because of utter poverty and helplessness. Arrangement is made to place such old persons with the willing families considering the culture and social values of them.
- e. **National Social Assistance Programme (NSAP):** The NSAP has been functioning in India since 1995. It consists of the schemes like National Old-Age Pension Scheme (NOAPS), National Family Benefit Scheme (NFBS), and National Maternity Benefit Scheme (NMBS).
- f. **Minimum of one Old Age Home for the District:** As per the 1996-97 project, Government can give assistance to the Panchayat Raj or to N.G.O.s to establish Old Age Homes. Wherever such homes are not there, the Government gives due assistance to the tune of 30 lakh rupees to establish at least one Old Age Home per district.

As per the available statistics, up to 2005, under the auspices of the Ministry of Social Justice and Empowerment, there were 298 old age homes, 425 day-care centres, 58 mobile medical service units’ activity functioning in various places of the country.

## 2. Some Special Concessions and Facilities given to the Aged

The Central and the State Governments have been giving some special concessions and facilities to the aged people among which the following may be noted.

- a. **National Old Age Pension Scheme (NOAPS):** As a part of NSAP the National Old Age Pension Scheme has been in force from 15<sup>th</sup> Aug. 1995. This scheme intends to give financial assistance to the aged persons who do not have any other financial source to support themselves. A committee under the charge of the district collector, looks after the implementation of this scheme. As per this scheme, such identified aged persons are given monthly pension of Rs. 75. This pension amount has been increased during the recent years.
- b. **Income Tax Concessions for the Senior Citizens:** As per Section 88 B of Income Tax, Senior citizens above 60 years of age with a total annual income of Rs. 2.5 lakhs need not pay any tax. The NDA Government headed by Narendra Modi has increased this income level to Rs. 3 lakhs in its budget for the year 2014-15.
- c. **Concession in Train and Bus Journey:** Aged men above 60 and women above 58 years are provided with 1/3 concession on their ticket rates if they are travelling in trains. Similarly, some state governments have given concession for aged passengers travelling in state transport buses. For example the Government of Karnataka has started giving ¼ rebate on the ticket rate of all those passengers who have crossed 60 years of age from December 2011. (However this is not applicable to those who travel in the super luxury Volvo buses).
- d. **Annapoorna Yojana:** As per this scheme, the aged people (above 65) who are helpless and therefore in need, are given free of cost 10 kilos of rice every month as food security. This assistance, however, is given only to those who are not the recipients of National Old Age Pension Scheme. Gram Panchayats and Town Panchayats have the responsibility of preparing the list of those people who are eligible to receive the benefit of this scheme.

## 3. International Level Measures for the Aged

The International community including the U.N.O. has expressed great concern about the problems of the aged people who are distributed throughout the world. The U.N.O. with the due assistance of its units such as the W.H.O. and the UNESCO (World Health Organization and United Nations Educational Scientific and Cultural Organization) has been spending huge sums of money on various schemes and programmes undertaken for promoting the welfare of the aged people. These institutions have already spent more than 850,000 pounds on more than 30 welfare programmes arranged in the Asia-pacific region for the benefit of the aged people.

In order to draw the attention of the world regarding the increasing number of the aged and their problems, the UNO has called upon the nations of the world to observe some practices and programmes in the name of the aged. Some examples of these programmes are mentioned below.

- a. International Year of the Aged persons, 1999
- b. International Day of the Old Persons (October 1<sup>st</sup>)
- c. International Pensioners' Day (17<sup>th</sup> December)

### 13.3 VARIOUS POLICIES AND PROGRAMMES OF CENTRAL GOVERNMENT FOR ELDERLY PEOPLE

Several initiative steps for various policies and programmes for the elderly have been taken by the government. Some of them have been discussed as below:

#### *National Policy for Older Persons (NPOP) 1999*

The National Policy on older Persons was announced by the Central Government of India in the year, 1999 to reaffirm the commitment to ensure the well-being of the older persons. It was a step to promote the health, safety, social security and well-being of elderly in India. The policy recognizes a person aged 60 years and above as elderly. This policy enables and supports voluntary and nongovernmental organizations to supplement the care provided by the family and provide care and protection to vulnerable elderly people. It was a step in the right direction in pursuance of the UN General Assembly Resolution 47/5 to observe 1999 as International Year of Older Persons and in keeping with the assurances to elderly people contained in the Constitution. The policy envisages state support in a number of areas financial and food security, healthcare and nutrition, shelter, education, welfare, protection of life and property etc. for the wellbeing of elderly people in the country. The primary objectives of this policy are to: Ensure the well-being of the elderly so that they do not become marginalised, unprotected or ignored on any count. Encourage families to take care of their older family members by adopting mechanisms for improving inter-generational ties so as to make the elderly a part and parcel of families. Encourage individuals to make adequate provision for their own as well as their spouses old age. Provide protection on various grounds like financial security, health care, shelter and welfare, including protection against abuse and exploitation. Policies and Programmes for Welfare of the Elderly in India Enable and support voluntary and nongovernmental organizations to supplement the care provided by the family and recognising the need for expansion of social and community services with universal accessibility. Provide care and protection to the vulnerable elderly people by ensuring for the elderly an equitable share in the benefits of development. Provide adequate healthcare facility to the elderly. Promote research and training facilities to train care givers and organizers of services for the elderly. Create awareness regarding elderly persons to help them lead productive and independent life. This policy has resulted in the opening of new schemes such as Promotion of the concept of healthy ageing. Setting up of Directorates of Older Persons in the States. Training and orientation to medical and paramedical personnel in health care of the elderly. Assistance to societies for production and distribution of material on elderly care. Strengthening of primary health care system to enable it to meet the health care needs of older persons. Provision of separate queues and reservation of beds for elderly patients in hospitals. Extended coverage under the Antodaya Schemes especially emphasis for elderly people.

#### **National Council for Older Persons (NCOP)**

- ❖ A National Council for Older Persons (NCOP) was constituted in 1999 under the chairpersonship of the Ministry of Social Justice and Empowerment to operationalize the National Policy on Older Persons.
- ❖ The NCOP is the highest body to advise the Government in the formulation and implementation of policy and programmes for the elderly. The basic objectives of this council are to:
  - ❖ Advise the Government on policies and programmes for older persons.
  - ❖ Represent the collective opinion of elderly persons to the government.
  - ❖ Suggest steps to make old age productive and interesting.

- ❖ Provide feedback to the government on the implementation of the NPOP as well as on specific programme initiatives for elderly.
- ❖ Suggest measures to enhance the quality of inter-generational relationships.
- ❖ Provide a nodal point at the national level for redressing the grievances of older persons which are of an individual nature provide lobby for concessions, rebates and discounts for older persons both with the Government as well as with the corporate sector. Work as a nodal point at the national level for redressing the grievances of elderly people. Undertake any other work or activity in the best interest of elderly people. The council was re-constituted in 2005 and met at least once every year. At present there are 50 members in it, comprising representatives of central and State Governments, NGOs, citizens group, retired persons associations, and experts in the fields of law, social welfare and medicine.

### ***Central Sector Scheme of Integrated programme for Older Persons (IPOP)***

An integrated Programme for Older Persons (IPOP) is being implemented since 1992 with the objective of improving the quality of life of senior citizens by providing basic amenities like food, shelter, medical care and entertainment opportunities and by encouraging productive and active ageing. Under this scheme financial assistance up to 90 percent of the project cost is provided to Non-Governmental Organizations for running and maintenance of old age homes, day care centres and mobile medicine units. The scheme has been made flexible so as to meet the diverse needs of the older persons including reinforcement and strengthening of the family, awareness generation on issues pertaining to older persons, popularisation of the concept of lifelong preparation for old age etc. Several innovative projects have also been added which are as follows:

- ❖ Maintenance of respite care homes and continuous care homes.
- ❖ Sensitizing programmes for children particularly in schools and colleges.
- ❖ Regional resource and training centres for caregivers of elderly persons.
- ❖ Volunteer Bureau for elderly persons to Formation of associations for elderly.
- ❖ Helplines and counselling centres for older persons.
- ❖ Awareness Generation Programmes for elderly people and caregivers.
- ❖ Running of day care centres for patients of Alzheimers Disease/Dementia, and physiotherapy clinics for elderly people.
- ❖ Providing disability and hearing aids for the elderly people.

The eligibility criteria for beneficiaries of some important projects supported under IPOP scheme are:

- ❖ Old age homes for destitute elderly persons.
- ❖ Respite care homes and continuous care homes for elderly persons who are seriously ill and require continuous nursing care and respite.
- ❖ Mobile Medicare units for older persons living in slums, rural and inaccessible areas where proper health facilities are not available.
- ❖ The scheme has been revised in April, 2008.
- ❖ Besides an increase in amount of financial assistance for existing projects, Governments/Panchayati Raj institutions/local bodies have been made eligible for getting financial assistance.

### ***Inter-Ministerial Committee on Older Persons***

An Inter-Ministerial Committee on Older Persons comprising twenty-two ministries /Departments, and headed by the secretary, Ministry of Social Justice and Empowerment is another coordination mechanism in implementation of the NPOP.

### ***National Old Age Pension (NOAP) Scheme***

Under NOAP Scheme, in 1994 Central Assistance was available. The amount of old age pension varies in the different States as per their share to this scheme. It is implemented in the State and Union Territories through Panchayats and Municipalities. The assistance was available on fulfilment of the following criteria:-

- ❖ 65 years or more should be the age of the applicant (male or female).
- ❖ The applicants who have no regular means of subsistence from their own source of income or through Financial support from family members or others.

The Ministry is now implementing the Indira Gandhi National Old Age Pension Scheme (IGNOAPS). Under this scheme Central assistance in form of Pension is given to persons, above 65 years @ `200/-per month, belonging to a below poverty line family. This pension amount is meant to be supplemented by at least same contribution by the States so that each applicant gets at least `400/- per month as pension. The number of beneficiaries receiving central assistance, in the form of pension, was 171 lakhs as on 31st March, 2011. Further the Ministry has lowered the age limit from the existing 65 years to 60 years and the pension amount for elderly of 80 years and above has also been increased from `200/-to `500/-per month with effect from 01.04.2011. This decision of the Government of India has been issued to all States/UTs vide letter no. J-11015/1/2011-NSAP dated 30th June, 2011.

### ***National Programme for Health Care of Elderly (NPHCE)***

National Programme for Health Care of Elderly (NPHCE) is an articulation of the international and national commitments of the government as envisaged under (UNCRPD), National Policy on older Persons (NPOP) adopted by the Government of India in 1999 and Section 20 of The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 dealing with provisional for medical care of senior citizen. Ministry of Health and Family Welfare (MOHFW) has taken appropriate steps in this regard by launching the National Programme for Health Care of Elderly (NPHCE) as a centrally sponsored scheme under the new initiatives in the XI five years plan. Presently, it is being rolled out in 100 districts. The vision of the NPHCE is: To provide accessible, affordable and high quality long-terms comprehensive and dedicated care services to an Ageing population. Creating a new architecture for Ageing.

- ❖ To build a frame-work to create an enabling environment for a society for all ages.
- ❖ To promote the concept of Active and Healthy Ageing.
- ❖ Convergence with National Rural Health Mission, AYUSH and other line departments like Ministry of Social Justice and Empowerment.

### **Specific Objectives of NPCHE are:**

- ❖ To identify the health problems in the elderly Policies and Programmes for Welfare of the Elderly in India and provide appropriate health interventions in the community with a strong referral backup support.
- ❖ To provide an easy access to promotional, preventive, curative and rehabilitative services to the elderly through community based primary health care approach.
- ❖ To build capacity of the medical and paramedical professional as well as the caretakers within the family for providing health care to the elderly.
- ❖ To provide referral services to the elderly patients through district hospitals, regional medical institutions.

### **Core Strategies to achieve the objective of the Programme.**

- ❖ Community based Primary Health Care approach including domiciliary visits by trained health care workers.



- ❖ Dedicated services at PHC/CHC level including provision of machinery, equipment, training, additional human resources (CHC), IEC etc.
- ❖ Dedicated facilities at District Hospital with 10 bedded wards, additional human resources, machinery, and equipment, consumable and drugs, training and IEC. Strengthening of 8 regional Medical Institutes to provide dedicated tertiary level medical facilities for the elderly, introducing PG courses in Geriatric Medicine, and in service training of health personnel at all levels. Information, Education and Communication (IEC) using mass media, folk media and other communication channels to reach out to the target community. Continuous monitoring and independent evaluation of the programme and research in Geriatrics and implementation of NPHCE.
- ❖ States will be advised to implement the Maintenance and Welfare of Parents and Senior citizens Act, 2007 and set up Tribunals so that elderly parents unable to maintain themselves are not abandoned and neglected. Support and assist organisations that provide counselling, career guidance and training services. States will set up homes with assisted living facilities for abandoned senior citizens in every district of the country and there will be adequate budgetary support.

#### **13.4 SCHEMES OF OTHER MINISTRIES**

##### ***Ministry of Railways***

- ❖ The Ministry of Railways provided the following facilities to senior citizens (elderly).
- ❖ Separate ticket counters for the elderly people at various Passenger Reservation System Centres.
- ❖ Provision of Lower Berth Quota provide in AC and Sleeper Classes.
- ❖ Provision of 30 percent discount in all Mails/ Express.
- ❖ Provision of wheel chairs at stations for the disabled elderly passengers.
- ❖ Railway grant 75 percent concession to Senior Citizens undergoing major heart/cancer
- ❖ operations from starting station to Hospital station for self and one companion.

##### ***Ministry of Health and Family Welfare***

Central Government Health Scheme provides pensioners of central government offices the facility to obtain medicines for chronic ailments up to three months at a stretch. Ministry of Health and Family Welfare provides the following facilities for the elderly people:

- ❖ Provision of separate queues for elderly people in governmental hospitals.
- ❖ Set up of two National Institutes on Ageing at Delhi and Chennai.
- ❖ Provision of Geriatric clinic in several government hospitals.

##### ***Ministry of Finance***

Some of the facilities for senior citizens provided by the Ministry of Finance are:

- ❖ Exemption from Income Tax for senior citizens of 60 years and above up to `2.50 lakh per annum.
- ❖ Exemption from Income Tax for senior citizens of 80 years and above up to `5.00 lakh per annum.
- ❖ For an individual who pays medical insurance premium for his/her parents or parents who are elderly or senior citizen, deduction of `20,000 under section 80D is allowed. the amount spent or `60,000, whichever is less for medical treatment of a dependent elderly or senior citizen.

***Insurance Regulatory Development Authority (IRDA)***

Insurance Regulatory Development Authority (IRDA) vide letter dated 25.05.2009 issued some instructions on health insurance for elderly or 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.
- ❖ Provision of transparency in the premium charged.
- ❖ Reasons to be recorded for denial of any proposals on all health insurance products catering to the needs of senior citizens.

***Ministry of Civil Aviation***

Under the Ministry of Civil Aviation, the National Carrier, Air India provides concession in air fare up to 50 percent for male passengers aged 65 years and above and female passengers aged 63 years and above on production of proof of age and nationality on the date of commencement of journey.

***Ministry of Road Transport***

The Ministry of Road Transport and Highways has provided reservation of two seats for elderly or senior citizens in front row of the buses of the State Road Transport Undertakings. Some States Governments are providing fare concession to senior citizens in the State Road Transport Undertaking buses for e.g. in Punjab Elderly women above 60 years enjoy free travel, Free passes are provided to old people who are freedom Fighters to travel in fast and express buses in Kerala. Some State Governments also introducing the Bus models according to the convenience of the elderly.

**Other Programmes and Policies for Elderly**

In India, the elderly population is estimated to reach 30 crore by 2050. There many schemes that the government of India has in place for senior citizens.

**Senior Citizens Saving Scheme (SCSS)**

- ❖ This is a government-backed savings instrument offered to Indian residents above the age of 60.
- ❖ The deposit matures in five years and can be extended once for an additional three year period.
- ❖ One can avail this scheme either through a public/private bank or through the Indian Post office.
- ❖ Interest rate for January to March 2019 has been set at 8.6 per cent and is reviewed by the government every quarter.
- ❖ The accrued interest is compounded and credited quarterly.
- ❖ A minimum deposit of Rs 1,000 and a maximum of Rs 15 lakh can be made via this scheme.
- ❖ Investments made under this scheme are eligible for tax exemptions.
- ❖ If, for some reason, you wish to withdraw money before the scheme matures, then there will be a penalty charge of 1.5 percent of deposit amount deducted in case the withdrawal is before two years, and 1 per cent after two years.

**Pradhan Mantri Vaya Vandana Yojana (PMVVY)**

- ❖ The scheme is managed by the Life Insurance Corporation of India (LIC).
- ❖ Under this scheme the beneficiary is assured of 8 per cent per annum return on the deposit. The 'pension', or the return will be payable for a period of 10 years and the beneficiary has the option of choosing the tenure of payment.
- ❖ One can subscribe to this until 30 March 2020.

- ❖ Under this scheme there is a cap on the amount that can be invested, an individual can invest up to Rs 15 lakh and a minimum of Rs 1,000.
- ❖ The scheme has no tax benefits.
- ❖ In case of death of the beneficiary before the completion of the tenure, the principal amount will be credited to the nominated beneficiary's account.
- ❖ This scheme also has the provision for a premature exit in case of critical illness of self or spouse. In such a case 2 per cent will be withheld as a penalty charge
- ❖ This is one of the most popular senior citizen pension schemes in India. Designed for senior citizens above 60 years of age, the policy term of this Prime Minister Senior citizen Scheme extends to ten years.
- ❖ The pensioner can choose the frequency of the payment - monthly/quarterly/half-yearly/annually. You can earn interest of 8% per annum over this scheme.
- ❖ The minimum and maximum capping of pension are Rs. 3,000 per month and 10,000 per month, respectively.

#### **Varishta Pension Bima Yojana**

- ❖ Launched by the LIC, this scheme provides its beneficiaries with a steady 8 per cent per annum interest rate for a period of 10 years.
- ❖ Unlike other schemes, one doesn't have to go through any medical check-ups to avail its benefits.
- ❖ This scheme, however, has a lock in period of 15 years.
- ❖ If the policyholder is diagnosed with a critical illness then one can make an early withdrawal.
- ❖ Under this scheme the beneficiary will also get tax exemptions.
- ❖ If for some reason you are not satisfied with the scheme then you have 15 days from the start date to cancel it.
- ❖ You can opt to get the pension payout monthly, quarterly, half-yearly or annually.
- ❖ This is a single premium policy and the premium will vary depending on the pension amount you want.
- ❖ Single premium of Rs 6,66,665 enables the policyholder to receive Rs 5,000 per month and an annual premium of Rs 6,39,610 affords the pensioner a sum of Rs 60,000 per annum.

#### **Rashtriya Vayoshri Yojana (RVY)**

- ❖ Launched in 2017 by the Ministry of Social Justice & Empowerment of Government of India.
- ❖ This scheme is only available to those senior citizens who are below poverty line, that is, are BPL cardholders.
- ❖ Senior citizens suffering from low vision, hearing impairment, loss of teeth, and locomotor disability will be provided with assisted-living devices.
- ❖ A committee chaired by the Deputy Commissioner or District Collector with the help of the State governments identifies those who are eligible for this scheme.
- ❖ 30 per cent of the beneficiaries from each district will be women.
- ❖ Walking sticks, elbow crutches, walkers, hearing aids, wheelchairs, and artificial dentures are some of the aids that are provided under this scheme.
- ❖ The scheme will be implemented in 260 districts and benefit almost 5 lakh plus beneficiaries in 2019-2020.

#### **Indira Gandhi National Old Age Pension Scheme**

- ❖ Introduced in 2007 by the Ministry of Rural Development of India, this scheme is popularly known as National Old Age Pension Scheme (NOAPS).

- ❖ This scheme provides social assistance benefits to senior citizens, widows, and those with disabilities.
- ❖ Under this scheme the beneficiary will receive a monthly pension.
- ❖ The interesting part about this scheme is that it is a non-contributing scheme, which means that the beneficiary does not have to contribute any amount to receive the pension.
- ❖ The beneficiary must be a BPL cardholder and have no regular source of financial support from any other source.
- ❖ If the beneficiary is between 60 to 79 years old, a monthly amount of Rs 200 is given and for those above 80 years, a sum of Rs 500.
- ❖ The pension amount will be credited to the bank account as furnished by the beneficiary or post office account.

### 13.5 SUMMARY

A policy is a principle or rule to guide decisions and achieve rational outcomes. It is intent, and is implemented as a procedure. It also refers to the process of making important organizational decisions, including the identification of different alternatives such as programs or spending priorities, and choosing among them on the basis of the impact they will have. Policies can be understood as political, management, financial, and administrative mechanisms arranged to reach explicit goals. The Ministry of Social Justice and Empowerment has been implementing many programmes ever since 1992 for the benefit of the aged and for protecting their interests. The Central and the State Governments have been giving some special concessions and facilities to the aged people.

### 13.6 KEYWORDS

Counselling  
Transparency  
Accountability  
Performance

### 13.7 SELF ASSESSMENT QUESTIONS

1. Explain the national Level Programmes and Projects for the Welfare of Elderly?
2. Discuss various Policies and Programs for the Welfare of the Elderly in India?

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## LESSON 14

# SOCIAL SECURITY MEASURES FOR THE WELFARE OF THE ELDERLY

### OBJECTIVE

The objective of this lesson is to explain the social security measures for the welfare of the elderly.

