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ELDER CARE SERVICES IN INDIA – EXPECTATIONS AND DISAPPOINTMENT

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INTRODUCTION

The mental health status and living conditions of senior citizens in general is in a deteriorating condition and so senior citizens are a vulnerable population which requires social support and policy initiatives. Senior citizens are exploited, dehumanized, deserted, discriminated not only at home even in public spaces. This being the general conditions of the elderly the status of women senior citizens calls for specific attention and treatment. As per UNESCO the 60 + population will double itself by 2025. There will be more elderly people than the young population around that time. In India the population of the elderly was 2 crores in the year 1951 which rose to 7.2 crores in 2001. 8% to 10 % of the total population is above 60 years. It is likely to cross above 18% by 2025. The U.N general assembly observed 1999 as the international year of elderly/ older persons, and dedicated 1st October every year as the international day for elderly/ older persons. The U.N general assembly on December 16, 1991 adopted 18 principles which are organized in to 5 clusters namely Independence, Participation, care, self fulfillment and dignity of the older persons. In India there is constitutional protection mechanism guaranteed by Articles 37, 41, and 42. There is legal protection under the Personal Laws.

China which is a most populous in the world has 1.28 Billion home to one fourth of the total world population, has 126 million aged. 10% of its population is above 60+. The average life expectancy for Chinese females is 73 years. The elderly women tend to live longer than males by 4 years. 51.8 % of the population is elderly in china. The elderly have to worry about their welfare in China. There is not a well functioning social security net work. China launched its old Age Pension and Insurance system for retirees in 1951 within its "iron rice bowl "system but coverage was limited to those employed in government institutions. In 1990 the U.N estimated 282 million old people in the world. 206 million aged in developed nations. Additionally the U.N predicts that the population of the elderly will grow 300 per cent by the first quarter of the 21st century and those countries such as India and China will approach the demographic pyramid of more developed countries, with an increase in the population of elderly persons. The reversal of the current trends means a dwindling number of younger people will be responsible for supporting the growing number of the elders. Moreover, as the demographic pyramid begins to resemble that of developed nations, there will be more women than men in the population.

In 1990 there were 76 million aged in India, which was 7% of the total population. The elderly population is often divided in to
The young aged – 60 – 69.
The old aged 70 +
In India there are more men in every age group except the old aged.

THE HEALTH CONCERNS OF THE AGED

According to WHO, health is complete state of physical, social, mental and spiritual well being and not merely the absence of disease or infirmity. Mental health is thus a balanced development of the individual's personality and emotional attitudes which enable him live harmoniously with his fellow-men. Mental health is not exclusively a matter of relation between persons; it is also a matter of relation of the individual towards the community he lives in, towards the society of which the community is a part, and towards the social institutions which for a large part guide his life, determine his way of living, working, leisure, and the way he earns and spends his money, the way he sees happiness, stability and security. (park and park: community health and social medicine) When we apply this definition to check the health status of the elderly they lack comprehensive health in most situations. The elders are not able to make their own choices with regard to health care, financial matters, family activities and a host of other things.

Elder abuse is affecting their health. This manifests itself in the form of physical abuse, psychological and emotional abuse, financial abuse, sexual abuse, neglect, neighborhood abuse and domestic violence take its toll on the health of the elderly populations.

Elder abuse is caused by care - givers in the long standing relationships in residential and institutional care. Abuse takes many forms but psychological distress is a feature of it. The abused person experiences hopelessness, fear, anxiety, insecurity and loss of self respect, injury, forcible feeding, the withholding or overdosing of medications and confinement to bed. Psychological and emotional abuse is shown by shouting, harsh language, threats, ridicule, swearing, ignoring, rejecting and isolating. Financial abuse is made by stealing or exploitation of property, values and assets, misappropriation of pension and

bank pass book and denying money for personal use. Neglect of care is done by abandonment, starvation, preventing and disenabling access to public health services and neglect of hygiene routines. Neighborhood abuse is expressed by harassment and scapegoating. Sexual abuse is occurring by assault, rape, and coercion in to sexual activity without consent. Domestic violence and long standing dispute at home also affects the health of the elderly. (Decalmer and F. Glendening ed. 1993. The mistreatment of the elderly people, London, sage publishers.).

The causes of abuse are various. Ageist attitudes disempowering old people , and physical and or mental disability may result in loss of self respect and render the person vulnerable to abuse. Abuse may be spontaneous response to a stressful situation or may arise from long standing difficult domestic interactions. Sons and daughters may resent caring for a formerly dominant parent and retaliate for past sufferings.