### STRUCTURE

- 14.1 Introduction
- 14.2 Indian Social Security System
- 14.3 Concept of Social Security
- 14.4 Need for Social Security in Older people
- 14.5 Social Security Measures in India
- 14.6 Suggestions and Conclusion
- 14.7 Summary
- 14.8 Keywords
- 14.9 Self Assessment Questions:
- 14.10 Reference Books

### 14.1 INTRODUCTION

Ageing is a by-product of physical, psychological and social processes. While contextualizing the process of ageing, the main thrust of the sociology, both as a discipline and a movement, is to reflect on how and to what extent transformations in the society and of the individual life influence each other, as individuals of different age categories pass through social system-institutions, values and norms. Sociologists specify three interrelated processes of ageing: physical, psychological and social. First, the physical ageing refers to the internal and external physiological changes that take place in the individual body. Second, the psychological ageing is understood as the developmental changes in mental functioning – emotional and cognitive capacities. Third, the social ageing focuses on the changes such as: how individuals are viewed, what individuals expect of themselves, and what is expected of them from others that individuals experience over the various age categories. However, sociologists are paying attention to the socio-economic and cultural antecedents of the process of ageing. Furthermore, ageing does not mean what an individual is able to act rather it facilitates what he/she expected to act, permitted to act or prohibited from acting (Venkateswalru.V, 2008).

Every society uses age categories to divide this ongoing process into stages or segments of life. These life stages are socially constructed rather than inevitable. Age, too, is a production of social category. At any point of life span, age simultaneously denotes not only a number and a mixture of physical characteristics but also a set of social constructs, defined by the norms specific to a given society at a specific point history. Think about childhood, for example. When you were growing up, childhood was a distinct period of life with particular activities designed especially for your age group: television programmes,

movies, school, music etc. Thus, a specific period of life, be it infancy, childhood, adolescence, adulthood, middle age or old age is influenced by the structural entities of a given society. Therefore, ageing is not to be considered the more product of biological function rather a consequence of socio-cultural factors.

Moreover, what is important about ageing, then, is how a society uses it to put people into categories. As a classificatory tool, age is important in three ways. First, like sex, age is an ascribed status or characteristic, which is, based on attributes over which we have little or no control. Second, unlike sex, as specific age is always transitional – constantly moving from one age to another, beginning life at zero and ending with a certain number at death that is regulated by societal expectations of age-appropriate behaviour. These transitions also assume that conformity is rewarded whereas deviance is punished. Third, although in every society some age groups are more powerful, rich and respectable than others; the unique aspect of ageing is that everyone can expect to occupy various positions throughout life on the basis of his or her age. The equation is very simple – all of us, at certain time, were powerless infants, and in course of time, the power and influence change as we move from one age category to another. Thus, the definition of ageing is society caused. Until recently, family and adult children took on the responsibility of looking after their elderly and were considered to be a reliable source for providing old age security.

However, these traditional sources of old age security have come under great strain due to the increased longevity<sup>1</sup> of the elderly, and other widespread demographic and socio-economic-cultural changes taking place in these transitional societies. The problem is more acute among the poor elderly who, with their deteriorating health conditions, are unable to work for earning and have hardly, if ever, any savings to fall back upon. Marginalization of the poor – an unforeseen consequence of globalization – and increasing feminization of poverty have further underscored the need to adopt suitably targeted measures that provide social security to the elderly. Like a few other developing countries, the Government of India as well as the State governments have undertaken some initiatives in this direction. Presently, the debate on provision of social security to the elderly revolves around the eligibility, coverage, pension amount, appropriate form of assistance to the elderly (food or physical assistance or monetary help etc.), delivery mechanisms, their suitability, and the economic implications of such measures.

Most of the developing countries are characterised by chronic poverty, extreme inequality, high levels of unemployment, under-employment and disguised unemployment. Their labour force is predominantly rural, illiterate and undernourished. Obviously, the highest priority of the governments of these countries is eradication of poverty, creation of jobs, and meeting the basic needs of the population, which includes health care. For the majority of the people, children are the source of old age security. The better-off rely on their savings as well as adult children for support. Recently, however, mainly due to the rapid ageing of the population and other socio-economic factors, there is increasing pressure on the state to take suitable measures to provide social security with focus on the elderly. In fact, the proportion of the population that is 60 years and above in the less developed regions of the world is much less than that in the more developed regions. In 2005 it was 8.2% and 20.2% respectively in LDCs and 6 Thematic Paper - 1 MDCs (United Nations, 2005). In China, one in every ten persons and in India, one in every twelve persons is elderly. What is alarming is the rapid increase in the population of the elderly in LDCs due to rapid decline in mortality, which is

resulting in rapid extension in life expectancy. As a result, by 2050, one in every five persons in the LDCs will be aged 60 years or older. In China and India, population of the elderly as a percentage of the total population will be 31% and 21 % respectively. As can be seen from the figure 1, an increase in the percentage of the aged from 7% of the total population to 14%, which took nearly 100 to 120 years for some European countries (France and Sweden), could happen in India, China and a few Asian countries in just about 40 years.

Traditional support systems for old people are gradually dwindling. Families are smaller due to decline in fertility and the shift to live as nuclear families. Migration of the younger members of households to cities, even to other states and, as a result of globalisation to other countries results in old people being left behind in many villages. Rising aspirations, individualistic attitudes of the youth and rapid changes in their lifestyles have widened the generation gap. In urban areas, more and more women take up jobs and they cannot play their traditional role as care-givers for the elderly. Poor families, even if they wish to abide by the tradition of adult children having to care for their parents, find it difficult to provide the necessary care due to their limited resources, small houses and rising cost of living. Though the majority of old persons in these countries live with their adult children, elder abuse within families is on the rise. With increasing feminisation of poverty and more women than men elderly surviving, there are a sizable number of women who are poor and living alone. The large numbers of elderly, who live alone or with an elderly spouse face safety and security problems as well as mental health issues that result from loneliness. In view of this situation and the prospect of a rapid increase in the elderly population, governments in these countries have initiated measures to provide social security to the elderly. The coverage, however, is limited due to various constraints.

## **14.2 INDIAN SOCIAL SECURITY SYSTEM**

In India, since time when the British introduced the concept of retirement benefits for employees, a multitiered system of social security evolved over the long period. However, until recently, the focus has been on the organized sector. The pension system that was created for government employees in 1881 by the British rulers was retained by the Indian government even after independence. The Adarkar Report of 1944 laid the groundwork for a social security system in India. Pension policies that evolved from 1940s to 1960s cover mainly employees in the organized sector. The elderly, who were working in the organized sector could also avail of the benefits under various acts such as the Employees' Provident Fund Act 1952, Family Pension Scheme 1971, Payment of Gratuity Act 1972, Deposit-linked Insurance Scheme 1976, Group Insurance and General Provident Fund Scheme 1982 and finally, the National Pension Scheme 2004.

## **14.3 CONCEPT OF SOCIAL SECURITY**

Social security is defined by the International Labour Organization (ILO)<sup>2</sup> as the protection which society provides for its members, through a series of public measures to prevent the social and economic distress that would otherwise be caused by the stoppage or substantial reduction in earnings resulting from sickness, maternity, employment injury, unemployment, invalidity, old age and death; the provision of medical care and the provision of subsidies for families with children (ILO, 1942). According to Sir William Beveridge (1943), who is widely accepted as the father of the United Kingdom's social security system, it is „security of an income to take place of the earnings interrupted by unemployment, sickness or accident, to provide for retirement benefit, to provide against the loss of support by the death of either person and to meet exceptional expenditure such as those connected

with birth, death and marriage." Social security is a basic human right, which was recognized in the United Nations Declaration of Human Rights in 1948. The Right to life, recognized as a fundamental right by Article 21 of the Constitution of India, implies the Right to live with human dignity.

It encompasses not only the security regarding the basic human needs of food, clothing and shelter, but also health security. Social security schemes usually give priority to income security because, generally, the basic needs of the vulnerable sections may be satisfied, if people have an adequate income. Most of the elderly become vulnerable due to their inability to work and earn. Vulnerability due to advancing age can be anticipated in time, and can be mitigated by making specific provisions if one has an adequate income. In traditional agricultural societies, families, especially in the joint family system with multi-generational co-residence, usually take care of the economic and emotional security needs of the elderly.

When people and families are not able to make arrangements for the care of the elderly, their needs must be provided for by society/state, either in cash or kind (through social insurance and social assistance schemes). In developed countries, the elderly are covered by an elaborate system of social security. The nature of the issues of the elderly in developing countries is vastly different due to factors such as chronic poverty, unemployment and underemployment as well as the existence of a large informal sector. Many researchers have, therefore, argued for the need to adopt a more extensive notion of social security for LDCs as they felt that the type of social security programmes implemented in developed industrialized countries are generally neither appropriate nor economically feasible in poor countries.

#### **14.4 NEED FOR SOCIAL SECURITY IN OLDER PEOPLE**

As per 2011 Census, there were 104 million elderly (60+) in India, as compared to 70.6 million in 2001 and they are expected to cross 173 million by 2026. Out of 104 million elderly in 2011, 64 million are young-old i.e. in the age group 60-69, 28.4 million in the old-old age group 70-80 while 11.4 million are oldest-old i.e. above 80, of which 0.6 million are 100+. Between 2000 and 2050, the total population of India is estimated to increase by 60% while that of the elderly is expected to shoot up by 360%. Rapid ageing is the result of expected increase in the life expectancy from 1996 to 2021-25. About two-fifths of the elderly have no personal income.

#### **14.5 SOCIAL SECURITY MEASURES IN INDIA**

Social security refers to the action programmes of a government, intended to promote the welfare of the population through assistance, guaranteeing access to sufficient resources for food and shelter, and to promote health and well-being for the population at large and potentially vulnerable segments, such as children, the elderly, the sick and the unemployed.

In India, majority of people earn barely enough to survive during their productive years and are not able to save anything for old age. The rapid population ageing has brought social change and economic transformation. In view of this, a holistic approach to population ageing has taken social, economic and cultural changes into consideration that are needed to effectively solve the emerging problems of the elderly. Based on the existing diversities in the ageing process, it may be stated that there is a need to pay greater attention to the increasing awareness on ageing issues, its socio-economic effects and to promote the



development of policies and programmes for dealing with an ageing society. Decentralization and equal distribution of the social security should be the agenda of the coming plan periods for elderly population,

### **Senior Citizen Associations**

A Senior citizen association (SCA) is a community based group of senior citizens, working together to improve the condition of older people and the community they live in. SCAs are enormous resource groups that can immensely benefit society. They are effective mechanisms through which older people can prepare for and respond to disasters within their communities. Senior citizens through their experience and familiarity with their communities are well placed to identify the needs and vulnerabilities of their families and neighbors, including the most vulnerable older people. They can play an important role in disaster preparedness planning. Participation in SCAs has increased confidence amongst older people, particularly older women. Involving older people in the planning processes would result in an inclusion of older people in emergency responses, thus mainstreaming ageing in disaster risk reduction plans and activities.

### **Health Care to the Elderly**

Increasing life expectancy has added to the concerns surrounding the older population in Southeast Asia. Nearly 8 per cent of the Southeast Asian population, including India's, is above the age of 60 years (IANS, 2012). Anxiety, social security and loneliness are some problems that are increasingly affecting the elderly. Other than this, non-communicable diseases, such as cancer, diabetes and heart diseases, characterize old age in India. The National Programme for Healthcare for the Elderly (NPHCE) was introduced in the year 2010 by the Ministry of Health, with an aim to set up geriatric care centres across the country. Many of the Government and public hospitals have started memory clinics and mental health programmes to facilitate proper diagnosis of dementia to enable slowing down the process and preparing the caregivers and families to manage Alzheimer's and Dementia. The National Institute of Social Defence (NISD) under the Ministry of Social Justice and Empowerment has initiated training of caregivers and functionaries as a special initiative during the Alzheimer's centenary year in 2006. Geriatric units at community, primary health centres and development of manpower (trained caregivers) are some of the highlights of the plan.

### **Social Security Cell**

As per the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, registration of the elderly at respective police stations is a must. A separate wing called the Social Security Cell (SSC) is mandated to be set up in every police station for the elderly. A helpline to call the police station has also been set up under the Act. It is mandatory for police officers to gather information of senior citizens living in the jurisdiction of respective police stations.

### **Trac Fone Service for the Elderly**

With the meager earnings, the elderly ignore a lot of crucial expenses, such as a cell phone that is now a vital gadget and plays a big role in the life of an individual. Since the elderly spend a lot of time at home alone, there is a necessity to have a phone for emergency purposes. The government is sponsoring free cell phones to the elderly. TracFone for the elderly is one of these programmes that are giving free cell phones to senior citizens who meet some necessary conditions.

### **Economic Security Measures**

Among the problems of the elderly in our society, economic problems occupy an important position. Mass poverty is the Indian reality and the vast majority of the families have income far below a level that would ensure a reasonable standard of living. The Ministry of Social Justice and Empowerment, Government of India (1999), in its document on the NPOPs, has specified the figure of 33 per cent of the general population below the poverty line, with one-third of the population in 60-plus age group (23 million) also being below that level.

### **National Old Age Pension Scheme**

Countries where social security is more developed usually have a number of different pension schemes, either covering certain groups of the population or with various specific objectives (WSSR, 2011). In India, old-age pensions have been introduced by state governments mostly for the destitute and infirm. For example, the government of Uttar Pradesh in 1957 became the first to introduce an old-age pension scheme. Since then, similar schemes have been introduced by other state governments.

### **National Family Benefit Scheme**

NFBS is implemented by the Ministry of Rural Development, government of India. It was transferred to the state sector scheme after 2002-2003. Prior to 2002-2003, the scheme was a central sector scheme of the government of India from August 1995. Under this scheme, social assistance benefits are given to the BPL families in case of the death of their primary breadwinner.

### **Annapurna Scheme**

The Ministry of Rural Development has launched this scheme in 200-2001. Indigent senior citizens of 65 years of age or above who are eligible for National Old Age Pension, but are not getting the pension, are covered in this scheme. Ten kilograms of rice or wheat per person per month are supplied free of cost under the scheme for the needy elderly.

### **Integrated Programme for Older Persons**

This programme includes some scheme for the elderly welfare. For instance, this scheme provides financial assistance to non-governmental organizations (NGOs) to establish and manage old-age homes, day care centres, mobile medicare units and to provide non-institutional services to older persons. The scheme also works towards other needs of older persons, such as reinforcing and strengthening the family, generation of awareness on related issues and facilitating productive ageing. Such endeavours of the state governments, if implemented effectively, would no doubt help elderly persons to lead a respectable life. The programme aims at enabling senior citizens to assume an active role in maintaining and improving their own health, besides encouraging other to do the same.

themselves socially excluded or isolated but more valuable for society.

## **14.6 SUGGESTIONS AND CONCLUSION**

Various social security measures can be suggested and implemented by the Indian Government. These include the provision of setting up a pension fund for ensuring security for the persons working in the unorganized sector; construction of old-age homes and day care centres for every three to four districts; establishment of resource centres and re-employment bureaus for elderly people; concessional rail/air fares for travel within and between cities; enacting legislation for ensuring compulsory geriatric care in all the public hospitals; sensitizing school children to live and work with the elderly; more round-the-clock

helplines to discourage social exclusion of the older persons; National Council for Older Person, providing several insurance schemes for the benefit of aged persons, that is, Jeevan Dhara Yojana, Jeevan Akshay Yojana, Senior Citizen Unit Yojana, Medical Insurance Yojana by the Life Insurance Corporation of India (LIC); allocating 10 per cent of the houses constructed under government schemes for the rural elderly; provision of separate queues for older persons in all government hospitals and geriatric clinic; new policy provisions for the public distribution system to reach out to cover all senior citizens living below the poverty line and offering loans at reasonable rates of interest to senior citizens to start small businesses and to support with microfinance for senior citizens through suitable guidelines issued by the Reserve Bank of India. The need of the hour is to spread awareness and timely supply of proper information on social security schemes and the rights of the elderly. There is little awareness of senior rights despite five years having gone by since the Maintenance and Welfare of Parents and Senior Citizens' Act, 2007, was implemented. It is also two years since special tribunals were set up to deal with disputes related to senior citizens. Helplines should be initiated and all major services need to be made available to them under one roof, so they need not to run from pillar to post.

Old-age homes are not the best or the only solution for the problem of indigent elderly because till date, old-age homes are not as culturally acceptable in India as it is in the West. The beneficiaries among the older persons of various schemes and programmes initiated by the government are very insignificant when compared to the enormous size and growth rate of this population. Elderly people need to have some level of awareness, willingness and support to access help and utilize existing programmes. The NGOs have a role to play in creating awareness among people. SCAs have to be formed actively and should function aggressively so that they can help people who would like to approach tribunals for redressal.

The elderly has to be motivated to register under the SSC, wherever they have been set up. The NGOs can build small enterprises for the elderly; thereby keeping them occupied and helping them earn a living. Smaller libraries can be started in the neighbourhoods for them to have a place to read and enjoy their retired lives, as senior citizens are the pillars of our society. To place in context the public spending in the country without prejudicing any other cause, when millions of dollars are spent in restoring heritage buildings, archaeological expeditions and museums, why cannot we work with more zeal to protect the elderly, as their knowledge and wisdom is a treasure for us and our country.

### **Need for Social Security for the Elderly in India: Magnitude of the Problem**

#### **Implications of Rapid Ageing**

- ❖ As per 2011 Census, there were 104 million elderly (60+) in India, as compared to 70.6 million in 2001 and they are expected to cross 173 million by 2026. Out of 104 million elderly in 2011, 64 million are young- old i.e. in the age group 60-69, 28.4 million in the old- old age group 70-80 while 11.4 million are oldest- old i.e. above 80, of which 0.6 million are 100+. (Registrar General, Government of India, 2013).
- ❖ Between 2000 and 2050, the total population of India is estimated to increase by 60% while that of the elderly is expected to shoot up by 360%. Rapid ageing is the result of expected increase in the life expectancy from 1996 to 2021-25 (from 61.6 years to 69.8 years for males and from 62.2 years to 72.3 years for females) and drop in

fertility from Total Fertility Rate (TFR) of 3.2 per woman in 2001 to the replacement level by 2021-25.

- ❖ Due to the differences in the speed of demographic transition, there are inter-state variations with respect to the percentage of elderly --from 6-7 % in Assam and Delhi to 11-12% in Goa and Kerala. Old age dependency ratio (60+ population / 15-59 population \*100), which was 14.2 as per 2011 census, is expected to nearly double from 11.2 in 1996 to 21.7 in the year 2126 (Registrar General, Government of India, 2006).
- ❖ In sharp contrast, potential support ratio (defined as the number of persons in the working age group 15-59 – the supporters – per one person in the age-group 60+) will be declining from 8.4 in 2001 to 7 in 2011 and only 5.2 in 2026 (Subaiya & Bansod, 2011).
- ❖ In 1970, Indians who reached age 60 could expect to live for only 9 more years; but recent estimates from the Sample Registration System suggest that life expectancy at age 60 is close to 20 years which implies that at 60, provisions for their security must be made for another 20 years ( Bloom et al., 2010).
- ❖ A high percentage of population live below the poverty line, work in the informal sector, have inadequate earnings, leave giving little scope to save for a majority of households. As per the 2011 census, nearly 54% of the workforce is engaged in agriculture. With nearly 60% rural households not having bank accounts, a large majority of the elderly will continue to rely on their children and family members for old age security.
- ❖ However, the forecast of further decline in fertility, which will result in an increase in the elderly dependency ratio, suggests that future working age adults will increasingly find it difficult to financially support their older family members.
- ❖ The situation will become all the more difficult due to the requirement of frequent and costly medical treatment by the elderly. Successive rounds of National Social Survey (NSS) (1987, 1996, 2004) indicate that out of pocket expenditure for the elderly was four times as high as that among the working-age group members and out of pocket expenses for hospitalisation have been increasing sharply among the poor sections (as estimated by Bloom et al, 2010).
- ❖ Another important feature of the ageing process is the increasing feminisation of the older persons due to faster increase in life expectancy among female as compared to male counterparts, as mentioned above. By 2050, life expectancy for males will be 71.8 years while for females, it will reach 75.7 years. By 2050, the number of 60 years and older elderly women would exceed the number of elderly men by 18.4 million (Sathyanarayana, 2013). The sex ratio of the elderly would rise from 940 women per 1000 men to 1020 in 2001 and to 1050 in 2026.
- ❖ Due to the increased longevity of women, at higher ages they become more vulnerable due to widowhood. The percentage of Indian women who are widowed increases from 44.5 in the age group 60-64 years to 86.8 for women aged 80 and older. In contrast, one in ten men in the age group of 60- 64 years and one-third of men above 80 are widowers (United Nations Population Fund (UNFPA), 2012). As

women are at a disadvantage in terms of ownership of assets, lower work participation and lower wages, they are more likely to be at the mercy of the male family members; and more so once they are widowed.

## 14.7 SUMMARY

Ageing is a by-product of physical, psychological and social processes. While contextualizing the process of ageing, the main thrust of the sociology, both as a discipline and a movement, is to reflect on how and to what extent transformations in the society and of the individual life influence each other, as individuals of different age categories pass through social system-institutions, values and norms. However, these traditional sources of old age security have come under great strain due to the increased longevity<sup>1</sup> of the elderly, and other widespread demographic and socio-economic-cultural changes taking place in these transitional societies. The problem is more acute among the poor elderly who, with their deteriorating health conditions, are unable to work for earning and have hardly, if ever, any savings to fall back upon. Marginalization of the poor – an unforeseen consequence of globalization – and increasing feminization of poverty have further underscored the need to adopt suitably targeted measures that provide social security to the elderly. In India, since time when the British introduced the concept of retirement benefits for employees, a multitiered system of social security evolved over the long period. However, until recently, the focus has been on the organized sector. In developed countries, the elderly are covered by an elaborate system of social security. The nature of the issues of the elderly in developing countries is vastly different due to factors such as chronic poverty, unemployment and underemployment as well as the existence of a large informal sector. Decentralization and equal distribution of the social security should be the agenda of the coming plan periods for elderly population. Old-age homes are not the best or the only solution for the problem of indigent elderly because till date, old-age homes are not as culturally acceptable in India as it is in the West. The beneficiaries among the older persons of various schemes and programmes initiated by the government are very insignificant when compared to the enormous size and growth rate of this population. However, the forecast of further decline in fertility, which will result in an increase in the elderly dependency ratio, suggests that future working age adults will increasingly find it difficult to financially support their older family members. Social security refers to the action programmes of a government, intended to promote the welfare of the population through assistance, guaranteeing access to sufficient resources for food and shelter, and to promote health and well-being for the population at large and potentially vulnerable segments, such as children, the elderly, the sick and the unemployed.

## 14.8 KEYWORDS

Social security  
Feminization  
globalization  
Decentralization

## 14.9 SELF ASSESSMENT QUESTIONS

1. What is Social Security? Discuss various Social Security Measures for Elderly in India?

2. Define Social Security? Explain the significance of Social Security in the welfare of Elderly?

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## **LESSON 15**

# **NATIONAL POLICY FOR OLDER PERSONS**

### **OBJECTIVE**

The main Objective of this lesson is to analyse the Objectives and focus of National Policy for Older Persons

### **STRUCTURE**

- 15.1 Introduction
- 15.2 Policies for Senior Citizens
- 15.3 National Policy for the Elderly in India
- 15.4 National Policy on Older Persons (NPOP), 1999
- 15.5 The National Policy on Older Persons 2011
- 15.6 Policy Objectives
- 15.7 The focus of the new policy
- 15.8 Areas of intervention
- 15.9 Summary
- 15.10 Keywords
- 15.11 Self Assessment Questions
- 15.12 Reference Books

### **15.1 INTRODUCTION**

In view of the increasing need for intervention in area of old age welfare, Ministry of social justice and empowerment Govt. of India adopted 'National Policy on Older Pensions' in January 1999. The policy provides broad guidelines to state Governments for taking action for welfare of older pensions in a proactive manner by devising their own policies and plans of action. The policy defines senior citizen as a pensioner who is 60 years old or above and strives to ensure well-being of senior citizens and improve quality of their lives through providing specific facilities, concessions, relief services etc, and helping them cope with problems associated with old age. It also proposes affirmative action on the Govt. Department for ensuring that the existing public services for senior citizens are user friendly and sensitive to their needs. It provides a comprehensive picture of various facilities and covers many areas like financial security, health care, shelter education, welfare, protection of life and property etc.

### **15.2 POLICIES FOR SENIOR CITIZENS**

The senior citizens are the fastest growing section of the population according to the population projections for next twenty year period till 2016, worked out by the expert committee headed by the registrar general and census commissioner of India, the 60 plus population will grow from 56 million in 1991 to 71 million in 2001, 96 million in 2011 and 113 million in 2016. It will not be easy either for the government or for the society to find out the resources to take care of the growing number of senior citizens. The situation warrants new innovative ways to meet the challenge ahead. The best way to cope the senior citizens would be to provide services that will keep people healthier and out of hospitals and nursing homes. The present generation has developed a feeling that the senior citizens are rendered

unproductive during their entire post retirement period, which can be considered long, covering about one third to one fourth of a person's entire life span. As a result the senior citizens are made to feel as though they are useless and made to feel as though they are a burden. The senior citizens are capable of making a productive and useful contribution to their community and society throughout their lives.

### 15.3 NATIONAL POLICY FOR THE ELDERLY IN INDIA

In view of the demands and expectations of the respondents under study there is an inevitable need for a suitable National policy for the elderly in India. The United Nations general Assembly adopted principles for elderly persons on 16<sup>th</sup> December, 1991 to encourage governments to design their own policies and programmes in this regard. The guiding principles of this resolution were: Independence, Participation, Care and Self Fulfillment. In August 1998, The National Policy for older persons was formulated by the Central Government tracing recent trends, it recognized demographic aging as a global phenomenon that has hit Indian shores. The macro and household implications of this phenomenon both economic and social, were considered. The policy seeks to assure older persons that their concerns are national concerns and that they will not continue to live unprotected, ignored or marginalized. Under the policy the state is to:

- (i) Extend support for financial security (pensions, provident funds, taxation policies, long-term saving instruments, employment after superannuation, simplification of maintenance laws etc.), health care and nutrition (affordability, subsidization, public health care, health insurance, promoting developments, hospitals and other facilities like health, education etc.), shelter (urban and rural housing schemes, civic amenities etc.), education (training and information, non-discrimination, aging information, etc.) welfare (promotion of voluntary organisation involved in helping the elderly), setting up of welfare funds etc.,
- (ii) provide protection against their abuse and exploitation,
- (iii) make available opportunities for development of the potential of the elderly, and seek their participation and offer for their services so that they can improve the quality of their lives.

The above proposed National Policy for the senior citizens in India is based on certain principles which are:

- (i) Recognition of the need for affirmative action in favour of the elderly,
- (ii) Recognition of the value of an Age-integrated society where bonds between the young and the old are strong.
- (iii) Recognition that elderly persons, too, are a resource.
- (iv) Belief to the empowerment of older persons enabling them to acquire better control over their lives and participate in decision-making on matters which affect them as well as on other issues as equal partners in the development process.
- (v) Recognition that larger budgetary allocation from the State is necessary.
- (vi) Recognition of the role of media in identifying emerging issues and areas of action in aging problems among the elderly in India.
- (vii) The ministry of Social Justice and Development will coordinate a National Council for older persons. Panchayati Raj Institutions be encouraged to participate in implementation of welfare schemes for the elderly. Annual and five Year Action plans are to be prepared by each Ministry to implement which concern them (Saxena. D.P, 2004).



## 15.4 NATIONAL POLICY ON OLDER PERSONS (NPOP), 1999

The National Policy on Older Persons (NPOP) was announced in January 1999 to reaffirm the commitment to ensure the well-being of the older persons. The policy envisages State support to ensure financial and food security, health care, shelter and other needs of older persons, equitable share in development, protection against abuse and exploitation, and availability of services to improve the quality of their lives. The primary objectives are:

- To encourage individuals to make provision for their own as well as their spouse's old age;
- To encourage families to take care of their older family members;
- To enable and support voluntary and non-governmental organizations to supplement the provided by the family;
- To provide care and protection to the vulnerable elderly people;
- To provide adequate healthcare facility to the elderly;
- To promote research and training facilities to train geriatric care givers and organizers of services for the elderly; and
- To create awareness regarding elderly persons to help them lead productive and independent live.

The Implementation Strategy adopted for operationalization of National Policy envisages the following:

- Preparation of Plan of Action for operationlization of the National Policy
- Setting up of separate Bureau for Older Persons in Ministry of Social Justice and Empowerment
- Setting up of Directorates of Older Persons in the States
- Three Yearly Public Review of implementation of policy
- Setting up of a National Council for Older Persons headed by Ministry of Social Justice and Empowerment from Central Ministry, states, Non-Official members representing NGO's Academic bodies, Media and experts as members
- Establishment of Autonomous National Associations of Older Persons
- Encourage the participation of local self-government

## 15.5 THE NATIONAL POLICY ON OLDER PERSONS 2011

The National Policy on Older Persons was announced by the Government of India in the year 1999. It was a step in the right direction in pursuance of the UN General Assembly Resolution 47/5 to observe 1999 as International Year of Older Persons and in keeping with the assurances to older persons contained in the Constitution. The well-being of senior citizens is mandated in the Constitution of India under Article 41. "The state shall, within the limits of its economic capacity and development, make effective provision for securing the right to public assistance in cases of old age". The Right to Equality is guaranteed by the Constitution as a fundamental right. Social security is the concurrent responsibility of the central and state governments.

Subsequent international efforts made an impact on the implementation of the National Policy on Older Persons. The Madrid Plan of Action and the United Nations Principles for Senior Citizens adopted by the UN General Assembly in 2002, the Proclamation on Ageing and the global targets on ageing for the Year 2001 adopted by the General Assembly in 1992, the Shanghai Plan of Action 2002 and the Macau Outcome document 2007 adopted by UNESCAP form the basis for the global policy guidelines to

encourage governments to design and implement their own policies from time to time. The Government of India is a signatory to all these documents demonstrating its commitment to address the concerns of the elderly. The policy and plans were put in place by central and state governments for the welfare of older persons. The state governments issued their policies and programmes for the welfare of older persons. While some States and Union Territories implemented their policies with vigour, most states particularly the big ones- were behind perhaps due to financial and operational deficiencies.

Pensions, travel concessions, income tax relief, medical benefit, extra interest on savings, security of older persons through an integrated scheme of the Ministry of Social Justice and Empowerment as well as financial support was provided for Homes, Day Care Centres, Medical Vans, Help Lines etc are extended currently. The Ministry of Social Justice and Empowerment coordinates programmes to be undertaken by other Ministries in their relevant areas of support to older persons. The Ministry of Social Justice and Empowerment piloted landmark legislation the Maintenance and Welfare of Parents and Senior Citizens" Act 2007 which is being promulgated by the States and Union Territories in stages.

Problems in any of these areas have an impact on the quality of life in old age and healthcare when it is needed. Increase in life span also results in chronic functional disabilities creating a need for assistance required by the Oldest Old to manage simple chores. This policy looks at the increasing longevity of people and lack of care giving.

## **15.6 POLICY OBJECTIVES**

The foundation of the new policy, known as the "National Policy for Senior Citizens 2011" is based on several factors. These include the demographic explosion among the elderly, the changing economy and social milieu, advancement in medical research, science and technology and high levels of destitution among the elderly rural poor (51 million elderly live below the poverty line). A higher proportion of elderly women than men experience loneliness and are dependent on children. Social deprivations and exclusion, privatization of health services and changing pattern of morbidity affect the elderly. All those of 60 years and above are senior citizens. This policy addresses issues concerning senior citizens living in urban and rural areas, special needs of the „oldest old" and older women.

In principle the policy values an age integrated society. It will endeavour to strengthen integration between generations, facilitate interaction between the old and the young as well as strengthen bonds between different age groups. It believes in the development of a formal and informal social support system, so that the capacity of the family to take care of senior citizens is strengthened and they continue to live in the family. The policy seeks to reach out in particular to the bulk of senior citizens living in rural areas who are dependent on family bonds and intergenerational understanding and support.

## **15.7 THE FOCUS OF THE NEW POLICY**

1. Mainstream senior citizens, especially older women, and bring their concerns into the national development debate with priority to implement mechanisms already set by governments and supported by civil society and senior citizens" associations. Support promotion and establishment of senior citizens" associations, especially amongst women.
2. Promote the concept of "Ageing in Place" or ageing in own home, housing, income

- security and homeware services, old age pension and access to healthcare insurance schemes and other programmes and services to facilitate and sustain dignity in old age. The thrust of the policy would be preventive rather than cure.
3. The policy will consider institutional care as the last resort. It recognises that care of senior citizens has to remain vested in the family which would partner the community, government and the private sector.
  4. Being a signatory to the Madrid Plan of Action and Barrier Free Framework it will work towards an inclusive, barrier-free and age-friendly society.
  5. Recognise that senior citizens are a valuable resource for the country and create an environment that provides them with equal opportunities, protects their rights and enables their full participation in society. Towards achievement of this directive, the policy visualises that the states will extend their support for senior citizens living below the poverty line in urban and rural areas and ensure their social security, healthcare, shelter and welfare. It will protect them from abuse and exploitation so that the quality of their lives improves.
  6. Long term savings instruments and credit activities will be promoted to reach both rural and urban areas. It will be necessary for the contributors to feel assured that the payments at the end of the stipulated period are attractive enough to take care of the likely erosion in purchasing power.
  7. Employment in income generating activities after superannuation will be encouraged.
  8. Support and assist organisations that provide counselling, career guidance and training services.
  9. States will be advised to implement the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 and set up Tribunals so that elderly parents unable to maintain themselves are not abandoned and neglected.
  10. States will set up homes with assisted living facilities for abandoned senior citizens in every district of the country and there will be adequate budgetary support.

## **15.8 AREAS OF INTERVENTION**

The concerned ministries at central and state level as mentioned in the Implementation Section would implement the policy and take necessary steps for senior citizens as under:

### **Income security in old age**

A major intervention required in old age relates to financial insecurity as more than two third of the elderly live below the poverty line. It would increase with age uniformly across the country.

### **Indira Gandhi National Old Age Pension Scheme**

1. Old age pension scheme would cover all senior citizens living below the poverty line.
2. Rate of monthly pension would be raised to Rs.1000 per month per person and revised at intervals to prevent its deflation due to higher cost of purchasing.
3. The “oldest old” would be covered under Indira Gandhi National Old Age Pension Scheme (IGNOAPS). They would be provided additional pension in case of disability, loss of adult children and concomitant responsibility for grand children and women. This would be reviewed every five years.

**Public Distribution System**

4. The public distribution system would reach out to cover all senior citizens living below the poverty line.

**Income Tax**

5. Taxation policies would reflect sensitivity to the financial problems of senior citizens which accelerate due to very high costs of medical and nursing care, transportation and support services needed at homes.

**Micro finance**

6. Loans at reasonable rates of Interest would be offered to senior citizens to start small businesses. Microfinance for senior citizens would be supported through suitable guidelines issued by the Reserve Bank of India.

**Healthcare**

With advancing age, senior citizens have to cope with health and associated problems some of which may be chronic, of a multiple nature, require constant attention and carry the risk of disability and consequent loss of autonomy. Some health problems, especially when accompanied by impaired functional capacity require long term management of illness and nursing care.

7. Healthcare needs of senior citizens will be given high priority. The goal would be good, affordable health service, heavily subsidized for the poor and a graded system of user charges for others. It would have a judicious mix of public health services, health insurance, health services provided by not-for-profit organizations including trusts and charities, and private medical care. While the first of these will need to be promoted by the State, the third category given some assistance, concessions and relief and the fourth encouraged and subjected to some degree of regulation, preferably by an association of providers of private care.
8. The basic structure of public healthcare would be through primary healthcare. It would be strengthened and oriented to meet the health needs of senior citizens. Preventive, curative, restorative and rehabilitative services will be expanded and strengthened and geriatric care facilities provided at secondary and tertiary levels. This will imply much larger public sector outlays, proper distribution of services in rural and urban areas, and much better health administration and delivery systems. Geriatric services for all age groups above 60- - preventive, curative, rehabilitative healthcare will be provided. The policy will strive to create a tiered national level geriatric healthcare with focus on outpatient day care, palliative care, rehabilitation care and respite care.
9. Twice in a year the PHC nurse or the ASHA will conduct a special screening of the 80+ population of villages and urban areas and public/private partnerships will be worked out for geriatric and palliative healthcare in rural areas recognizing the increase of non-communicable diseases (NCD) in the country.
10. Efforts would be made to strengthen the family system so that it continues to play the role of primary caregiver in old age. This would be done by sensitizing younger generations and by providing tax incentives for those taking care of the older members.
11. Development of health insurance will be given priority to cater to the needs of different

income segments of the population with provision for varying contributions and benefits. Packages catering to the lower income groups will be entitled to state subsidy. Concessions and relief will be given to health insurance to enlarge the coverage base and make it affordable. Universal application of health insurance —RSBY (Rashtriya Swasthya Bima Yojana) will be promoted in all districts and senior citizens will be compulsorily included in the coverage. Specific policies will be worked out for healthcare insurance of senior citizens.

12. From an early age citizens will be encouraged to contribute to a government created healthcare fund that will help in meeting the increased expenses on healthcare after retirement. It will also pay for the health insurance premium in higher socio-economic segments.
13. Special programmes will be developed to increase awareness on mental health and for early detection and care of those with Dementia and Alzheimer's disease.
14. Restoration of vision and eyesight of senior citizens will be an integral part of the National Programme for Control of Blindness (NPCB).
15. Use of science and technology such as web based services and devices for the well being and safety of senior citizens will be encouraged and expanded to under-serviced areas.
16. National and regional institutes of ageing will be set up to promote geriatric healthcare. Adequate budgetary support will be provided to these institutes and a cadre of geriatric healthcare specialists created including professionally trained caregivers to provide care to the elderly at affordable prices.
17. The current National Programme for Health Care of the Elderly (NPHCE) being implemented in would be expanded immediately and, in partnership with civil society organizations, scaled up to all districts of the country.
18. Public private partnership models will be developed wherever possible to implement healthcare of the elderly.
19. Services of mobile health clinics would be made available through PHCs or a subsidy would be granted to NGOs who offer such services.
20. Health Insurance cover would be provided to all senior citizens through public funded schemes, especially those over 80 years who do not pay income tax.
21. Hospices and palliative care of the terminally ill would be provided in all district hospitals and the Indian protocol on palliative care will be disseminated to all doctors and medical professionals.
22. Recognize gender-based attitudes towards health and develop programmes for regular health checkups especially for older women who tend to neglect their problems.

### **Safety and Security**

23. Provision would be made for stringent punishment for abuse of the elderly.

24. Abuse of the elderly and crimes against senior citizens especially widows and those living alone and disabled would be tackled by community awareness and policing.
25. Police would be directed to keep a friendly vigil and monitor programmes which will include a comprehensive plan for security of senior citizens whether living alone or as couples. They would also promote mechanisms for interaction of the elderly with neighbourhood associations and enrolment in special programmes in urban and rural areas.
26. Protective services would be established and linked to help lines, legal aid and other measures.

### **Housing**

Shelter is a basic human need. The stock of housing for different income segments will be increased. Ten percent of housing schemes for urban and rural lower income segments will be earmarked for senior citizens. This will include the Indira Awas Yojana and other schemes of the government.

27. Age friendly, barrier-free access will be created in buses and bus stations, railways and railway stations, airports and bus transportation within the airports, banks, hospitals, parks, places of worship, cinema halls, shopping malls and other public places that senior citizens and the disabled frequent.
28. Develop housing complexes for single older men and women, and for those with need for specialized care in cities, towns and rural areas.
29. Promote age friendly facilities and standards of universal design by Bureau of Indian Standards.
30. Since a multi-purpose centre is a necessity for social interaction of senior citizens, housing colonies would reserve sites for establishing such centres. Segregation of senior citizens in housing colonies would be discouraged and their integration into the community supported.
31. Senior citizens will be given loans for purchase of houses as well as for major repairs, with easy repayment schedules.

### **Productive Ageing**

32. The policy will promote measures to create a venue for continuity in employment and/or post retirement opportunities.
33. Directorate of Employment would be created to enable seniors find re-employment.
34. The age of retirement would be reviewed by the Ministry due to increasing longevity.

### **Welfare**

35. A welfare fund for senior citizens will be set up by the government and revenue generated through a social security cess. The revenue generated from this would be allocated to the states in proportion to their share of senior citizens. States may also create similar funds.
36. Non-institutional services by voluntary organizations will be promoted and assisted to

strengthen the capacity of senior citizens and their families to deal with problems of the ageing.

37. All senior citizens, especially widows, single women and the oldest old“ would be eligible for all schemes of government. They would be provided universal identity under the Aadhar scheme on priority.
38. Larger budgetary allocations would be earmarked to pay attention to the special needs of rural and urban senior citizens living below the poverty line.

#### **Multigenerational bonding**

39. The policy would focus on promoting bonding of generations and multigenerational support by incorporating relevant Value Education modules and text books promoting family values of caring for parents would be promoted by NCERT and State Educational Bodies.
40. Value Education modules and text books promoting family values of caring for parents would be promoted by NCERT and State Educational Bodies.

#### **Natural disasters/emergencies**

41. Provide equal access to food, shelter, medical care and other services to senior citizens during and after natural disasters and emergencies.
42. Enhance financial grants and other relief measures to assist senior citizens to re-establish and reconstruct their communities and rebuild their social fabric following emergencies.

### **15.9 SUMMARY**

In view of the increasing need for intervention in area of old age welfare, Ministry of social justice and empowerment Govt. of India adopted ‘National Policy on Older Pensions’ in January 1999. The policy provides broad guidelines to state Governments for taking action for welfare of older pensions in a proactive manner by devising their own policies and plans of action. The National Policy for older persons was formulated by the Central Government tracing recent trends, it recognized demographic aging as a global phenomenon that has hit Indian shores. The macro and household implications of this phenomenon both economic and social, were considered. The foundation of the new policy, known as the “National Policy for Senior Citizens 2011” is based on several factors. These include the demographic explosion among the elderly, the changing economy and social milieu, advancement in medical research, science and technology and high levels of destitution among the elderly rural poor (51 million elderly live below the poverty line). The policy seeks to reach out in particular to the bulk of senior citizens living in rural areas who are dependent on family bonds and intergenerational understanding and support.

### **15.10 KEYWORDS**

Operationalization  
Quality of Life  
Neighbourhood  
Privatization

**15.11 SELF ASSESSMENT QUESTIONS**

1. Explain the Objectives of National Policy for Older Persons 1999?
2. Write an essay on Focus and Intervention of National Policy for Senior Citizens 2011?