Carers may be sadistic, gaining pleasure from abuse- something may be seen in both domestic and institutional environments. Carers may feel it as an unending burden, exacerbated by social isolation, loss of control and resultant depression. Carers may be angry and frustrated at the high levels of dependence. They may experience revulsion at the person soiling, vomiting, or eating rubbish. Anxiety arises if the elderly exhibits bizarre behavior because of dementia.

ELDERLY MENTALLY INFIRM

These are people who because of mental impairment experience forgetfulness, disorientation, loss of speech and understanding, and an inability to recognize the significant others. Social behavior may be disturbed and show itself in verbal abuse, aggression and wandering. Physical activities such as toileting, dressing, and walking are difficult.

PROTECTION OF SENIOR CITIZENS IN INDIA

- National policy for older persons was created on 13, 1999.
- This ensures pension fund for the senior citizens.
- Construction of Old Age Homes.
- Resource Centers for Senior Citizens for 3 to 4 districts.
- Re -Employment Bureau.
- Age well foundation.
- These are provided by the Ministry of social justice and empowerment.

According to section 88-B and 88 DDB of Income Tax Act, discount is available for the elderly. The former prime Minister of India Mr. Atal Behari Vajpayee initiated the Annapurna Yojna that provides 10 kilos of Grains to the elderly population. 10% of the housing projects is to be allocated for the urban and poor aged population. The government had enacted The Maintenance and Welfare of Parents and Senior citizens Act in the year 2007.

STATEMENT OF THE PROBLEM

Every eight seconds a baby boomer turns 60 in the world. By 2015, nearly 15% of our population will be over 65 years of age. Healthy living is an issue for the elderly population all over the world. Mental health is another area of concern where much is taken for granted and assumed to be to the dismay of the elderly without any qualms of conscience by the civil society organizations, governments and the general public as well. Un healthy ageing is a risk factor geriatric mental disorders. Bipolar disorder (BD) is a major geriatric mental health problem that affects about 1% of the population and causes severe neuropsychological impairments and is implicated in functional impairments. We need to understand biology of aging properly to dispel misunderstanding. Biological changes during aging include neuropeptide (involved in memory and emotion), calcium balance, harmones like oxytocin, neural networks, mental homeostasis, and related gene expression changes.

Depression is a common neuropsychiatric symptom in neurodegenerative disorders. However, it is not clear whether changes in neurotransmitter activities lead to a specific profile of depressive symptoms in neurodegenerative disorder and further obscure on how it differs from in depressed patients without neurodegenerative disorder. Nutrition plays an important role in health and it seems to be one of the major players of successful aging. Adequate nutrition has a significant role in healthy life style and contributes for good mental functioning. However malnutrition makes susceptible for diseases. As on present Recommended Dietary Allowance (RDA) is a guideline to compute the needs of healthy elderly populations. However, there is not enough research done on diet and genetic health and mental illness. Food for elderly needs to be rich in complex carbohydrates sources, fruits, vegetables with fiber antioxidants, essential fatty acids.

Ageism is a prejudicial approach towards people that implies inferiority on the basis of age. Ageism generally refers to discriminatory behavior towards older persons containing erroneous beliefs about a lessening of competencies and worth in them. It encompasses a set of attitudes that assume and maintain powerlessness in old people. It is used to re arranging of power relationships between people who are young and old, which results in older people being alienated by other social groups. Ageism is apparent in the splitting of images of older people, considers them as economic burden and unproductive persons.

Quality of life of the elderly is another concern in present context. The world health organization has defined quality of life as the " individual's perception of his or her positions in life, within the cultural context and value system he or she lives in, and in relation to his or her goals, expectations, parameters and social relations. The term is used in a wide range of contexts, including the international development, health care, and political science. It's affected by the person's physical health, psychological state, level of independence, social relationships and their relationships to their social environment.

In India there are more men in every age group except the aged. Marital status of the elderly women determines her physical, financial, and emotional care. Elderly women are more likely to be widowed than elderly men, 65 per cent of elderly women are widows. Demographic and economic changes however begin to eat away at the foundations of traditional systems as elsewhere in India. The elderly are no longer seen as repositories of wisdom and they no longer have powers to make life decisions for their children and grand children concerning marriage, education, and future occupation. Loyalty of children to parents is lacking.