**15.12 REFERENCE BOOKS**

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## **LESSON 16**

# **SUPPORT SYSTEMS FOR THE ELDERLY**

### **OBJECTIVES**

The Objective of this lesson is to understand the Support Systems for the Elderly.

### **STRUCTURE**

- 16.1 Introduction
- 16.2 Support systems
- 16.3 Elderly - Living arrangements
- 16.4 Family
- 16.5 Senior Citizen homes
- 16.6 Elderly - Social support
- 16.7 Emotional Support
- 16.8 Nutritional Support
- 16.9 Physical Support
- 16.10 Financial Support
- 16.12 Government Support
- 16.13 Summary
- 16.14 Key Words
- 16.15 Self Assessment Questions
- 16.16 Reference Books

### **16.1 INTRODUCTION**

Traditional culture of India taught us to respect the elderly and treat them as head of the family. They lived till the end with dignity and pride and their experiences along with wisdom was noteworthy. In those days living arrangement of the elderly was not an issue. It is assumed and believed that family members will look after elderly who are supreme in the house. They used to command the younger generation and guide them towards the right path.

But nowadays, getting a proper living arrangement for elderly is a challenge in India. They are abused by the family members, separated and institutionalized forcibly against their will. There are a few individuals who voluntarily opt institutionalization and seeking freedom and independence. Ultimately these issues brought out the concept of living alone or in senior citizen homes or day care centres etc. There are several constraints in exercising the choice of stay for the elderly. These preferences vary according to socioeconomic and demographic characters of the elderly (Kim & Rhee, 1997). Economic background of the elderly is an important determinant in the preference of living arrangement. However, their first priority or preference of stay will be the family as reported in several studies.

### **16.2 SUPPORT SYSTEMS**

The problems of the aged population in India with a short span of time shall reach to an alarming stage, the sheer size of the aged population now and as projected in future along with a realistic appraisal of their problems, whether physical socio-medical, fiscal or psychological, should make everyone (Government and non-Governmental Organizations)

concerned take necessary preventive and remedial long-term measures before it reaches the un-manageable proportion. A developing country like ours cannot afford to spend large amounts like developed countries on the support services and social security measures for the elderly.

Therefore, the support services thus planned should encourage, as far as possible, the integration of the elderly into the family and society. The services should also help the elderly to regain their status, regard, love and affection of their family members and the society. Care should be taken that the elderly are not considered as specialized handicapped group and single them out for special support services, but should be considered as normal members of the society and offer them the support services which the family is not in a position to offer because of various strains the family is undergoing.

There are a few support services existing in our country for the elderly, though they are quite insufficient, compared with the size of the elderly population and their needs. According to the study made and the first ever directory produced by the Centre for the Welfare of the Aged there are so many Non-Governmental Organizations caring for the elder.

In addition to NGOs some GOs. Are working for the same cause and the lion's share of the services for the elderly are under the auspices of non-governmental bodies. The old age pension is one form of assistance / support, that is provided by the State Government. All these services cover only a small proportion of the elderly population in the country.

### **16.3 ELDERLY - LIVING ARRANGEMENTS**

More than 95 per cent of the Indians live in the family set-up and a vast majority prefer living with their children. In urban areas, some of the elderly belong to middle class families live singly (Kapoor & Kapoor, 2004). Majority of the elderly prefer to live with children and their satisfaction, Well-being and quality of life depends on the resources available to them, their sentiments and attachments etc. (Vindo Kumar, 1996). Due to social and psychological pressures in the lifestyle of children, the interpersonal relationships with the sons and daughter-in-law are becoming brittle. (Chakrabarti, 1995).

### **16.4 FAMILY**

The family is the basic unit which supports, strengthens its members. There is a considerable amount of change in its structure and likely to change more in future. Most Asian governments rely on the family to provide support and care to their elderly. These countries need special economic and social policies to fulfil the basic needs of the elderly.

They are still being looked after by their children and close relatives as social pressures still exist in the society. Many studies reported this but pointed out to the complexities involved in it. (Biswas, 1990; Jamuna, 1990; Land, 1978; Henwood & Wicks, 1985, etc). In spite of the strong family ties, families are under the pressure of limitations imposed by their resources. Institution of joint family is not pervasive now (Chakrabarti 1993; Mahanta, 1993). The support system for the elderly is under drastic pressure (Chakrabarti, 1995) due to the need of making alternative living arrangements.

The voluntary organisations have been playing key role in taking care of the elderly in India. Age and Psychological Well-being are closely associated. As the person grows older, his/her feeling of Psychological Well-being tends to deteriorate. Gender wise variation is also statistically significant. Male elderly seemed to be better in mental health compared to female

elderly. The reason might be due to the victimisation of neglect and torture due to economic dependence. Some are having inferiority complex that they became burden to family. Care givers are not cordial with them. More often care givers do not know how to handle the situations. Sometimes elderly do not know what exactly they want. Female elderly had more worries, tensions, irritations due to their engagement in domestic works. They spent more time in the family and so face more conflicts than males. So they are prone to the risk of misunderstanding when compared to the fellow male elderly. As more societies are becoming more atomised, self-centred and afflicted with social toxemia, the stress shifts to independence rather than inter dependence.

### 16.5 SENIOR CITIZEN HOMES

Senior citizen homes are labelled as “an essential private palace which is a place of intimacy, centre of domesticity and a place of solitude”. In the present scenario all the family members are unable to provide caring atmosphere to their parents and some are moving to the care homes for the aged either voluntarily or forcibly. Migration of the children may be another factor to elderly for living alone or in aged homes (Shah, 1997). Living in senior citizen homes is not accepted in Indian culture (Dandekar, 1996). But they are forced to be (Prakash, 2001 & Vijaya Kumar, 2016). Institutionalization is one of the factors which make them vulnerable to nutritional deficiencies (Wason. N& Jain. K 2010).

Senior citizen homes are an alternative phenomenon in the care of the elderly. The free homes will meet the needs of total dependents, abandoned or neglected. These homes may be government institutions, private institutions, government aided welfare homes which are called with different names like care centres for the aged, homes for the elderly, old age homes and institutions for the aged. The paid homes are existing with different infrastructural facilities, care mechanisms according to the payment capacity of the elderly or their family members. Retirement homes are another predominant area where the homes are constructed only for elderly with individual and group facilities. These in turn provides privacy as well as social living to the in-mates. Provision is given to spend with families on additional payment whenever they visit the elderly. Nutritional and medical requirements are taken care of by the administrators of the homes with security round the clock. The concept of institutionalization not only meets the needs of the elderly and helps them to lead their life with respect and dignity. However these institutions should focus not only on the physical problems of the elderly but also on psychological problems and Well-being to lead a comfortable life.

Growing elderly population is a common experience all over world. It is more rapid in developing countries like India. Along with social, economic and political changes, increased individualism is also an important factor which influenced the living conditions of the elderly. Institutionalized elderly shows poor adjustments when compared to non-institutionalized elderly (Minal. P & Kamala. R, 1995). Most of the elderly perceive the younger ones as they have no respect and bonding towards elderly (Soodan, 1975, Mahajan, 1987, Gangrade, 1988). In the families elderly are feeling that they are losing the status in the family due to retirement in conjunction with other intra-familial and personality factors (Menachery, 1987). Due to employment of the women outside the family, they are unable to take care of the elderly (Shah, 2000). Many elderly are not aware about the Government policies which can help them in need. Stress is more evident in females whose families are undergoing any type of crisis in the family situations. Any problem of the family poses strain to women more than men in the family (Sharma and Sharma, 2015) Due to disappearance of joint family system, we need to depend on other agencies to look after the elderly (Jamuna D, 2007). Well utilization of time by involving in purposeful activities increases Well-being

among the elderly (Sinha, S.P. & Singh, R. 2009). The elderly living in institutions shows higher levels of anxiety, depression and guilt (Srivatsva. S. K, 2004).

Elderly experience problems not due to the age alone but due to change in the circumstances in the form of decreasing support, neglect and other life situations like loss of spouse, children, financial insecurity, etc.,. There is need to focus on stress releasing strategies, healthy recreational activities and social security needs of the elderly. A national security programme should be designed especially for elderly from low income groups who are disabled, frail and destitute, etc. for special support from the government. Ageing is a crucial issue which needs the attention of the health care providers, policy makers and families. The motto should not be limited to increasing longevity by reducing morbidity and mortality but also to improve the quality of life of the elderly.

## **16.6 ELDERLY - SOCIAL SUPPORT**

Elderly experience depression and loneliness due to decreased number of social contact, weakening of family ties which force them to withdraw from participating in community activities. As age progresses their friendship network narrow down, they find it difficult to make new friendships and to be a part of new networks.

The results of several research studies stated that social support and Psychological Well-being are co-related. The higher the social support is the better the psychological well-being. In the circumstances where there is inadequate support the elderly experience depression and anxiety. The sharing of feelings and emotions creates mutual confidence and support there by giving a greater sense of emotional security. Participation in social activities, integration of the elderly is important to attain healthy ageing. In each stage of life span there will be a change in social networks. Usually the elderly experience shrinkage in their social contacts. This ultimately develops a feeling of social isolation and loneliness in elderly.

Elderly who are engaged socially and experience good support are better physically and mentally than the individuals who are experiencing social isolation. Women appear to have more support networks and enjoy the satisfying relationships than men. They provide and receive support. Men receive more support from their spouse and less support from others.

It was observed that elderly receive instrumental support from children, emotional support from close friends and relatives. The positive relation between social support and Well-being prevents the elderly from adverse effect of stressful situations. Social support is of two kinds: Actual and perceived social support. It also involves social integration. It provides a sense of emotional connectedness, self-worth and trust). Research on the effect of perceived support and received support on the adjustment to stressful life event was too difficult for prediction when no data set can meet these dual requirements. Analysis shows that perceived support is, in general, more important than received support. The association of social relationship with emotional functioning emphasized that the presence of supportive interaction will positively influence the Well-being of the elderly.

### **Overall life perception**

The perception of the individual about ageing exists at two levels. One is what we think at personal level, the other is the opinion of others at societal level. If the individual perceive the aging process as natural and inevitable, their self-image contributes to positive ageing. Societal attitudes towards ageing influence the coping strategies of aged. As the older

population predictions continue to grow, we need to promote positive attitudes towards ageing and minimise the negative stereotypes. It is proved that self-perception has great impact on psychosocial aspects of ageing which includes satisfaction with life, overall health status etc. According to Erikson getting the balance between integrity and despair to achieve wisdom is the task of the elderly. As age increases, elderly become vulnerable and frail.

These will diminish the quality of life of the elderly. The elderly internalise some stereotypes, there by perceive the ageing in their own way. Self-perception is nothing but personal assessment of one's own life through introspection. Several studies reported the impact of positive self-perception on ageing which contributes positively towards health, intellectual functioning, Well-being whereas negative perceptions of the elderly leads to loneliness, low level of trust, feelings of unhappiness, depression, lack of social networks, etc.

### **16.7 EMOTIONAL SUPPORT**

Elderly emotions are a mix of high and low which makes them happy sometimes and feeling depressed at some other times. Research reveals that women feel low level of emotional support than men. Elderly need to affirm that they are loved and expect younger ones to empathise with them. They feel lonely, angry, useless, appears to be denial about their capacities etc. Living alone exacerbates negative emotions. Prioritizing and recognising their emotional needs and satisfying them by giving emotional support definitely brings change in their lives for betterment. Safety and security is the prime need for them in this age.

Providing a conducive environment to move freely without any barrier is the responsibility of care takers. They lose confidence in their functional capabilities due to physical and physiological changes as age progresses. Always they want to be connected with people and enjoy social interactions in the absence of which they feel isolation. Nowadays communication technology helps a lot to connect the people like video calls. However the elderly cannot digest the transition of dependency and overlooking by the caretakers and others with whom they live and interact.

Emotional support is showing compassion and concern to another person either by verbally or non-verbally. It is a significant protective factor while dealing with life's difficulties. It promotes positive health by reducing the impact of negative factors in life.

Everybody needs some other person who accepts them and understands their strengths and weaknesses. Elderly need this kind of emotional support more than others because it gives them encouragement, it heals their wounds, finds a solution to the problem, helps to overcome frustrations and improve the wellness of the individual.

### **16.8 NUTRITIONAL SUPPORT**

Good nutrition and good health are inseparable. When there is adequate supply of macro and micro nutrients in the diet, it is balanced diet. When the body condition co-operates to utilize those nutrients, those persons will be healthy and active. To provide suitable diets for all age groups of family members, the home makers must have knowledge about nutritive value of foods, body requirements and skill in planning, preparing and serving food. Maintaining health and vigour is an essential consideration of the elderly food. It is the duty of carers to prevent malnutrition and under-nutrition in elderly. Several factors like ignorance, availability of food, poverty, superstitions, prevalence of diseases, food habits, etc. influence the nutritional intake of the elderly. National Nutrition Monitoring bureau survey

reports that in India, sizeable number of the elderly suffers from chronic energy deficiencies including deficiency of micronutrients. In this context the nature and amount of Nutritional support available to the elderly is imperative.

Several studies reported on nutritional status of the elderly that adequate iron and energy were observed in urban elderly (Garg and Sigh, 1983), malnutrition is a common problem with 79% of energy intake (Dodd and Nerrukar, 1987), 30% are undernourished, prevalence of protein-calorie under-nutrition is 30-60% (Rudman & Feller, 1989). Nutrient intake was below the reference daily intake with energy deficit of 200-400 kcal (Bird, M. L, et. al 2013). When the nutritional intake of institutional living and family living elderly was compared, home bound subjects had higher intake levels and were slightly better off. (Vijayalakshmi, 1995). In other studies it was reported vice versa. By simple dietary modifications, and following dietary guidelines, the under-nutrition and malnutrition can be eradicated and thus quality of life will be enriched.

### **16.9 PHYSICAL SUPPORT**

Physical support is defined as assistance provided to the person for a protective factor in health and it prevents many health disorders. Elderly require physical support as it is associated with improved in emotional, psychological, social, cognitive function of the individual. Low physical performance and dependence in activities is common in the life of the elderly. To participate in physical activities and to do minimum exercise elderly needs support, either in the form of specially designed infrastructural facilities like steel bars around the room to walk with support and in washrooms, ramps to use wheel chairs, etc. or the personal support to do daily activities. If they get enough support they can maintain quality of life and health. It also benefits brain centres which are involved in body control. Many elderly are incapable of daily activities on their own. They need support and supervision (Langhammer, B, 2018).

Elderly needs are multi-folded and unmet needs increases the challenges of care takers either in the home or institutions. They need support in many ways but among those activities related to mobility, self-care and domestic life is one. It is important to identify and understand what elderly need exactly from their perspective. When there is functional decline, they need support. Physical support helps to improve the interaction between their health condition and environment for example, walking sticks, hearing aids, wheel chairs, adjustable, water beds, etc., reduces the problems of the elderly by providing extra needed support. In some circumstances specially designed furniture like shower, chairs with backrest, portable commode, air pump, bed side and wash room railings etc., helps a lot. Care takers need to put some extra effort to ensure that their daily needs are met without any discomfort.

Giving Physical support means assisting the individuals for their easy mobility, helping in daily routine including equipping them with certain gadgets, appliances, support aids devices that can help them to perform well in their daily routine independently.

### **16.10 FINANCIAL SUPPORT**

Financial resources influence the way of dealing with people and meeting the needs. When there is deficit in financial resources to the family, it affects all the members and elderly is not exception for that. In the traditional social structure of joint family elderly enjoyed ensured economic security and high social status (Mahajan, 1986). The nature and amount of financial support they receive, the prestige, access to emergency help etc. affects

the life of the elderly. In most of the Asian countries families are taken granted as natural care takers for old, frail and disabled.

Elders with regular income or having fixed assets which yields some amount of income either monthly or annually face less problems as they can afford supportive services.

The dependent elder's situation is worse when compared with them. They struggle hard for their sustenance in their twilight years. This needs the attention of policy makers, administrators to formulate strategies to empower them. Very often the requirements of elders are neglected in favour of growing children. Research studies have reported that the elderly feel adequate financial support with regard to food, clothing and shelter, except for those who come from poor families. Contrarily the majority felt inadequate economic support when it comes to their social and health needs. Financial inadequacy was reported as major problem of the elderly. Females expressed more economic problem than men. As age increases economic independence decreases (Kaur et al. 1987). The worries of the elderly are on two fronts one is social strain, another is economic dependence.

### **16.11 COMMUNITY SUPPORT**

Emotional and psychological needs become as important as physiological needs. These needs of the elderly were fulfilled by the family which was supplemented by other social support providers like friends, relatives and other community people (doctors, advocates, etc.), governmental and non-governmental welfare services (hospitals, old age home, day care centres, recreation clubs and libraries). When family fails in performing its duties towards the aged family members they depend on community support. Community support as a helping strategy involves strengthening the help of elderly individuals through enhancing their ties with natural helpers and community resources like doctors, social workers etc., Community support, improves self-confidence and comes to the rescue of the individual during emergencies.

### **16.12 GOVERNMENT SUPPORT**

The increase in the number of the aged and deterioration of traditional support systems, the stress and challenges as well as lack of opportunities and urbanization affect the aged and their status in the family. And these elderly can be termed as socially and emotionally deprived and hence need support from the community. There are a number of programmes intended to support the elderly, for example, pension schemes form part of the social security measures introduced through legislation. "In three or more decades, we will have the most formally educated aged population in any society that has ever had. There is a good reason to believe that becoming aged will pose for them and society, problems radically different and potentially more personal and socially disruptive than in the case with today's elderly population' (Sarason 1977, pp. 260-261). The government has introduced a number of welfare schemes for the elderly especially for the benefit of the destitute and those who have no family support.

#### **Legal support**

The government has realized that apart from the destitute elderly who need economic support and care through institutionalization, a large portion of economically physically fit elderly also require social, emotional and psychological security. International Exchange on Ageing, Law and Ethics and International Federation on Ageing felt that there is an urgent need to supplement the traditional family support systems at a local rather than national or state level. Part IV of the Indian Constitution, Article 41 of Directive Principles of State

Policy enunciate that “the State shall, within the limits of its economic capacity and development, make effective provisions for securing the right to work, to education and to public assistance in case of unemployment, old age, sickness and disablement and in other cases of underserved want”.

The criminal procedure code regards it as a duty of children to support their ageing parents. Section 125(1)(d) of the code of Criminal Procedure, 1973, Section 20(3) of Hindu Adoption and Maintenance Act 1956, provide legal safeguards to the elderly from their financially independent sons/daughters to maintain them by claiming a maximum allowance of Rs. 500 per month, provided the offspring has sufficient means. As a legislative measure for welfare of the elderly, the Income-tax Act of Section 88-B was introduced by the Financial Act, 1992, “with a provision of rebate of Rs. 10,000 for those individuals of 65 years and above, if their annual income tax is less than Rs. 10,000 for males, Rs. 15,000 for females”.

Retirement benefits are provided in the form of Provident Fund as well as pension and gratuity. The Employees Provident Fund and Miscellaneous Provisions Act, 1952 (Amended in 1996), provide economic security after his or her retirement or for the benefit of his or her dependents in case of early death. The worker and the employer both contribute to the fund that is fixed at 8.33 per cent of basic wages, which includes dearness allowance and retaining allowance irrespective of whether the employee is employed directly or by a contractor.

Additional employer contributions to the fund may be up to 10 per cent of basic wages. According to the Payment of Gratuity Act, 1972, workers are eligible to receive payment on the basis of 15 days, wages for each year of continuous services upto the day of retirement and it cannot exceed 20 months wages. Gratuity payment is available to the employee both when he or she retires by voluntary or on completion of the age. As Vijayakumar (1998) stated that, 11 per cent of the elderly population was utilizing retirement benefits such as pension, family pension and contributory provident fund etc. This was not sufficient as they grow older and older.

### **Welfare Support**

For an average retired person, the main source of his income is either his monthly pension or his personal savings. But, the overall income from these sources is meager when compared with their living expenses. The most important welfare scheme for the elderly is old age or retirement pension. The payment of this pension is commonly considered to be a direct inducement to withdraw from the labour force because it provides a guaranteed income in exchange for no work. Many states provide old age pension, widow pension which vary between places and over the time.

The Government has constituted social security and welfare programmes for the elderly such as old age pension schemes, public provident fund, mutual fund, insurance schemes, health care services, travel concessions, old age homes, day care centres, etc., The government implements these welfare programmes through voluntary organizations. A few non-government organizations are working effectively for the care and welfare of the aged. They are like Bharat Pensioner's Samaj, CARITAS, Help Age India, Age Care India, Dignity Foundation, etc.,

### **PENSION**

The elderly who are retired from the organized workforce are protected with retirement benefits, insurance, for their old age as well as for their family members, provident funds, and other superannuation benefits.



According to International Exchange on Ageing, Law and Ethics and International Federation on Ageing (1995), the word pension implies periodical payments of money, made by the Government to a pensioner, on account of past service considerations of merit.

As per Article 366(17) of the Constitution of India, “pension means a pension, whether contributory or not, of any kind whatsoever payable to or in respect of any person, and includes retired pay so payable, a gratuity so payable and a sum or sums so payable by way of the return, with or without interest thereon or any other addition thereto, of subscriptions to a provident fund”. The employees of the Central and State Governments in India are entitled to non-contributory pensions as part of the service conditions. The pension is paid to the retired employees in accordance with the rules. There are four types of pensions presently available to the public servants whose terms and conditions of services entitle them to pensionary benefits namely:

- (i) Compensation Pension;
- (ii) Invalid Pension;
- (iii) Superannuation Pension ; and
- (iv) Retiring Pension.

**Compensation Pension:** Compensation pension is paid to an employee who is selected for discharge owing to the abolition of his permanent post and the employee is not absorbed in another pensionable post.

**Invalid Pension:** Invalid pension is granted to a Government servant who retires from service on account of his physical or mental infirmity leading to permanent incapacity for the public service or for this particular branch of which he belongs.

**Superannuation Pension:** Superannuation pension is granted to a Government servant who retires from service on attaining the age of superannuation. The superannuation age is fixed by the Central and State Governments for their respective employers. For the Central civil servants it is 58 to 60 years and in the different states it is 58 years. The age of superannuation is liable to be changed by the concerned governments.

**Voluntary Retirement Pension:** Voluntary retirement pension is granted to an employee who opts for retirement after completing the minimum qualifying service.

**Family Pension:** After 1<sup>st</sup> March, 1964, the family pension was sanctioned to the widow/children of Government employee/pensioner after his death. For this, the employee has to complete ten years of service or he was receiving of any one of pensions like compensation, invalid, voluntary or superannuation pension.

**Extraordinary Pension:** The rules relating to the extra-ordinary pension apply to all persons appointed by the concerned Central or State Government services. Extra-ordinary pension is admissible on account of death or injury, permanent disability and disease etc., of government employees who are incapable of performing their normal duties and others who do not come under Workmen’s Compensation Act. The amount of extra-ordinary pension including gratuity is decided under the rules as applicable to the employees from time to time.

**Retired Defence Men:** Retired defence men receive several benefits. Such as training and educational facilities in new fields and also provide pension to help them to re-settle in civilian life. Health services for them and their family are provided through defence hospitals throughout their life.

**Freedom Fighters:** The State Government grants a pension of Rs. 1500 per month and 1<sup>st</sup> class train travel allowance to the elderly persons who have participated in India’s freedom

struggle. Over and above these half concession in rail fare will also provided by the Government to the persons who accompanied these freedom fighters.

### 16.13 SUMMARY

Traditional culture of India taught us to respect the elderly and treat them as head of the family. They lived till the end with dignity and pride and their experiences along with wisdom was noteworthy. In those days living arrangement of the elderly was not an issue. It is assumed and believed that family members will look after elderly who are supreme in the house. They used to command the younger generation and guide them towards the right path.

But nowadays, getting a proper living arrangement for elderly is a challenge in India. They are abused by the family members, separated and institutionalized forcibly against their will. All the human beings need support systems to lead a peaceful and comfortable life.

Elderly is not an exception for this. These support systems helps to increase self-esteem, gives confidence to face the challenges. As people age, these support systems tend to decline due to several reasons. In the absence of support systems, loneliness and depression prevails.

### 16.14 KEY WORDS

Superannuation  
Institutionalization  
Adjustment  
Living Arrangements

### 16.15 SELF ASSESSMENT QUESTIONS

1. What are the Support Systems needed for the Welfare of Elderly in India?
2. Discuss the significance of various Supports the Aged People require in the Society?

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## LESSON 17

# CONSTITUTIONAL PROVISIONS FOR THE WELFARE OF THE ELDERLY

### OBJECTIVES

The Objective of this lesson is to understand the various Constitutional Provisions for the Welfare of the Elderly

### STRUCTURE

- 17.1 Introduction
- 17.2 Constitutional Provisions and Legislative Measures for the Elderly
- 17.3 Welfare Schemes – Organized Sector
- 17.4 Welfare Schemes – Unorganized Sector
- 17.5 Other Measures
- 17.6 National Policy for Older Persons
- 17.7 Legal Measures
- 17.8 Older Persons (Maintenance, Care and Protection) Bill 2005
- 17.9 Senior Citizen (Maintenance, Protection and Welfare) Act 2007
- 17.10 Relevant Constitutional Provisions
- 17.11 Some Other Constitutional Provisions
- 17.12 Legislations
- 17.13 Summary
- 17.14 Keywords
- 17.15 Self Assessment Questions
- 17.16 Reference Books

### 17.1 INTRODUCTION

Aging is a continuous, irreversible, universal process that begins with conception and ends with death. However, the age at which one's productive output drops and one becomes economically reliant is most likely the start of the elderly stage of life. The elderly is defined as the aged 60 and up by the National Elderly Policy. A number of Constitutional provisions exist to improve the quality of life for the elderly. The Ministry of Social Justice and Empowerment develops and implements Acts, Policies, and Programs for the Welfare of Older People in collaboration with the states/UTs.

In the past few decades, care and wellbeing of elderly has emerged as a major concern for the governments and policy makers all around the world. Laws and regulations relating to the care and protection of the elderly are international issues but most of the developing countries have no specific laws for the elderly. Argentina was the first country to raise the issue of ageing in 1948 and presented a draft declaration on old-age rights to the General Assembly and subsequently, in 1950 a report entitled "Welfare of the Aged: Old Age Rights" was published. Since then, several nations have formulated and implemented policies and programmes for the aged population as per their situation and needs. A combined effort to give population ageing a worldwide concern has become a reality only on 14th Dec 1978,

when the General Assembly of the United Nations decided to convene a world assembly on ageing in 1982 in Vienna known as Vienna Plan. The UN adopted the principles of independence, participation and care for the elderly in the meeting of general Assembly in 1991. The United Nation encouraged the member nations to incorporate these programs in their national programs for the elderly. The second Assembly on ageing was held at Madrid in Spain in 2002 with the objective to guarantee economic and social security of older persons (Chattopadhyay, A. 2004). The Madrid International Plan of Action recommended 117 plans with three priorities for the betterment of old age population. The priority areas are (a) development with a focus on empowerment and set a target that at least 50 people's elderly must be covered under adult literacy program by 2015, (b) Better and within reach medical care with an emphasis on HIV/AIDS and (c) An improvement in housing and living condition.

Advancing of old age is usually associated with many challenges, including declining health, reduction in social commitments and increasing possibilities of discrimination and rights challenges making the elderly more vulnerable. This calls for the protection of the rights of the elderly in an effective manner to enable them to enjoy their rights on an equal basis with others and integrate them into the society. Accordingly, various laws, policies and schemes have been implemented in India to ensure the protection of the rights of the elderly and create an age friendly environment in the society.

## **17.2 CONSTITUTIONAL PROVISIONS AND LEGISLATIVE MEASURES FOR THE ELDERLY**

Provisions are mentioned in the Constitution of India for senior citizens of India. Directive principles of state policy talk about these provisions. Article 41 and article 46 are the constitutional provisions for them. Although directive principles are not enforceable under the law, but it creates a positive obligation towards the state while making any law. Therefore, while making any law, the state should consider the directive principles mentioned for the elderly people. At the time of drafting of the Constitution of India, Social Security was specifically converted in List III of Schedule VII of the Constitution. It was made the concurrent responsibility of the Central and State Governments. Item No.9 of the State List, and items 20,23 and 24 of the Concurrent List, relate to the relief of the disabled and unemployed, to old age pensions, social security and social insurance and economic and social planning. Article 41 of the Indian Constitution deals with the State's role in providing social security to the aged and also to the destitute categories.

Section 125 (1) (d) of the code of Criminal Procedure 1973, and Section 20 (3) of the Hindu Adoptions and Maintenance Act 1956, provide legal safeguards to the elderly from their financially independent sons/daughters, who are required to provide a maintenance allowance up to a maximum of Rs. 500/- per month provided the offspring have sufficient means.

Income-Tax Act 1961, section 88 B was introduced, by the Finance Act 1992. This provides for rebate of income tax in case of individuals of 65 years and above.

- ❖ The government's responsibility to older persons is outlined in provisions in Chapter IV of the constitution, which relate to the Directive Principles of State Policy.
- ❖ Although, according to Article 37, these rules cannot be enforced by a court of law, they serve as the foundation for any legislation.

- ❖ Article 41 of the Constitution guaranteed older persons' rights to work, education, and public support. It states that the state must preserve the rights in circumstances of disability, old age, or disease.
- ❖ Article 46 specifies that the government must protect the educational and economic rights of older persons.
- ❖ Article 47 states that the state must promote people's diet and way of living, as well as their public health.
- ❖ In Constitution of India, entry 24 in Concurrent list of schedule VII deals with the "Welfare of Labour, encompassing conditions of employment, provident funds, obligation for workmen's compensation, invalidity and Old age pension and maternity benefits.
- ❖ Item 9 of the State List, as well as items 20, 23, and 24 of the Concurrent List, deal with old age pensions, social security and social insurance, and economic and social planning.
- ❖ However, the Indian Constitution does not expressly and notably offer rights for elderly citizens of our nation, but all essential rights are available to all citizens of India in general.
- ❖ As a result, one might infer that older citizens can use all of their rights as a kind of protection.
- ❖ A violation of these rights is subject to judicial review. Senior persons can clearly employ certain fundamental rights and some directive principles of state policies to establish their rights.

### **17.3 WELFARE SCHEMES – ORGANIZED SECTOR**

The different types of social security and welfare benefits are generally available only to the work force of the organized sector which includes

- ❖ Employees of Central and State Governments
- ❖ Local bodies
- ❖ Public sector establishments and
- ❖ Employees in the organized private sector.

In India, retirement benefits are provided in the form of Provident Fund, Pension and Gratuity. In Employees Provident Fund Scheme, employees drawing up to Rs. 5000/- per month are covered with both employer and employees making matching contributions to individual funds. Retirement benefit in the form of a pension, (Employees Pension Scheme 1995, Amendment 1996) is payable to

- ❖ All Central Government employees covered by the CCS pension rules,
- ❖ All employees of the State Governments and
- ❖ All employees of corporate bodies under their own Employment Benefit Schemes and approved by the Income Tax Authorities

Under the Gratuity Act 1972, workers are eligible to receive payment on the basis of 15 days' wages for each year of continuous service up to the day of retirement. (Gratuity as gratuitous payment has been made to employees from time immemorial either as a reward or as a gift. However, gratuity as retirement benefit is of recent origin and is the product of industrialization.

With regard to health care, provision is made for retired Central Government Health Service Scheme. These facilities are also available to the retired employees of the State Governments. Life Insurance Corporation of India is extending services to employees

through saving schemes such as Jeevandhara, Jeevan Mitra, Jeevan Sandhya, which will serve as supplementary income to the pension. The existing social security schemes for the retired employees of the organized sector are critically reviewed by the social security experts Sankaran and Subrahmanyam (1994) and some of their critical observations are:

- ❖ Provident Funds are said to provide some form of retirement old age benefit but they are basically saving schemes and not insurance schemes.
- ❖ Judged by the amounts paid in settlements of final claims under the EPF Scheme and Family Pension Scheme claims under the Employees family Pension Scheme, it would appear that this purpose has been largely defeated.
- ❖ High rates of contribution and low rates of benefits are observed.
- ❖ So far, no evaluation has been made of the working of the EPF and other schemes.

#### **17.4 WELFARE SCHEMES – UNORGANIZED SECTOR**

As a Constitutional obligation the government has specifically worked out certain social security programmes for the elderly in rural areas where the need is greater. Some of the social welfare programmes existing in the country are

1. Old Age Pension Schemes
2. Old Age Homes
3. Mobile Geriatric Services
4. Adoption of the elderly
5. Socio-economic activities for supplementary income and
6. Marginal subsidies on purchase of train & flight tickets.

##### **Old Age Pension Scheme**

Prior to 1995, the early initiative was taken by Kerala (1960), followed by Andhra Pradesh (1961), Tamil Nadu (1962) and Karnataka, to provide social security to the destitute elderly in the form of Old Age pension ranging from Rs. 30/- to Rs. 100/- per month.

A scheme for old agricultural workers has been introduced in states like Andhra Pradesh, Tamilnadu, Karnataka, Kerala, Gujarat and Maharashtra. In this regard, Kerala was the first state to experiment with a pension scheme for agricultural workers who were over 60 years of age and the pension paid was Rs. 60/- per month. In 1984, the Government of Andhra Pradesh introduced a similar scheme for landless agricultural workers of 60 years and above age and the amount paid was Rs. 30/- per month per head.

In collaboration with the Life Insurance Corporation of India, some State Government have extended insurance facilities to the rural people; for instance, on similar lines the Government of Andhra Pradesh, through the Panchayati Raj and Rural Development Department, initiated two types of Rural Group Life Insurance schemes:

1. A general scheme for which 100% of the premium has to be borne by the policy holder;
2. A subsidized scheme where 50% of the premium has to be borne by the policy holder, 25% by the State Government and the remaining 25% by the Central Government.

These schemes were launched, during 1995 and at present about 6 lakh rural families are covered under these schemes.

##### **Old Age Homes**

Exact data is not available regarding the number of old age homes existing in India. According to one source, at present there are about 300 old age homes existing in India, and

of these 207 are in the South (Tamil Nadu 77, Kerala 70, Andhra Pradesh 29, Karnataka 31), 71 in the west and 31 in the North (Bali, 1994).

The concept of the Day Care Center which in fact had its origin in India, has been popularized and modernized in the West. The basic concept of the Day Care Center is to keep the elderly person's ties with his/her family intact something which is not altogether possible in the old age homes.

### **Health Policies and Geriatric Services**

A national Program of Monitoring ADR's was launched by ICMR in 13 centers throughout India. In Southern States such centers are located in Medical Colleges at Hyderabad, Chennai, Bangalore, Vellore and Thiruvananthapuram. The health needs of the population are catered through a three-tier health delivery system, with a Primary Health Center (PHC) at primary level, upgraded hospitals at secondary level and Government General Hospital at tertiary level.

In the absence of a comprehensive geriatric health policy in India, it is interesting to note that a number of NGO's are working in this area. Of these, Help Age India is extending health services to the elderly through operating Medicare Vans in a couple of cities, conducting free eye care camps, and militating aged patients with leprosy, tuberculosis and cancer. Medical centers such as Arvalli Medical Center of Bangalore and the Heritage Hospital of Hyderabad are also extending geriatric services to the elderly of all sections through an integrated system.

### **Housing Policy**

In India, the elderly is not considered as a separate entity for the purpose of housing, and very little effort has been initiated in this direction. Some agencies like the Railway Employees Welfare Association, LIC, HUDCO and so on, have floated housing schemes for retirees, which are confined to a few who can invest their savings in such schemes. Further, the existing home finance schemes take current income and employment status into consideration making it impossible for the elderly to obtain loans. A combined venture between The Ministry of Urban Development, the National Housing Board and HUDCO is still in the blueprint stage.

## **17.5 OTHER MEASURES**

The Ministry of Railway has extended a 25 per cent concession in Second Class Mail. Express Fares when travelling beyond 500 kms to citizens above 60 years, under a scheme "Senior Citizens Concessions". Indian Airlines has announced a discount of 50 per cent in basic fares to senior citizens above 65 years (with effect from August 1, 1994). Damania Airways announced a 50 per cent concession to senior citizens (65+) and Sahara India also announced a similar 50 per cent concession to the elderly (62+). Adoption of the elderly/support an elderly person" may be launched with support from industries; in turn they may be given tax exemptions for their assistance to the Elderly Welfare Programs. Such assistance may also be used to establish Geriatric wards at primary health centers/government hospitals.

## **17.6 NATIONAL POLICY FOR OLDER PERSONS**

In an appropriate recognition of the year (1999) having been declared by the United Nations as the International Year of Old persons, the Union government approved on January 13, 1999 the National Policy for Older persons for accelerating welfare measures and empowering the elderly in ways beneficial to them. A national council has been set up to look into the problems of the senior citizens (above 60 years of age), particularly in matters relating to pension and health.

It may be recalled that in 1990, the General Assembly of the United Nations designated 1<sup>st</sup> October as the International Day for the Elderly, later renamed the International Day of Older Persons, which was celebrated for the first time the following year. The day has become an annual event in most countries, with varied activities organized in conjunction with the official commemoration. The General Assembly adopted the United Nations Principles for Older Persons in 1991. The eighteen principles provide a broad framework for action on aging. They are organized into five clusters;

- ❖ Independence
- ❖ Participation,
- ❖ Care
- ❖ Self-fulfillment and
- ❖ Dignity of older persons.

In 1992, the General Assembly adopted the proclamation which called for the observance of the year 1999 as the International Year of Older Persons. The new policy for such persons in India provides for setting up of a pension fund for ensuring security with empowerment of those in the unorganized sector, construction of old age homes or day-care centers for every three or four districts, establishment of resource centers and re-employment bureau for the 60-plus population and concessional fares for rail and air travel within and between cities. Besides, it aims at enacting legislation for compulsory geriatric care in all public hospitals (Uma Joshi, 1999, p.3).

### **17.7 Legal Measures**

Section 125 of the Criminal Procedure Code, 1973, specifies the rights of parents without any means for maintenance to be supported by their children having sufficient means.

If any person refuses or neglects to maintain his/her parents, then a magistrate may order such a person to make a monthly allowance for the maintenance of his/ her mother or father at a monthly rate not exceeding Rs.500. The Hindu Adoption and Maintenance Act 1956 also enjoins children to look after their parents if parents are unable to maintain themselves out of their own earnings or other property. The Act is applicable to Hindus only.

It defines maintenance as providing provision of food, clothing, residence, medical attendance and treatment. Here, the amount is left to the is creation of the court. According to codified Muslim law, children are required to maintain parents and paternal and maternal grandparents, if they are poor and cannot take care of themselves.

### **17.8 OLDER PERSONS (MAINTENANCE, CARE AND PROTECTION) BILL 2005**

The Central Government introduced a bill in Parliament for better care of rapidly growing elderly population in India. The bill titled “Older Persons (Maintenance, Care and Protection) Bill 2005” is intended to overcome the lacunae existing in the current legislation



on maintenance and to make relief simpler, speedier and less expensive. It also aims to cover new areas of care and protection that have not so far been covered by any existing legislation.

The bill has taken into account three thrust areas for legislation, viz., Maintenance, Care and Protection. Maintenance includes a) financial b) housing requirement c) protection of life and property d) recreational and spiritual needs e) grievance redressals. Maintenance from the family will hitherto be a matter of right for the older persons. Care embraces a) financial b) housing requirement c) clothing requirement d) health requirement e) companionship requirement, from families and/or the state government in the case of persons without family support or living below the poverty line. Protection covers protection of life and property of the old against exploitation including physical and mental abuse.

### **17.9 SENIOR CITIZEN (MAINTENANCE, PROTECTION AND WELFARE) ACT 2007**

The senior citizens saw a new ray of hope in December 2007, when the Central Government passed legislation, called the Maintenance and Welfare of Parents and Senior Citizens Act. Since then, each state has to make rules to carry out the provisions of the Act including the action plan for providing protection of life and property of senior citizens and implement the provisions of the Act by arranging fund.

#### **Provisions of the Act Maintenance includes**

- ❖ Financial
- ❖ Health requirement
- ❖ Protection of life and property
- ❖ Recreational and spiritual needs
- ❖ Grievance redressal

Maintenance from the family will hitherto be a matter of right for the older persons.

#### **Care embraces**

- ❖ Financial
- ❖ Housing requirement
- ❖ Clothing requirement
- ❖ Health requirement
- ❖ Companionship requirement

Families and / or state governments are responsible in case of persons without family support or living below the poverty line.

### **17.10 RELEVANT CONSTITUTIONAL PROVISIONS**

#### **Article 41 of the Constitution:**

Article 41 of Directive Principles of State Policy has particular relevance to Old Age Social security. According to Article 41 of the constitution of India, the state shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement and in other cases of undeserved want.

#### **Article 47 of the Constitution**

Article 47 of the constitution of India provides that the state shall regard the raising of the level of nutrition and the standard of living of its people and improvement of public health as among its primary duties.

### **17.11 SOME OTHER CONSTITUTIONAL PROVISIONS**

Entry 24 in list III of schedules VII of constitution of India deals with the welfare of labour, including conditions of work, provident funds, liability for workmen's compensation, invalidity and old age pension and maternity benefits. Further, item 9 of the state list and item 20, 23 and 24 of concurrent list relates to old age pension, social security and social insurance, and economic and social planning. The right of parents, without any means, to be supported by their children having sufficient means has been recognized by section 125 (1) (d) of the Code of Criminal Procedure 1973, and section 20 (1 & 3) of the Hindu Adoption and Maintenance Act, 1956. Among the administrative setup, the Ministry of Social Justice and Empowerment focuses on policies and programmes for the elderly in close collaboration with State Governments, Nongovernmental facilities for poor and destitute older persons. The Act has to be brought into force by individual State Government. Himachal Pradesh is the first state and Punjab is the fifth state where old parents can legally stake claim to financial aid from their grown-up children for their survival and a denial would invite a prison term.

As on 03.02.2010, the Act had been notified by 22 states and all UTs. Organisations and Civil Society. The programmes aim at their welfare and maintenance especially for indigent elderly, by supporting old age homes, day care centres, mobile medical units etc.