Modernization and better education had changed the role of women. Urbanization had destroyed the concept of extended family. Urbanization brings additional environmental health challenges besides changes in diet and physical activity that accompany economic development resulting in higher risks of cardiovascular disease, diabetes, and other non communicable diseases. The cultural globalization " homogenization of culture " by globalized mass media made conflicts with local culture that paved way for diseased condition of mind blindly following the west. This had affected the living conditions of the aged in India. The climate change also affects health of the elderly in India. The elderly are seen not as responsibility of nuclear families. Social welfare is a state responsibility in India. Almost all states have schemes administered to elderly and destitute women.

Dependency of all types posed on children. The elderly are to be dealt by educated, employed and sometimes unemployed lactating women who largely either happen to be daughters in law or daughters. The women who worked get pension, not others. However this pension is not smoothly delivered to all. The poor throw out heir elderly parents who either get institutional care or take to begging on the street for mere survival.

Suicide rate among the elderly is rising. There is a demand for Euthanasia in India on the part of elderly Indians. Elderly women find themselves losing their property. In the name of economic realization through structural adjustment program the International Monetary Fund had mandated an end to whatever government spending towards social welfare for elderly women.

Besides these the elderly also suffer economic problem from loss of employment, income deficiency and insecurity. They also face physical and physiological and social problems by ill health and non medical attention, nutritional deficiency and inadequate housing, psychological and social mal adjustments and elder abuse. Frustration, depression, impatience, lack of social adjustments, isolation, low levels of social support, low level of relationship satisfaction, and antagonism spoils the lives of the elderly.

Older people are living longer and some are living longer in poor and worsening health. The experience of old age like all ages of the life course, is governed by structural divisions of class, race/ ethnicity, gender and sexual orientation.

They want to retain their independence as long as possible; staying in their own homes is by far the option of choice for most vulnerable people. Old people may feel powerlessness, lack of control, confusion and bewilderment, yet most of them want personal autonomy and independence. (Vivian et al P.127. Social Work Voices from the inside).

Anxiety among the elderly takes a toll on their psychological state characterized by cognitive, somatic, emotional and behavioral components that combined to create painful feelings that generate anger, fear, apprehension or worry. Anxiety is often accompanied by physical sensations such as heart palpitations, nausea, chest pain, shortness of breath, stomach aches/ or headache. The negative impact of depression such as hopelessness and worthlessness, loss of enjoyment, energy, sleep and loss of weight also affect the health of the elderly.

NEED AND SIGNIFICANCE OF THE STUDY

There is human rights violation and abuse of every kind on the elderly population. Incidence of desertion, involuntary admission in institutional care, forcibly writing off their property both movable and immovable makes them vulnerable and mere recipients of mercy by children and care takers also sometimes. There is also rising number of crimes perpetrated against the welfare of the elderly population. Murder and brutality of all kind are prevalent and reported by the media every now and then. The government of the day does a number of things yet it is limited by IMF guidelines on social sector spending.

The elderly are losing employment, and pension sometimes taken away by family members. They do not enjoy any financial autonomy or able to exercise any control on family related matters because of ageist tendencies by the younger generation. Depression is affecting their lives. Quality of life of elders is at stake. Dependency of all kinds makes them second rated citizens. The treatment of this social issue requires multiple stakeholders' involvement and cooperation. Therefore a study on this shall help make on impact on the policy makers and the social security schemes of the state. Besides it will also reveal the existing conditions of the elderly and suggest measures for improvement.

AREAS FOR FURTHER RESEARCH

a) To study the mental health status and living conditions of the elderly in Institutional care and the factors determining their level of independence.
b) Find out the psycho social profile of the elderly and assess the level of anxiety and depression among the elderly population.
c) Assess the extent of damage on the elderly because of desertion, isolation, dejection, frustration, lack of social support, and poor satisfaction in social relationships.
d) Find out the health status and mental health status in particular of the elderly population.
e) Find out the extent of media and the absence of extended family and cultural changes in the lives of the elderly population.
f) Find out the discrimination and Abuse meted out to the elderly population.
g) Find out the extent of powerlessness, lack of control and bewilderment among the elderly population.
h) Assess the suicidal tendencies and euthanasia promotion among the elderly persons.
i) Find out the determining factors of quality of life of the elderly population.
j) Assess the level of autonomy and financial freedom of elderly persons educated, employed, and in receipt of pension.

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