### **17.12 LEGISLATIONS**

Maintenance and Welfare of Parents and Senior Citizens Act, 2007 The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 was enacted in December 2007, to ensure need based maintenance for parents and senior citizens and their welfare. Section 19 of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 envisages provision of at least one old age home for indigent senior citizens with a capacity of 150 persons in every district of the country. The objectives of the Act are: Revocation of transfer of property by senior citizens in case of negligence by relatives. Maintenance of Parents/senior citizens by children/ relatives made obligatory and justifiable through Tribunals. Pension provision for abandonment of senior citizens. Adequate medical facilities and security for senior citizens. Establishment of Old Age Homes for indigent Senior Citizens. The Act was enacted on 31st December 2007. It accords prime responsibility for the maintenance of parents on their children, grandchildren or even relatives who may possibly inherit the property of a senior citizen. It also calls upon the state to provide

### **17.13 SUMMARY**

A number of Constitutional provisions exist to improve the quality of life for the elderly. The Ministry of Social Justice and Empowerment develops and implements Acts, Policies, and Programs for the Welfare of Older People in collaboration with the states/UTs.

At the time of drafting of the Constitution of India, Social Security was specifically convert in List III of Schedule VII of the Constitution. It was made the concurrent responsibility of the Central and State Governments. As a Constitutional obligation the government has specifically worked out certain social security programmes for the elderly in

rural areas where the need is greater. In an appropriate recognition of the year (1999) having been declared by the United Nations as the International Year of Old persons, the Union government approved on January 13, 1999 the National Policy for Older persons for accelerating welfare measures and empowering the elderly in ways beneficial to them. A national council has been set up to look into the problems of the senior citizens (above 60 years of age), particularly in matters relating to pension and health.

#### **17.14 KEYWORDS**

Empowerment  
Retirement  
Recreation  
Constitution

#### **17.15 SELF ASSESSMENT QUESTIONS**

1. Explain the Constitutional Provisions for the welfare of Elderly People in India?
2. Discuss the Welfare Schemes for the Elderly in Organized and Un organized Sectors in India?

#### **17.16 REFERENCE BOOKS**

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**Prof. K. Dhanalakshmi**

# **LESSON 18**

## **INSTITUTIONAL AND NON-INSTITUTIONAL CARE AND SERVICES FOR THE ELDERLY**

### **OBJECTIVES**

The Objective of this lesson is to understand the various Institutional and Non-Institutional Care and Services for the Elderly.

### **STRUCTURE**

- 18.1 Introduction
- 18.2 Support Services for the Elderly
- 18.3 Institutional Care and Services for the Aged
- 18.4 Social Work Practice in Institutions for the Aged
- 18.5 Non-Institutional Care and Services for the Aged
- 18.6 Summary
- 18.7 Key words
- 18.8 Self-Assessment Questions
- 18.9 Reference Books

### **18.1 INTRODUCTION**

Ageing is characterised as reduction in functional capacities and structural changes in the body. Spouses and children take care of the elderly partner or parents in the families but as the days pass joint family system has almost slowly faded, brought out challenges in caregiving of old age dependents in the present days. In the perspective of care towards care recipients are not static but going through paradigm shifts. Day care provides non-professional care and professional care involving in care as multidisciplinary fashion in their locality. In India the care was prevailing only in families. Family care was hidden in Indian families due to urbanisation and globalization. Now community care concept has sprung through community based rehabilitation, community participation and social capital. The care recipients who are residing in their families are more dependent and their QoL is diminishing gradually, so alternative forms of care need system emerged in the community. The foundations of active ageing are laid in the early phases of life. Early life experience of individuals will be reflected in the later stages of life. So investment for later stages of life must be made like gaining health, social participation and networking, dignity etc in the former days. From this we predict that maintaining quality of life must be significant and given first priority in our lives. Initiatives for improving quality of life should be made through adoptive methods and assistive devices. Family and community are key venues where care can be begotten According to WHO (1996) "Quality of life defined as individual's perception of their position in the context of culture and value system in which they live and in relation to their goals, expectation, standards and concern"[4]. There is high need for Older adults in day care with specific special needs.

In recent times, as a result of changing circumstances due to demographic transition, rapid pace of industrialization and urbanization, disintegration of joint or extended family structures into nuclear ones the older people have become increasingly vulnerable not only to the physical disabilities but also to social, economic and emotional alienation and isolation.

India is a developing country and the number of aged persons is bound to increase with better health and medical facilities. The elderly in India have been assigned a place of honour and respect as exemplified by religion, social values and norms and social and economic organization of society. Religious texts and writings enjoined upon the sons to look after their old parents, failure to do so was considered a serious demerit and earned social opprobrium. The role and status of the aged was not confined only to social rituals and ceremonies, they also participated in the management of affairs of the family and the community. To a large extent this was reinforced by their rights over the ownership of the means of production. With advancing years, the process of withdrawal from management, the elderly are not given the same respect as they used to get before. They are not shown adequate care and attention by their family members partly due to the limited resources and partly due to growth of "individualism" in modern industrial life. They also suffer with the loss of status and authority. The world is aging and for good reason. While the number of working-age people continues to increase, the number of retirees is decreasing. The elderly population (65+) is projected to double from 2005 to 2050. Aging is a global problem that poses major challenges in healthcare, social security, and productivity. There are many reasons why this phenomenon occurs. Nowadays, we are living longer than ever before. Due to this fact, the number of older people is constantly increasing and the proportion of elderly in society is gradually rising. However, there are still a lot of challenges associated with aging and an older population.

The world is aging rapidly, as it home to more than 60% of the global population by 2050. With this increase in population comes an increase in elderly persons who, owing to age-related disabilities, experience more disabilities and become dependent on others for their daily activities. A greater proportion of older people are living with physical limitations that prevent them from performing their usual activities independently. This chapter highlights the key issues and constraints that are affecting the aging population in India. The chapter sheds light on how rising population size, increasing urbanization, changing demographics and relatively low fertility are causing an increase in the number of elderly people in India. The number of people over the age of 65 is expected to increase by more than 50% in the next 30 years. This is a major cause for concern for society, as these seniors face many challenges due to their aging bodies and minds. These seniors need support, care, and guidance from their families and friends. The majority of elderly people in developing countries live alone and without access to health care.

Elderly people are growing old, but the aging process has not yet become a problem. It is not that we have fully adapted to it. The introduction of digital technology is changing our way of life and creating new opportunities, but these innovations also bring about new problems and risks for elderly people. With the population of the world aging, experts have predicted that 1 in 3 people over 65 by 2050. The numbers are not only increasing but are also getting more and more complex. According to World Health Organization (WHO), by 2030 there 12 billion people on Earth, and each year 2 billion people come middle-aged or older. The rapid development of the elderly population presents a serious social and economic challenge. Currently, about 50% of the global population is over 60 years old. If the aging process does not stop at this age, the number of people aged 65 or older will grow to 67% by 2050.

Aging is an emerging problem and is considered a global issue that requires urgent attention. The number of elderly people in the world is increasing exponentially. They are becoming more vulnerable to diseases, disabilities, poverty, social exclusion and abuse, and

many other issues that prevent them from enjoying a dignified life. Aging is not just a problem for older people but also affects their families too.

## **18.2 SUPPORT SERVICES FOR THE ELDERLY**

Traditional culture of India taught us to respect the elderly and treat them as head of the family. They lived till the end with dignity and pride and their experiences along with wisdom was noteworthy. In those days living arrangement of the elderly was not an issue. It is assumed and believed that family members will look after elderly who are supreme in the house. They used to command the younger generation and guide them towards the right path. But nowadays, getting a proper living arrangement for elderly is a challenge in India. They are abused by the family members, separated and institutionalized forcibly against their will.

There are a few individuals who voluntarily opt institutionalization and seeking freedom and independence. Ultimately these issues brought out the concept of living alone or in senior citizen homes or day care centres etc. There are several constraints in exercising the choice of stay for the elderly. These preferences vary according to socioeconomic and demographic characters of the elderly (Kim & Rhee, 1997). Economic background of the elderly is an important determinant in the preference of living arrangement. However, their first priority or preference of stay will be the family as reported in several studies.

All the human beings need support systems to lead a peaceful and comfortable life. Elderly is not an exception for this. Moreover, they are in need of support systems than other age groups. By interacting with other individuals, may be family members, neighbours, friends and relatives, elderly share their feelings, struggles through which they receive emotional support. These support systems help to increase self-esteem, gives confidence to face the challenges. As people age, these support systems tend to decline due to several reasons. In the absence of support systems, loneliness and depression prevails. There are a few support services existing in our country for the elderly, though they are quite insufficient, compared with the size of the elderly population and their needs. According to the study made and the first ever directory produced by the Centre for the Welfare of the Aged there are so many Non-Governmental Organizations caring for the elder. In addition to NGOs some GOs. Are working for the same cause and the lion's share of the services for the elderly are under the auspices of non-governmental bodies. The old age pension is one form of assistance / support, that is provided by the State Government. All these services cover only a small proportion of the elderly population in the country.

## **18.3 INSTITUTIONAL CARE AND SERVICES FOR THE AGED**

Although non-institutional services should be given a priority over institutional services, the destitute and the houseless, and older persons who are unmarried, childless, those whose children have migrated abroad and those who have only daughters, face the problem of care giving even when they have their own house to stay. Institutional services encompasses-keeping the elderly in an institutionalized manner and providing different types of services which are essential for their living without any hindrance. The institutions for older persons should provide for self-fulfillment, health, nutrition and care giving, continuing education, and recreation activities and facilitate death with dignity. The institutions may keep their health education and recreation services open to non-resident older persons. The resident's interaction with their family members and community may be encouraged but not

forced. The institutional life should correspond to normal conditions in the family and community as far as possible. The residents should be treated with dignity and respect.

- a. **Homes for the Aged:** Though Homes for the aged are not very much suitable for our culture and background. There are a good number of elderlies who would need to be cared by specialized institution. The homes could be for totally economically destitute people and for those who could pay for their maintenance with their meager income like pension or savings, etc.
- b. **Medical Care Services:** When we are providing the respective services while sorting out of the problems of the elderly we have to ensure keeping of the health of the elderly. The following are some of the medical care services which will take care of the health of the elderly.
  - ❖ Creation of special geriatric wards in major hospitals
  - ❖ Setting up of special counters and geriatric out patients' units in existing hospitals
  - ❖ Enlarged eye-care and cataract service programme

For some individuals who have major health problems need hospitalization. Treatment and management of chronic illness becomes necessary in their case. Chronic conditions can create permanent or residual disability. The landing chronic conditions among old people are

- ❖ arthritis,
- ❖ rheumatism,
- ❖ heart disease,
- ❖ blood pressure,
- ❖ asthma,
- ❖ diabetes

Loss of eyesight may increase dependence. Some old people can have orthopedic complaints because of fracture. Paralysis of various limbs lead to the crippling condition. Those who need hospitalization have several problems. Who pays for them? Apart from payment, day to day nursing care also becomes important. These are the patients who are facing crises. There is also a fear of death. Mental preparation to accept death as mercy of God is necessary. Some old people also become mentally ill and attempt suicide. In our country, the mental health facilities are neglected. All parts in the country do not have mental hospitals. Number of psychiatrists is limited and large number of mentally ill patients go without treatment. For many old people hospitalizations leads to death. The dying process of ion older person is considered less distressing. Sometimes there are small tasks that a close family member can do that makes dying easier. The promise to look after a favorite pet, to repay a small loan, promise to take care of the dependent spouses are some of the examples.

- c. **Holiday home Services:** It is a common phenomenon that for an individual shall feel boredom or monotony for sitting in one place and living with the same family members. In such times the elderly needs a change. Therefore, provision f holiday home services are needed where the elderly could spend a limited time when the family is away on holiday or even residents of 'homes' when they need change.

#### 18. 4 SOCIAL WORK PRACTICE IN INSTITUTIONS FOR THE AGED

Those old people who do not have children or relatives to take care and those who do not have economic resources have sometimes to take shelter in the old age institutions. Though institutions of such type are few demands for them is likely to increase. We need to give some thought to the designs of such institution. Old age home buildings should be

constructed in such a way that it will retain the mobility of old people. It should facilitate group interaction and should avoid isolation. Openair and ventilation, proper protection from heat, cold and breeze would be necessary. Staircases, bathrooms should be so constructed that it prevents accidents. Old people complain of nose hence an atmosphere of physical and mental peace will facilitate the management of an institution for the aged. When aged individuals enter institution their induction to the rules and regulations of the agency is necessary. Since most of the people leave the home, they experience initial difficulties in the adjustment to the agencies. Feeling of rejection by relatives is prominent. Most individuals in institutions have problems which appear rival to outsiders are very real to the individuals concerned.

### **Work with individuals:**

Many individuals in institution show specific physiological or psychological problems. Since the person has taken a shelter in an institution, he has a feeling that his personal dignity is now at stake. Agencies should always handle this issue very sensitively otherwise the institutional life is essential when the persons enter the institution. They need counseling for a longer time. Case work and counseling is required for a longer time. Case work and counseling are very important methods of social work used in old age institution.

Old people need constant emotional support. Helping them to keep contact with their relatives and friends helps them to have a proper mental health. Case work techniques to clarification, reflection reassurance is very useful. Individuals with lazy habits or quarrelsome nature need use of confrontation techniques. To keep the group life in institutions various, group work techniques are used.

### **Work with Groups:**

Group life in institutions requires routine. If the inmates of agencies are involved in running the agencies, inmates like it. It creates democratic atmosphere in agencies. It is possible to formulate various types of groups such as

- ❖ Task oriented groups
- ❖ Therapeutic groups
- ❖ Occupational groups
- ❖ Recreational groups.

**Task Oriented groups:** Group members always have some skills based on their previous occupation. Planning of day-to-day activities of the agency such as meals, cleanliness of the premises, purchases and marketing can be managed by inmates. It creates sense of belongingness amongst the group members. This also increases the level of satisfaction; old people develop new friendships and associations that helps making life happy and adjustment to the agency possible. The group members then take care of emotional health of their co-inmates.

**Therapeutic Groups:** Leaving home is traumatic for some individuals. Loss of dear ones shatters many individuals. Some people are never able to resolve their personality problems. People with aggressive and selfish behaviour tend to find faults with others. Timid and shy people who have never been able to take decisions at any stage in their life are sufferers in such situations. Some are depressed, some are anxious. Rejection and helplessness in past life and uncertainty of the future creates anxiety in their mind. Such respondents benefit from the therapeutic groups.

**Occupational Groups:** This is work oriented group. It helps individual members to develop their talents. Group of professionals can come together. They can help others with their



professional help. Government pensioners association in Poona has helped several retired government servants to get their pensions released by helping them through proper interpretation of rules.

**Recreational groups:** Since most inmates are confined to the institutional life recreational groups prove to be very important. Arranging games, hobbies, picnics, visits churches, museums, keep the inmates happy. It is also useful for good mental health of the inmates.

### 18.5 NON-INSTITUTIONAL CARE AND SERVICES FOR THE AGED

Non-institutional services are those keeping the elderly in their respective places and extending the services which are required by such persons and this should be encouraged by either GO.s or NGO.s and ensure that more prominence must be given to non-institutional services than that of institutional services and which are well suited for the Indian culture and conditions. Developmental programmes for preparation for and coping with old age, death, and bereavement and raising community awareness; health checkup, information and awareness for prevention of problems and treatment; continuing education; training and opportunities for income generation; employment exchange; training as volunteers; recreation and creative art programmes; counseling and legal aid; self/mutual help groups; family assistance; information and referral services; death with dignity; and so on. Older persons may also function as volunteers for community activities.

- a. **Day Care Centres / Multiservice centres:** The nomenclature of day care centres need to be changed to multiservice centres as older persons need a range of services and not necessarily care. The multiservice centres may provide support systems to older persons. Whereby the elderly could receive the needed companionship, medical care, nutritional support, recreational facilities and remunerative work opportunities. These Day Care Centres should be organized for various strata of the society depending upon their social / cultural / economic background.
- b. **Family Counseling and individual counseling:** This is that of the counseling shall be provided to the family members and as well as to the elderly. The counseling either attached to the day centers or otherwise in families so that, necessary emotional integration is achieved. This type of counseling is of more useful in set righting the behavioral problems and the general difference of opinions.
- c. **Family based services:** In Indian societies it is highly impossible to separate of the elderly from the family. By providing family based services to such type of elderly without and separation from the family, the job of both the GO.s and NGO.s will be easier and giving the best results and compared to other services.

❖ **Domiciliary Medical Services:** We have already discussed that there are some common ailments faced by old people. They find it difficult to pay the bills of doctors. Patients belonging to lower income groups find it difficult to get treatment from the general hospitals where long waiting is required. If there are more community-based health services and treatment centers, it will reduce pressure on big hospitals. It is possible to have a visiting team of doctors and nurses going to a locality where old people can come. Chronically ill patients can be visited at home. Mobile dispensaries will enable old persons to avoid travels on public transport. Giving nursing care, injections, checking blood pressure, taking urine or blood test can be done by the mobile team at the door steps of the patients.

❖ **Supplementary Nutrition:** Some of the poor old patients have a problem of malnutrition. They need supplementary diet in the form of milk or soft foods. Many old

people cannot eat hard food for some there is a difficulty in swallowing. Some destitute old people need ready cooked food. Food preparation requires marketing processing and cooking food. Many old people if left alone cannot manage it. This creates situation of under nutrition and malnutrition. Couples in old age overcome this difficulty with each other's help. Voluntary agencies can arrange central food cooking and send packed food to the living place.

❖ **Transportation Service for the Elderly:** Private transport system designed to serve the particular need of the special groups are no longer unique. Private voluntary organizations can institute transportation service for old people from residential localities to the hospitals markets and recreational centers. We may also visualize an ambulance bus service for the elderly from community to hospitals.

❖ **Recreational activities:** Like all other human beings old people also have a need for meeting people. Many old people find solace in religion-based activities. Visiting temples, participating in Harkatha or Bhajans have been traditional recreational activities for old people. Concessional rates in cinema houses, special programmes on T.V. network are now needed for them. Holiday centers can be developed by public trusts at the centers of interest for old people

❖ **Housing Services:** In these days it became a fashion for everybody migrating to urban areas from the rural areas for the livelihood. Naturally at urban centres place for housing is becoming a problem; if the place is found for housing automatically a small construction takes place. There arises a problem of shortage of housing. In order to sort-out this problem planning of shift of older population again to smaller places by providing housing services there itself for elderly or at least for the poor communities and for lower income groups. In case any financial help needed in this regard one can collect donations from the society.

**a. Emotional & Psychological Services:** Some sections of the elderly may expect that even though they satisfy the physiological needs they need some type of emotional and psychological services than that of other services. In such situations, for such elderly the following services will be of more use for the satisfaction of emotional and psychological happiness.

- ❖ Organization of picnic and pilgrimage programmes;
- ❖ Counseling services – pre – retirement and post-retirement planning;
- ❖ Religious get-togethers and discourses;
- ❖ Sports and cultural events by the elderly and for the elderly
- ❖ Inter-generational gatherings and programmes.

**b. Other Association Services:** Apart from institutional services there are other services which are equally important for the elderly.

**Pensioners Associations:** Among the elderly the pension holders tend to be formed as pensioners associations. These pensioners associations will cater to the needs of the pension holders and providing necessary information pertaining to pension rules, fixation of pension and other related areas.

**Associations of / for senior citizens:** These associations have striven in providing guidance and entertainment to members to arranging lectures, conferences, seminars and workshops on various aspects of ageing and promoting the welfare schemes to the senior citizens in India.

**Facilitating Associations:** There are some associations which facilitate the various schemes extended for the elderly by the government and nongovernmental organizations. These

associations will find out suitable elderly for such schemes. More over these associations act as a facilitator and whether or not see that the schemes are reaching the right persons.

**Outreach services:** The voluntary organizations may also run outreach services for home-bound older persons such as mobile meals, clinics and libraries, volunteer's visits for help in homemaking and running external errands, an information and referral services. Telephone helplines need to be developed all over the country, to provide information and referral services and for crises intervention.

Many of those support services could be organized on voluntary efforts and with minimum financial implications. But there are certain areas where the Government and Planning Body need to make specific financial allocations and sanctions.

## 18.6 SUMMARY

Ageing is characterised as reduction in functional capacities and structural changes in the body. Spouses and children take care of the elderly partner or parents in the families but as the days passes joint family system has almost slowly faded, brought out challenges in caregiving of old age dependents in the present days. In the perspective of care towards care recipients are not static but going through paradigm shifts. In recent times, as a result of changing circumstances due to demographic transition, rapid pace of industrialization and urbanization, disintegration of joint or extended family structures into nuclear ones the older people have become increasingly vulnerable not only to the physical disabilities but also to social, economic and emotional alienation and isolation. With advancing years, the process of withdrawal from management, the elderly are not given the same respect as they used to get before. They are not shown adequate care and attention by their family members partly due to the limited resources and partly due to growth of "individualism" in modern industrial life. They also suffer with the loss of status and authority. Although non-institutional services should be given a priority over institutional services, the destitute and the houseless, and older persons who are unmarried, childless, those whose children have migrated abroad and those who have only daughters, face the problem of care giving even when they have their own house to stay. Non-institutional services should be given a priority over institutional services. The institutions for older persons should provide for self-fulfillment, health, nutrition and care giving, continuing education, and recreation activities and facilitate death with dignity.

## 18.7 KEY WORDS

Humanitarianism  
Rheumatism  
Institutional Services  
Non-Institutional Services  
Industrialization  
Urbanization  
Disintegration

## 18.8 SELF-ASSESSMENT QUESTIONS

1. Give an account on Institutional and Non-Institutional Services for the elderly?
2. What are the various Institutional and Non-Institutional Services for the elderly in India?

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## LESSON 19

# ROLE OF NON-GOVERNMENTAL ORGANIZATIONS FOR THE WELFARE OF THE ELDERLY

### OBJECTIVES

The Objective of this lesson is to understand the Role of Non-Governmental Organizations for the welfare of the Elderly

### STRUCTURE

- 19.1 Introduction
- 19.2 Voluntary Organizations Services for the Welfare of Aged after Independence
- 19.3 Voluntary Organizations for the service of the aged
- 19.4 Some Other Voluntary Organizations working for the Aged
- 19.5 Formation of Typical Senior Citizens Organizations
- 19.6 Sphere of Activities of Senior Citizen's Organizations
- 19.7 Socially Oriented Programmes
- 19.8 Special Programs on Occasions
- 19.9 Summary
- 19.10 Keywords
- 19.11 Self-Assessment Questions
- 19.12 Reference Books

### 19.1 INTRODUCTION

There are 12 million blind elderly in India. 80% of the aged suffer from cataract-related blindness, which is treatable. About 69 million of the elderly falls in the unorganized sector today and particularly those belonging to the middle income group, the one-third below the poverty line or just above, are exposed to misery. Non-Governmental Organizations help these older persons by income generation and rehabilitation projects.

There are 30 NGOs at local levels. Help Age India has 220 projects among the aged at the National level. There are 130 Day Care Centres by NGOs. There are 855 Old Age Homes in India (Soneja, 2000), Such organizations also have to ensure that an element of ageism does not creep into their works or into the common ideas of the people at large. Ageism is “a process of systematic stereotyping and discrimination against old people because they are old and allows younger generation to see them as different from themselves at times ageism becomes an expedient method by which society promotes viewpoints about the aged in order to relieve itself from responsibility toward them”.

In 1982, CEWA listed 379 agencies working on the aged in India. Their compilation showed that more than half of these agencies were in the southern states and Maharashtra. 13 states and union territories did not have any registered voluntary organizations working for older persons. 86% provided services like day care, recreation, counseling, geriatric care (medical and psychiatric care) and financial assistance. In 1989, the Institute of Ageing at Madras in a monograph entitled ‘Care for Elderly’ listed 329 institutions involved in the care

of the elderly. Only 4 were under the government. 189 were run by Christians, 12 by Hindus, 2 by Muslims, 117 under secular auspices and 5 'other'. 88% were old age homes, 6% provided day care facilities. 15,471 elderly were accommodated in old age homes. In 1992, a handbook by the Association of Senior Citizens listed 665 organizations in India working on the welfare of the aged. These included old age homes, day care centers, pensioners' associations, institutions providing medical help, institutes devoted to research and associations of senior citizens (Shankardass, 2000). In 1995, a directory of Old Age Homes in India published by the Research and Development Division of Help Age India referred to 354 institutions working on the aged in India. A nationwide survey and responses from 256 old age homes showed 12,702 elderly persons residing in them.

Between 1983-84, the government gave grants-in-aid for the welfare of the elderly for the first time. In November 1992, it was made more specific by the Eighth Five-Year Plan which gave grant-in-aid assistance to provide old age homes, day care centers, mobile medicare and non-institutional services for older persons above 60 years to voluntary organizations. In 1995, 212 old aged homes, 31 mobile medicare units, a number of day-care centers set up by voluntary organizations. In 1995, 212 old age homes, 31 mobile medicare units, a number of day care centers set up by voluntary organizations received such assessment but there was no proper monitoring or assessment.

## **19.2 VOLUNTARY ORGANIZATIONS SERVICES FOR THE WELFARE OF AGED AFTER INDEPENDENCE**

After independence, the number of institutions and agencies providing protection to the aged people has considerably increased. As per 1986-87 report, these institutions at that time were catering to the needs of hardly 0.4% of the total number of the aged in the country. There are some voluntary agencies which are established specifically for the sake of old people in India. Of these agencies, Help Age India (1948), Age Care India (1980) are very famous.

### **Help Age India**

It was set up by the Help the Aged of U.K. in 1980. M.M. Sabharwal has been the Chairman of both Help Age India and Help Age International. It started with the school education-cum-fund-raising programme as the major fund raising effort. This became the mainstay of the resource mobilization activity which includes the use of video films, audio-visuals, advertisements, sponsored events and so on.

It is the country's largest voluntary organization with 23 regional offices, getting nominal grants from the central government. It runs on charity funds collected through motivating students and youth organizations, from private and public sectors, and through selling flags and greetings cards. The primary focus is to provide financial support to other voluntary organizations in the welfare of the aged. Research and Development centers also exist, where it trains its personnel in age care. It is accredited to the U.N. and closely associated with Help the Aged, U.K. It is a founder member of Help Age International. It has so far supported 1,600 projects at a cost of Rs. 130 crores. In 1998-99, it supported 190 projects at Rs. 13 crores. Its Mobile Medicare Units (MMUs) enable older people to assume an active role in looking after their own health while encouraging others to do the same. 95 MMUs are at present servicing lakhs of older persons residing in slums, resettlement colonies and adjoining rural areas providing medicines, counseling and health care free of cost. In 1998-1999, Help Age India spent over Rs. 1 crore on MMU project.

**Age Care India – 1980**

Age Care India is a voluntary organization which was founded in 1980 has its head quarters in New Delhi. Its major aims and purposes are as follows:

- i. It intends to help aged persons above 50 years of age through domiciliary, residential and institutional services and provide them education, recreation and social, cultural and spiritual services.
- ii. It arranges for the aged medical service, part time employment to supplement their income and organizes tours trips, pilgrimages, etc.,
- iii. It seeks to arrange for professional consulting services for taxes, duties property, pension and other economic and financial requirements of the aged.
- iv. It intends to conduct research and studies on the problem of the aged.
- v. It aims to create a suitable climate for better understanding and social integration between younger and older generation.

**Various Programmes of the Age Care India**

Age care India organization which is committed to the service of the aged people also conducts some socio-cultural programmes among which the following may be noted.

- i. Organizing library, reading room, resort houses and various recreational programmes.
- ii. Adopting a village to take care of all the aged people of the village.
- iii. Building lowcost houses for the aged widows, widowers, isolated individuals and to make provision for their food, and clothing free of cost
- iv. Arranging mobile medical service and free medical treatment camps for the benefit of the old and especially the diseased.
- v. Creating awareness among the public regarding old age problems and the actual problems of the aged ones through public debates, discussions, speeches, T.V. discussions etc.,

There are some voluntary organizations, which have been working at an All India level to alleviate the problems related to the aged. Some of these are as follows.

**Bharat Pensioners' Samaj**

It has its headquarters in New Delhi and was established in 1960. It functions as a nodal point for pensioners belonging to central and quasi-state government organizations. It highlights the difficulties faced by the aged pensioners and other senior citizens at various forums and strives to solve the grievances of its member by negotiating with appropriate authorities. It holds periodic seminars and conferences to focus on the problems of pensioners and other elderly citizens. The Samaj helps the needy pensioners through a benevolent fund created through contributions from its well-to-do pensioner members. All pensioners are eligible to become members of the organization as per the procedure laid down by the Samaj (Shankardass, 2000).

**Caritas India**

It is a member of CARITAS International. It is the official national level organization of the Catholic Bishops Conference of India. It aims to promote care for the sick, crippled, handicapped, destitute and the aged (Shankardass, 2000).

**The Indian Association of Retired Persons**

Having its head quarters in Bombay, it is funded through membership fees, donations, grants-in-aid from the government and undertakes a variety of programmes for the welfare of retired persons. Organizes regular talks and discussions with the authorities to project the problems faced by retired persons in society. It open its membership to all retired

persons and those who are above 60 years of age. It brings out a quarterly bulletin and has a well-equipped library in Bombay. It is now working on a project for providing socio-medical and financial help to its members (Shankardass, 2000).

### **The Age Well Foundation**

Formally launched on 6<sup>th</sup> April, 1999 at Delhi with support from the Ministry of social Justice and Empowerment, it operates like a club by offering a life membership of Rs. 5000 to an individual or an elderly couple. Children, especially NRIs can sponsor their parents to the club, which is chiefly concerned with the problems of the privileged elderly otherwise lacking organized help. The services arranged for elderly range from legal assistance, financial advice, ambulance service, help with pension problems, property tax notice, wealth/income tax assessment orders, and so on. The foundation levies a fixed tariff on the subscriber, to be billed every month depending on the frequency of use. It runs an employment exchange for older persons, help line, involves elders as volunteers for social work and provides a platform to interact with other fellow senior citizens. The Age well Foundation, while charging costs of professional services, acts as a bridge in helping members access the 'right' sources to alleviate their specific problems (Shankardass, 2000).

## **19.3 VOLUNTARY ORGANIZATIONS FOR THE SERVICE OF THE AGED**

In addition to governmental institutions, several voluntary organizations also undertake various measures to protect the interests of the old people in India. Even before independence, attempts were made to safeguard the interests of the aged by some voluntary organizations. For example,

- ❖ The Friend in Need Society – 1840, (Bangalore) was making attempts to give protection to the aged, the infirm and the orphans.
- ❖ The David Sasson Infirm Asylum – 1865, (Poona) was another attempt made in Poona to provide accommodation and other needed help to the deserted, handicapped and helpless aged persons.

In the beginning of the 20<sup>th</sup> century, a few more such organizations came into being among which mention may be made of

- ❖ Ashakth Ashram – 1912, Surath,
- ❖ Grant Govan Memorial Home Society – 1940, New Delhi, and
- ❖ Seva Sadan – 1940, Lucknow

The speciality of these organizations is that they were not only giving protection to the aged and the orphans, but also giving training in some crafts, skills and home industries in addition to entertainment and medical aid.

- ❖ Yet another organization by name "Aram Ghar" (1910) though in the beginning was run by the Government in Hyderabad, it was later on handed over to the Andhra Pradesh Unit of "Indian Conference of Social Work" in 1957. Such type of 'Aram Ghars' also came to be established in other places such as Punjab, Kerala and Secunderabad.

## **19.4 SOME OTHER VOLUNTARY ORGANIZATIONS WORKING FOR THE AGED**

- i. **Little Sisters of the Poor:** A French based organization opened its first branch in Calcutta in 1882, which later on established 12 more units in the country including the 4 which are found in Karnataka. All these four branches are at the service of the aged.



ii. **Nightingales Medical Trust:** This Organisation which was founded in Bangalore in 1998 intends to provide medical help at the doors of the aged. The trust functions through the following two units or branches.

- ❖ **Nightingales Elders Enrichment Centre – (NEEC):** This branch is in Malleshwaram area of the Bangalore city and it functions like a Day Care Centre for the Aged. Its main purpose is to provide medical service to the aged, that is, to protect their physical as well as mental health.
- ❖ **Elders Helpline 1090:** This has the main purpose of providing immediate assistance to those aged persons who find themselves in sudden distress, with the co-operation of the police department. It runs to rescue those elderly people who contact the organization through “Elders’ helpline – 1090”

The Nightingales Medical Trust is also conducting service activities through its other service projects such as – ‘Nightingales Life Saving Services’, Nightingales Life Savers Club, Nightingales Project for the Urban Poor, and so on.

## 19.5 FORMATION OF TYPICAL SENIOR CITIZENS ORGANIZATIONS

A typical Senior Citizens Organizations takes shape when 5 to 10 people get together initially. To start with they discuss matters of mutual interest. Their number starts growing gradually and then they start inviting somebody, initially to deliver a lecture on health matter and then on other subjects of interest. Gradually they come in contact with other organizations and their activities as well as memberships increase. Word of mouth publicity about the experiences of the members attracts others and motivates them in similar activities.

When more such organizations come up the number starts steadily increasing. Already useful guidebooks are available for ensuring uniform administration of such organizations. In due course of time such organizations should get registered to enable them other privileges under the law. Formation of an apex body for such group of organizations is a need and should be encouraged. The theme should be: Getting together is a good beginning. Staying together is Progress and working together is success.

## 19.6 SPHERE OF ACTIVITIES OF SENIOR CITIZEN’S ORGANIZATIONS

Once the Senior Citizens Organizations Start functioning in regular fashion their activities increase and undergo changes. Initially the activities are restricted for the benefit of their respective members. In due course they undertake programmes for other Senior Citizens in the area of their operations as a social venture. This is again duly mentioned in our scriptures and as per our traditions. Our teaching says “Sharing your Knowledge, Experience, Time and Physical Efforts with others will only enhance them and in addition will bring happiness to you”. The activities could be grouped as shown in succeeding paragraphs.

### **Routine Activities**

These activities are generally restricted for the benefit of their own members. Each member should take an oath of commitment twice a year which can read,

“I-----member of ----- Senior Citizens Organizations hereby solemnly affirm that along with my responsibilities towards my family, I do recognize my Social Responsibilities and I commit that I will regularly make my time, effort and if possible material help, available for the welfare of other Senior Citizens”. Their activities can include the following:-

**Monthly Programs:** They should meet at least twice a month for about two hours each, on pre-decided days of each month. In these meetings following programs may be included, all of which help promote quality of life for the Senior Citizens:

1. Lectures and demonstrations on health matters
2. Cultural programmes
3. Expressions of views by the members
4. Philosophical discourses
5. Discussions on other matters of interest
6. Lectures on other subjects of interest to the elderly
7. Light entertainment, etc

**Social Occasions:** Some relevant days of religious importance and other occasions can be celebrated together, which will promote interactions and help understand each other better.

**Picnics and Outings:** These are essential activities which bring people closer and help them share their likes – dislikes, moments of happiness unhappiness and lead them to find emotional support amongst themselves.

**Annual get – Together:** These are helpful to organize various competitions as well as opportunities to display individual talents and promote confidence amongst members.

**Monthly Bulletins:** This activity helps in many ways. Apart from informing the details of the programs to be held in the coming month and brief on programs held in the previous month. They also can convey a lot of useful information to the members and give them a chance to write articles and express their views. There are many things one may wish to acquire while some want to dispose of some items. This bulletin can be an ideal medium to reach each other in such matters.

## 19.7 SOCIALLY ORIENTED PROGRAMMES

These programmes are meant for everybody, especially for all the elderly residing in the area of operation of the organization and in particular for those whose mobility is hampered and are restricted to their homes or even to their beds. These programmes also provide a platform for interaction between various age groups of the society. These activities could be listed as under:

**Let us Help Each Other:** Under this plan each member is expected to identify an elderly person residing close to his own house, whose mobility is hampered. The member gives half an hour every week to such elderly. Giving just company, enquiring about their health, reading for them, running small errands for them etc. can go a long way making such people feel that they are still a part of the society.

**Counselling Centers:** Maintaining family harmony, financial management, housing needs, making of wills, legal matters and a number of other domestic problems can be solved if a trust-worthy counselor is available from amongst the members. Suitably qualified members themselves, or a great trained for this purpose.

**Day Care Centers for the Elderly:** A place where the elderly can spend the time of the day, indulging in the activity of their choice, just like a crèche for children, particularly useful for the elderly whose movements are restricted, who can be dropped in the center by their relatives. For those with smaller living spaces and those where all the young in the house are busy, these can be a very useful facility. The elderly can get the company of their age group and the younger generations get the necessary freedom. Each Senior Citizens Organization can run it on a voluntary basis provided they have premises for this purpose. Local governments can help out in this matter. The facilities at the centers can be increased in

phases. These are better suited than the Senior Citizens Homes and also help to preserve family system.

**Medical Equipment Centers for Patients:** These can be provided at the selected hospitals and medical stores in the area of operation. The medical equipments required for short durations during illness can be made available at short durations during illness can be made available at negligible rents. This can help many to even avoid hospitalization, crutches, walkers, water/air beds, portable oxygen equipment etc., can be made available under this scheme.

**Volunteer Support Groups:** This group of member volunteers can identify those elderly who are staying alone or with their spouses in the area of their operation and offer them support, round the clock, to deal with any eventualities they are not in a position to handle. For this purpose a proper record can be maintained and contact phone numbers can be exchanged.

**Consumer Awareness Center:** Senior Citizens. Living in the area of operations at times can be victims of losing their dues on account of ignorance. Such center run by volunteer members can bring relief in such matters.

**Senior Citizens' Forum:** This activity can provide a suitable platform for interaction between various age groups of the society, discussions on matters of concern, of social interest, and on many other aspects affecting the welfare of the senior citizens by organizing open dialogue with the local government authorities.

**Money Earning Activities:** These include cooperative ventures like Grocery Shop etc., Technical Consultancy Services, Part time Work Services, Holistic Therapy centers run by trained members, Publication of Information brochures / maps etc.

**Adoption of Slum Areas:** A slum area in the area of operation can be adopted to organize support services for the Senior Citizens Residing there. This can go a long way in ensuring social harmony in addition to bringing relief to the Senior Citizens.

**Participation in Governance:** The organization can give a helping hand to the local authorities including the police department. Some of those who cannot put in physical effort can take up pen and express their appreciations as well as concerns through the medium of news papers, magazines and with government authorities. Some can organize peaceful demonstrations to highlight concerns of public interest.

**Publication of Annual Special Issues:** An annual special issue can include information on vital issues for the elderly. Such issues can be retained for reference. They can cover subjects like hobbies, health, local who's who, area, map and such material can be of use for the general public as well. This can also be a source for finance.

**Promote Community Living:** To overcome housing problems as well as financial strains for those who are staying alone or with their spouses, one way could be to share an apartment by like-minded people. Two or more couples can pool their resources and can stay together. This can also help to support each other physically and mentally. Senior Citizens Organizations Can offer an opportunity for the likeminded people to come in close contact with each other.

## 19.8 SPECIAL PROGRAMS ON OCCASIONS

These programs can be undertaken from time to time for the benefit of the members as well as others concerned and may include following.

**Health Camps:** These can be organized from time to time for carrying out medical checkups; specific therapy Routines; eye and other operations which can be conducted as OPD procedures; teaching yoga, meditation and for philosophical discourses and similar other activities.

**Workshops:** These can include imparting training of Senior Citizens Volunteers in counseling techniques; holistic therapy techniques like acupressure & reiki etc.; computer training; Yoga; pranayam; medication etc.,

**Seminars and Conferences:** Organizing such activities helps in many ways to help improve the quality of life as one learns about new ideas, methods and procedures. The subjects chosen should include health, family integration, social harmony, culture and knowledge. It is essential to circulate technical reports based on the seminars and conferences conducted.

**Research Projects on Gerontology and Geriatrics:** Need based surveys to generate data base and identify critical areas for taking up suitable programs to improve the quality of life are essential. Apex bodies having suitable advisory capacity like Academy of Senior Citizens Organizations Center for Gerontology and Elderly Medicine can be of great help to undertake such studies.

**Provision of Human Resource:** When ever need arises volunteers or technically qualified man power can be made available to assist scholars in such projects.

**Awareness Drives:** from time to time awareness and promotion drives can be undertaken to promote the cause of Senior Citizens For this purpose use of all media instruments can be made. It is also necessary to make the following generation aware of the need to plan for retirement.

#### **Apex Bodies of Senior Citizens' Organizations**

It is essential to have apex bodies of Senior Citizens Organizations For ensuring coordination of activities and to act as a link between the government at respective levels and the Senior Citizens in particular. These apex bodies should be ideally at city/town, district, state and national levels. These bodies can also be considered as pressure groups on behalf of the Senior Citizens. Their activities can be listed as the occasion arises:

- ❖ Create unity amongst Senior Citizens Organizations By organizing suitable programs for exchange of experience, sharing of resources, etc.
- ❖ Coordination of activities at all such organizations.
- ❖ Undertake research projects in geriatrics and gerontology.
- ❖ Suggest subjects for study circles, lectures, seminars, etc.
- ❖ Generate and publish literature promoting the cause of the elderly.
- ❖ Establish communication with dealing offices at all levels of governance and project and pursue points concerning the Senior Citizens.
- ❖ Establishing links with the Industry and Commerce establishments to examine the opportunities for second careers for the needy Senior Citizens As well as explore help in establishing day care centers for the elderly in selected areas.
- ❖ Create shadow cabinets and help the governance by making productive suggestions at respective levels particularly in implementation of the 'Action Plan on Ageing'.

### **19.9 SUMMARY**

There are 12 million blind elderly in India. 80% of the aged suffer from cataract-related blindness, which is treatable. About 69 million of the elderly falls in the unorganized sector today and particularly those belonging to the middle income group, the one-third below the poverty line or just above, are exposed to misery. Non-Governmental Organizations help these older persons by income generation and rehabilitation projects. A typical Senior Citizens Organizations takes shape when 5 to 10 people get together initially. To start with they discuss matters of mutual interest. Their number starts growing gradually and then they start inviting somebody, initially to deliver a lecture on health matter and then on other subjects of interest. There are 30 NGOs at local levels. Help Age India has 220 projects among the aged at the National level. After independence, the number of institutions

and agencies providing protection to the aged people has considerably increased. As per 1986-87 report, these institutions at that time were catering to the needs of hardly 0.4% of the total number of the aged in the country. There are some voluntary agencies which are established specifically for the sake of old people in India. Of these agencies, Help Age India (1948), Age Care India (1980) are very famous. In addition to governmental institutions, several voluntary organizations also undertake various measures to protect the interests of the old people in India. Even before independence, attempts were made to safeguard the interests of the aged by some voluntary organizations. Initially the activities are restricted for the benefit of their respective members. In due course they undertake programmes for other Senior Citizens in the area of their operations as a social venture. In addition to governmental institutions, several voluntary organizations also undertake various measures to protect the interests of the old people in India. Even before independence, attempts were made to safeguard the interests of the aged by some voluntary organizations. The programmes are meant for everybody, especially for all the elderly residing in the area of operation of the organization and in particular for those whose mobility is hampered and are restricted to their homes or even to their beds. These programmes also provide a platform for interaction between various age groups of the society. It is essential to have apex bodies of Senior Citizens Organizations For ensuring coordination of activities and to act as a link between the government at respective levels and the Senior Citizens in particular. These apex bodies should be ideally at city/town, district, state and national levels. These bodies can also be considered as pressure groups on behalf of the Senior Citizens.

#### **19.10 KEYWORDS**

Voluntary Organizations  
Recreation  
Counseling  
Geriatric care  
Psychiatric care

#### **19.11 SELF ASSESSMENT QUESTIONS**

1. Explain the role of Voluntary Organizations for the Welfare of Aged People?
2. Discuss various Voluntary Organizations working for Elderly?

#### **19.12 REFERENCE BOOKS**

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## **LESSON 20**

# **PROFESSIONAL SOCIAL WORK PRACTICE IN THE FIELD OF GERONTOLOGY**

### **OBJECTIVES**

The main Objective of this lesson is to understand the Professional Social Work Practice in the field of Gerontology.

### **STRUCTURE**

- 20.1 Introduction
- 20.2 Concept of Ageing
- 20.3 Some Contributions of Gerontology
- 20.4 Scope and Challenges in Gerontology to Practice
- 20.5 Social Work Practice Under Gerontological Social Work
- 20.6 Guiding Principles of Gerontological Social Work
- 20.7 Summary
- 20.8 Key Words
- 20.9 Self-Assessment Questions
- 20.10 Reference Books

### **20.1 INTRODUCTION**

The term gerontology is derived from the Greek word “geras” meaning “old age” and ‘logos’ referring to the study of the subject. The term gerontology is very broad and encompasses the psychological, socio-economic and physiological aspects of old age. Social gerontology is concerned with reciprocal relationship between the individual and society. Gerontology, the study of ageing, has become a major focus of attention in science and the professions. With increasing life expectancy and falling birth rates, population are getting older. Indian culture, like many other Asian cultures, emphasized filial piety. Parents were to be honored as gods. It was considered the duty of a son to respect and care for his parents. During 2000 B.C, Manu the first law giver spoke about the responsibilities of society towards the old. Dramatic increase in longevity has resulted in ‘greying’ of communities the world over. In practically every country, the proportion of the elderly is steadily increasing. Another suggestion is the introduction of this topic in the methods papers, namely, casework, group work and community organization, both at PG and UG levels, with emphasis on knowledge and skill development in the areas of interviewing, counselling and advice, with special reference to elderly. There is a great need to establish Gerontological Social Work as a Specialisation in Social Work for thorough understanding the living arrangements, needs, negative attitudes towards aged and problems of elderly in Social Work perspective so as to enable to find out the ways to solve the problems of aged and maintain the healthy ageing. These five scopes of gerontology can simply be referred to as multidisciplinary. This is so because there are a number of sub-fields in it, as well as psychology and sociology. The field of gerontology is relatively a late developed field of study. Gerontological social workers must develop more than an informed layman understands of the elderly process and its physical, psychological and sociological concomitants, if they have to make to mark in the care of the rural elderly.

Keeping the above aspects in view there is a great need to introduce Gerontological Social Work as a Specialization in Social Work subsequently can contribute in the area of gerontology as it is considered to be multi-disciplinary, drawing on the best science from a number of fields. Social workers in the role of social actionists play an important part in creating awareness, enactment of legislation and formulation of social policy for the elderly.

## 20.2 CONCEPT OF AGEING

According to Comfort (1956) considers ageing as a change in behavior of organism which comes about with the increase in chronological age and leads to decrease in adjustments in fitness and also for the survival. The term ageing or aged is difficult to define. Researchers define on the basis of biological and physiological, psychological, sociological, and chronological characteristics. As in the ideas of Emoted in Simon Behavior (1972), American gerontologist Lassoing, defines old age as a process of unfavorable, progressive change, usually correlated the passing of time becoming apparent after maturity and terminating invariably in the death of the individual.

According to Tibbitis (1954.P.279), ageing is defined as the survival of a growing number of people who have completed the traditional adult roles of making living and child bearing.

As per Neugarten (1982, PP: 323-331), Ageing is a pattern of changes in the structure and functioning of the body, and the adjustment of the person. Old age is characterized by in security, poor health, loneliness, depression, rigid attitudes and feeling physical and mental powers. It is not easy to define old age in a manner acceptable to all. The idea of being old has an individual as well as a group connotation. The individual may judge himself as old enough, or not, for certain tasks, roles or relationships. The reflections are his own state of mind. The Society may have its own state of mind. The society may have its own criterion of oldness and make it known to the members through various institutional and normative patterns.

In the ideas of Becker (1959, PP. 9-10) holds that there are two types of approaches to the problem of ageing, the endogenous and exogenous. The endogenous school believes that tissue factor gradually reduces cellular function and resistance to a point where one or more diseases over whatever the individual leading to death. Old age is not an accepted cause of death. But in those cases where the pathologists find no diseases, it is presumed that cellular function and efficiency have decreased to a point where they are unable to sustain life. According to Crandall (1980) says that the ageing process is very slow and gradual. Individuals are not socially defined as aged until ageing process produces noticeable effects such as holding, gray hair, wearing bifocals etc. It is nothing but death from old age by itself.

## 20.3 SOME CONTRIBUTIONS OF GERONTOLOGY

The advent of the scientific era in the seventeenth century changed these earlier traditions and pushed to the foreground the systematic observation of the old as the basis of gerontology.

Outlet (1835) was the first gerontologist in the present day sense of the term. Francis Galton was the next important investigator in this field. He demonstrated how human

characteristics showed differences with age. After him, many began to study aging more elaborately.

Hall (1922) studied the religious beliefs, and fear of death, of old people. He found that people did not necessarily show an increase in religious interests or in the fear of death as they grew older.

Osler (1920) discovered that aging was closely related to the state of blood vessels in the body. According to him, age changes in brain are a result of the hardening of the arteries. Pavlov(1928) found that conditioning in old animals was different from conditioning in young ones, and that the responses of the old showed a different course of extinction.

#### **20.4 SCOPE AND CHALLENGES IN GERONTOLOGY TO PRACTICE**

Increasing the capacity of the social work schools and departments to train social work students in the field of ageing. Social work students are exposing to the range of programs and services within the country in field of gerontology. Social work students are exposing to the current and emerging policy issues of elderly which affects the service systems. Social work students are providing opportunities to develop the skill and knowledge for working older persons. To work with the elderly, one must have compassion and practice.

There are various social work skills which are based on academically and professionally knowledge for working with the elderly that must be obtained new facts which is helpful for social work profession. Social workers play important role in the field of gerontology. Social worker must be knowledgeable about unique legislation, policies making and organizing social programs which affect the life of older adults and promotes healthy life of elderly. In addition, they must be knowledgeable about the aging process and the issues which are related to older adult. Caregivers of older adult are face adept at accessing resources for clients and strong advocates who champion their rights.

These five scopes of gerontology can simply be referred to as multidisciplinary. This is so because there are a number of sub-fields in it, as well as psychology and sociology. The field of gerontology is relatively a late developed field of study. This simply means it is a recent field of study. This made it possible for it to lack structural and institutional support required. However, the huge increase in the elderly population in the post industrial western nations made gerontology to become most rapidly growing field of study. Currently, gerontology is a well paid field for many all over the world.

**Branches of Gerontology:** the following are the branches of gerontology which are embedded in its scope discussed above.

**Bio-gerontology:** This is a sub-field of gerontology that studies the biological process of ageing. It is composed of the interdisciplinary research on biological ageing, causes, effects and mechanisms in order to better understand human senescence. Some biogerontologists like Leonard Hayflick, have worked to show that aging is a biological process which we are far from controlling. They are also known as conservative biogerontologists. They have predicted that the life expectancy figures will peak at about the age of 85 (88 for females and 52 for males). Although this figures are not static. They may continue to rise or decrease.



**Biomedical gerontology:** This is also known as experimental gerontology or life extension. Life extension is a sub discipline of biogerontology that endeavours to slow, prevent and even reverse ageing in both humans and animals by curing age-related diseases and showing the underlying processes of ageing. Some biogerontologists are at intermediate position, emphasizing the studying of the ageing process as a means of mitigating ageing – associated diseases. They claim that maximum life cannot be altered.

**Medical gerontology:** This branch of gerontology studies the biological causes and effects of ageing, medical and biogerontology are considered by many scientists to be the most important frontier in ageing research (Gracia 2010).

**Social gerontology:** This is a multidisciplinary sub-field of gerontology that specializes on studying and working with older adults. Social gerontologists are responsible for educating, researching and advancing the broader causes of ageing in older adults by giving informative presentations, publishing books and articles that concerns the ageing population, producing relevant films and television programmes and producing new graduates in colleges and universities.

## 20.5 SOCIAL WORK PRACTICE UNDER GERONTOLOGICAL SOCIAL WORK

Social work can contribute in the area of gerontology as it is considered to be multi-disciplinary, drawing on the best science from a number of fields. The knowledge base in the field of ageing is growing very rapidly. Social work with ageing requires four major areas of knowledge that have particular relevance for social work practice under Gerontological Social Work with elderly.

1. Biological, physiological and medical-information about the ageing process and changes that effect physical and social functioning.
2. Psychological, cognitive, affective and behavioral learning patterns and theories of personality.
3. Sociological – positions and roles of elderly persons, changes both in society contexts and relationships with family and peers.
4. Economic- the decreasing income of older people and change in purchasing power are related, that affect the elderly.

## 20.6 GUIDING PRINCIPLES OF GERONTOLOGICAL SOCIAL WORK

The United Nations Principles for Older Persons are organized in five clusters:

- ❖ Independence
- ❖ Participation
- ❖ Care
- ❖ Self-fulfillment
- ❖ Dignity

The Government may draw from them and develop the following guiding principles: to guide the National Policy for the Well-Being of older persons, in order to counter their marginalization and ensure their well-being. These guiding principles are also very useful to gerontological social work practice.

### **Positive Perception of Older Persons:**

Old age is developmental phase and not a disease or a problem. The needs of the older persons generally vary from the young-old (61-70), to the old-old (71-80), to the very old (81+). Most of the young-old are productive in the informal sector and often the care givers of their grandchildren or their very old parents. Most of the old-old are capable of being useful to the society. They are human resources and not dependent liabilities. Their capabilities need to be constructively utilized for their well-being and that of the society. Age related discrimination needs to be prevented in education and employment. The strategies of reemployment, flexible work, second career, and so on, need attention.

**Need for Outreach to Vulnerable Older Persons:**

The vulnerable among the older persons are the non-productive very old, the disabled and the terminally ill, who are dependent on others for care; the landless and migrant; and the single, the destitute and the institutionalized. Voluntary organizations should have outreach programmes for the vulnerable older persons, especially the women, who may not be aware of or cannot access the organizations.

**Rights of Older Persons:**

The older persons have a right to meet their basic needs of self-fulfillment, health and nutrition: work and financial security; property and housing; continuing education; recreation and mobility; family and community awareness and interaction; protection from neglect, violence and destitution; and death with dignity.

**Family and community as Natural Systems:**

Family and community are the natural support systems of the older persons, which need to be strengthened. The non-institutional services should, therefore, be given priority over the institutional services.

**Sensitivity to the Background of Older Persons:**

The programmes for older persons should be planned depending upon the composition of the group with reference to sex, marital and family status, urban/rural context, literacy and education, organized/unorganized source of livelihood, religion and so on.

**Barrier-Free Environment:**

The planning of the physical structures such as public transport, government buildings, market, banks, voluntary organizations and the fixtures and the furniture within, should be barrier-free to facilitate mobility of older persons.

**Participatory Approach:**

The voluntary organizations should follow the principle of participatory approach by involving the young old and the old-old, according to their interest, in the planning, monitoring and evaluation of the policies and programmes for them.

The social work profession has its methods of treatment such as casework, group work, community organization and social action. These methods are used according to the needs of elderly and are guided by agency policies, social work services are offered through voluntary, bureaucratic or religious organizations. The policies are framed by these organizations and services are offered as per the guiding philosophies of the organizations.

Case work is very important method of social work used in old age institution. Old people need constant emotional support. Helping them to keep contact with their relatives and friends helps them to have a proper mental health. Case work techniques to clarification,

reflection re-assurance are very useful. Individuals with lazy habits or quarrelsome nature need use of confrontation techniques to keep the group life in institutions various group work techniques are used.

It would be now necessary to see what social work profession can offer to the community of the aged. The central goal of social work has been to enable people to improve their social functioning, that is to carry out their social roles in a way that is consistent with their ego capacity. A major force has been on socially assisting people to cope with life situations and conditions which present difficulties; social work tries to help individuals, groups or communities to balance between the needs and demands of environment.

Social work has a wide range from social reforms to individual help. It covers large variety of services as well as policy formulation, treatment of disturbed relationship among people, financial help through assistance or income generation activity, support during crisis and stress situation. From persons or groups malfunctioning the social work process helps them to attain optimal functioning. One of the central values/premises which has been consistently accepted and supported by the social work profession is that each person is a unique individual with an inherent dignity which is to be respected. The principle of client self determination derives from the belief in the innate dignity of the people. There is also a belief that there could be several alternatives.

An important role that social work profession can play is social advocacy role. There is a need to review life insurance schemes. It is very heartwarming that the government has introduced a policy with very nominal premium for the poor elderly. This kind of schemes will go a long way in helping, the elderly from poor sections. The profession of social work can play advocacy role to implement it all over India. People should be given large income tax benefits and they create fund for their own old age.

Another important role to motivate the large temple trusts to devote some portion of their incomes for the services for elderly. The association of trained Social Workers, or the Association of Schools of Social Work can play very important role in this one.

### **CARING FOR THE AGEING: IMPLICATIONS FOR GERONTOLOGICAL SOCIAL WORK:**

There is a population trend that is unprecedented in the history of humankind. Dramatic increase in longevity has resulted in 'greying' of communities the world over. In practically every country, the proportion of the elderly is steadily increasing. On an average one million people cross the threshold of 60 every month around the globe (Banks, 1997). This may be viewed as a triumph of modern science and medicine. There is another side to this longevity that causes concern. Does increased life span mean more chronic and disabling diseases? Are our societies prepared to support a large number of old people well into very old age? With birth rates declining all over the world, will there be enough young people to support a growing dependent segment of the population? How will the increased urbanization of our societies and nucleation of families affect the living arrangements of the elderly? Who will provide long term care to frail, disabled elderly in the future families which are likely to be small and the womenfolk will be gainfully employed outside the home? What type of quality of life can one expect when 60 years old persons are forced to provide care to the very old (above 80 years) family members? Many such nagging questions sour the otherwise good tidings of increased life span of humans in the century.

Ageing involves physical, psychological, changes that alter a person's capacity to care for one self effectively. Social changes in terms of change in marital status and retirement lead to change in status and authority of the person and bring about economic dependence. Failing health, poor functional capacity, widowhood, erosion of prestige and authority in the family, relocation, children living home, death of elders and peers, and cultural devaluation work together to reduce the sense of well being in old age. In South East Regions, including India, ageing is an emerging health problem. For India, there was a rise in life expectancy from 1983 to 1994 of about 8 years for male and 10 years for female. Based on UN sources, Yong (1996) reports arthritis, high blood pressure, foot problems, heart diseases and stomach ulcers as common illnesses in this region. As compared to developed countries in the region reported illness among the elderly is much higher and utilization of health services is considerably lower. Programmes of health care of elderly is young compared to other countries. Indian studies show considerable morbidity in the ageing population (Prakash 1997). Khetrapal, Soneja and Vinod Kumar (1996) report cognitive impairment in 20.60% of those above 80 years which is a dramatic increase from about 4.85% in the 70-79 year group. Alzheimer's disease a major debilitating illness is seen to affected 2 to 3% of those above the age of 65 years (Rajkumar, Samule & Sahabdee, 1996). These raise the question "Have we added life to years?"

### **Scope and Challenges in Gerontology to Practice**

Increasing the capacity of the social work schools and departments to train social work students in the field of ageing. Social work students are exposing to the range of programs and services within the country in field of gerontology. Social work students are exposing to the current and emerging policy issues of elderly which affects the service systems. Social work students are providing opportunities to develop the skill and knowledge for working older persons. To work with the elderly, one must have compassion and practice. There are various social work skills which are based on academically and professionally knowledge for working with the elderly that must be obtained new facts which is helpful for social work profession. Social workers play important role in the field of gerontology. Social worker must be knowledgeable about unique legislation, policies making and organizing social programs which affect the life of older adults and promotes healthy life of elderly. In addition, they must be knowledgeable about the aging process and the issues which are related to older adult. Caregivers of older adult are face adept at accessing resources for clients and strong advocates who champion their rights.

These five scopes of gerontology can simply be referred to as multidisciplinary. This is so because there are a number of sub-fields in it, as well as psychology and sociology. The field of gerontology is relatively a late developed field of study. This simply means it is a recent field of study. This made it possible for it to lack structural and institutional support required. However, the huge increase in the elderly population in the post industrial western nations made gerontology to become most rapidly growing field of study. Currently, gerontology is a well paid field for many all over the world.

**Branches of Gerontology:** the following are the branches of gerontology which are embedded in its scope discussed above.

**Bio-gerontology:** This is a sub-field of gerontology that studies the biological process of ageing. It is composed of the interdisciplinary research on biological ageing, causes, effects and mechanisms in order to better understand human senescence. Some biogerontologists like Leonard Hayflick, have worked to show that aging is a biological process which we are far

from controlling. They are also known as conservative biogerontologists. They have predicted that the life expectancy figures will peak at about the age of 85 (88 for females and 52 for males). Although this figures are not static. They may continue to rise or decrease.

**Biomedical gerontology:** This is also known as experimental gerontology or life extension. Life extension is a sub discipline of biogerontology that endeavours to slow, prevent and even reverse ageing in both humans and animals by curing age-related diseases and showing the underlying processes of ageing. Some biogerontologists are at intermediate position, emphasizing the studying of the ageing process as a means of mitigating ageing – associated diseases. They claim that maximum life cannot be altered.

**Medical gerontology:** This branch of gerontology studies the biological causes and effects of ageing, medical and biogerontology are considered by many scientists to be the most important frontier in ageing research (Gracia 2010).

**Social gerontology:** This is a multidisciplinary sub-field of gerontology that specializes on studying and working with older adults. Social gerontologists are responsible for educating, researching and advancing the broader causes of ageing in older adults by giving informative presentations, publishing books and articles that concerns the ageing population, producing relevant films and television programmes and producing new graduates in colleges and universities.

## 20.7 SUMMARY

The term gerontology is derived for the Greek word “geras” meaning “old age” and ‘logos’ referring to the study of the subject. The term gerontology is very broad and encompasses the psychological, socio-economic and physiological aspects of old age. Thus, Gerontology is the scientific study of the old. Gerontology remains a very young science even today. Like other new sciences, its main preoccupation continues to be simple description. Theories and well worked out tools of investigation are still few in this area. A researcher has to develop his own tools for measuring the different aspects of aging and the impact of aging on practical living. Guiding Principles of Gerontological Social Work: The United Nations Principles for Older Persons are organized in five clusters: Independence, Participation, Care, Self-fulfillment, Dignity. The Government may draw from them and develop the following guiding principles: to guide the National Policy for the Well-Being of older persons, in order to counter their marginalization and ensure their well-being. These guiding principles are also very useful to gerontological social work practice. An important role that social work profession can play is social advocacy role. There is a need to review life insurance schemes. It is very heartwarming that the government has introduced a policy with very nominal premium for the poor elderly.

An important role that social work profession can play is social advocacy role. There is a need to review life insurance schemes. It is very heartwarming that the government has introduced a policy with very nominal premium for the poor elderly. This kind of schemes will go a long way in helping, the elderly from poor sections. The profession of social work can play advocacy role to implement it all over India. People should be given large income tax benefits and they create fund for their own old age. Another important role to motivate the large temple trusts to devote some portion of their incomes for the services for elderly. The association of trained Social Workers, or the Association of Schools of Social Work can play very important role in this one.

**20.8 KEY WORDS**

1. Professional Practice
2. Gerontology
3. Family Counselling
4. Advocacy Role.

**20.9 SELF ASSESSMENT QUESTIONS**

1. What is the Need and Importance of Gerontological Social Work in India?
2. Discuss the Scope and Social Work Practice in the Problems of Elderly?

**20.10 REFERENCE BOOKS**

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MODEL PAPER  
M.A. DEGREE EXAMINATION  
Fourth Semester  
Social Work  
Gerontological Social Work

Time: Three hours

Maximum: 70 marks

Answer any FIVE questions.  
All questions carry equal marks.

1. Define ageing, explain the concept and importance of Gerontology.
2. Discuss the ageing trends in India.
3. Explain the importance of engagement theory and disengagement there in gerontology.
4. Discuss the activity theory of gerontological social work.
5. Explain the psychological problem of elderly in India.
6. Discuss the causes and consequences of elderly abuse.
7. Explain the welfare and protection laws of elderly in India.
8. Discuss about social security and pensions for elderly in Andhra Pradesh.
9. Explain the legislative provisions for the welfare of elderly in India.
10. Discuss the role of NGOs for the welfare of the elderly in India.