Agewell

HUMAN RIGHTS OF ELDERLY IN INDIA:

A CRITICAL REFLECTION ON SOCIAL DEVELOPMENT

JULY 2015

Agewell

RESEARCH & ADVOCACY CENTRE

(For Needs & Rights of Older people)

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Agewell Foundation

(In **Special Consultative Status** with the **ECOSOC** at **United Nations** since 2011)

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HUMAN RIGHTS OF ELDERLY IN INDIA:

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I.   Introduction

Ageing is generally described as the process of growing old and is an integral part of the life-cycle. It is a multi-dimensional process and affects almost every aspect of human life particularly when one is in his later stages while crossing the age of 60. While dealing with the condition of the older persons the emphasis is now on demographic changes at the macro level that refers to the 'ageing of population'- a trend, which has characterized industrial or modern societies throughout the twentieth century but in recent decades, has become a worldwide phenomenon. An aging society is basically the result of a two dimensional demographic transformation which is explained by overall declines in mortality and fertility. The focus of society and governments in particular on an 'aging population' and the trends thereon is also because of the fact that the 'burden of dependency' on the younger generation increases and governments have to make increased budgetary allocation to meet the needs of the elderly.

At the individual level, ageing can be defined as a progressive functional decline, or a gradual deterioration of physiological function with age, including a decrease in fecundity (Lopez-Otin et al[1] 2013). As per Comfort[2] (1964) ageing means the intrinsic, inevitable, and irreversible age-related process of loss of viability and increase in vulnerability. Even if the phenomenon of aging is universal, a single definition of old age however cannot be found. It varies across and within cultures as well as across time and space.

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1   Lopez-Otin, C., Blasco, M. A., Partridge, L., Serrano, M. & Kroemer, G. (2013). 'The hallmarks of Ageing'. Cell. 153: 1194–1217.

2   Comfort, A. (1964). *Ageing: The Biology of Senescence*. Routledge & Kegan Paul, London.

A Sociological Interpretation of Aging:

Though ageing as a process is a chronological phenomenon, it is less important than the social and cultural meaning attached to this process. In general, with increasing age the process of aging is often associated with declining health, loss of independence, shrinking of social roles, isolation and feeling of loneliness, economic hardship, being labeled or stigmatized as a burden on the family and society, intergenerational conflicts, ill-treatment & abuse, desertion and need of shelter through institutionalized arrangements.

On the family front, the condition and status of the older persons in the family is dependent on their physical health, employment and socio-economic situation, extent of availability of family care and social support systems.

In the present scenario, with an increase in longevity and relatively better health care facilities there has been a steady increase in the number of elderly as well as their proportion in our population. Simultaneously, the fast changing social landscape in terms of this has led us to being more conscious of the many social, economical, psychological and health problems of the elderly in our country. Of these problems, health and medical problems are generally considered to be important as they affect a large majority of the elderly. It is very important to, therefore, understand the needs and problems faced by the elderly; their health and psycho-social needs and so solicit their opinion in improving the existing welfare provisioning systems, health care systems in the country as well as the social support systems in the family and community.

II. REVIEW OF LITERATURE

A brief review of literature has been attempted here to highlight the conditions of the elderly, the various dimensions of problems of the elderly and challenges faced, the social support systems at work to deal with need of care and attention required by the elderly people in Indian society.

Chronological age of sixty and above is considered the beginning of old age. However, speaking in terms of the Indian context the existence of mass poverty, changes in family structure visible by way of breakdown of joint families, greater life expectancy and deterioration of cultural values and norms are engendering stumbling blocks on the part of the aged to cope with the challenges faced in later age (Bhatia 1983).

Challenges faced in Old Age: The condition of elderly people in the family is a cause of concern. It is a well known fact that the elderly face problems of physical fitness and health problems, financial problems, psychological problems and problems of interaction in a social familial setting. But the real issue is when the elderly start to be viewed as a burden on the family and more so when they cease to be functional (Rajan, Mishra and Sarma[3] 1999). Other associated issues relate to psychosocial and environmental problems that include the feeling of neglect, loss of importance in the family, loneliness and feeling of being unwanted, feelings of inadequacy and obsolescence of skills, education and expertise (Swaminathan, 1996).

Care of the Elderly and Social Support: It is generally accepted among social gerontologists that the availability and use of informal, mainly familial support is a key element in providing care services to the elderly people (Anderson[4] 1987). Older people perceive the informal network of kin, friends and neighbors as the appropriate social support in most situations of need (Arling, 1981). Many recent research undertaken also points to the fact that even though majority of the elderly studied were married and stayed with

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3   Irudaya Rajan, S., Mishra, US and Sarma, PS. (1999). *India's Elderly: Burden Or Challenge?* New Delhi: Sage Publications and London: Thousand Oaks.

4   Anderson, T.B. (1984). Widowhood as a life transition: Its impact on kinship ties. *Journal of Marriage and the Family*, 46, 105–114.

their relatives, there was a significant discrepancy in objective and perceived social support (Tiple et al[5]. 2006). Existence of stigmatized social perception, negative attitude towards the elderly and lack of social support systems would manifest in poor mental health and problems of adjustment which will make them more vulnerable. Those elderly people who lacked adequate social support within the family tend to possess low levels of mental health and run the risk of being vulnerable to depression (Malhotra et al.[6]: 2010)

It would be worthwhile to clarify the term **"social support"**, since the study hinges strongly on it. Social support has been commonly referred to as support which is "provided by other people and arises within the context of interpersonal relationships" (Hirsh[7] 1981, p. 151) and as "support accessible to an individual through social ties to other individuals, groups, and the larger community" (Lin, Simeone, Ensel, & Kuo[8] 1979, p. 109). A relatively precise definition of social support has been offered by House[9] (1981) and Cobb[10] (1982). House has outlined four broad classes or types of

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5   Tiple P, Sharma SN, Srivastava AS. (2006). Psychiatric morbidity in geriatric people. *Indian J Psychiatry*, 48:88–94.

6   Malhotra, R., Chan, A. & Østbye T. (2010). Prevalence and correlates of clinically significant depressive symptoms among elderly people in Sri Lanka: findings from a national survey. *Inter Psychogeriatr* 22(2), 227–236.

7   Hirsh, B. J. (1981). Social networks and the coping process: Creating personal communities. In B. Gottlieb (Ed.), *Social networks and social support* (pp. 149-170). Bever- ly Hills, CA: Sage Publications

8   Lin, N., Simeone, R. S., Ensel, W. M., & Kuo, W. (1979). Social support, stressful life events, and illness: A model and an empirical test. *Journal of Health and Social Behavior*, 20, 108-119

9   House, J. S. (1981). *Work stress and social support*. Reading, MA: Addison-Wesley.

10   Cobb, S. (1982, February). *An approach to the relation- ship between social networks, the sense of social and health*. Paper presented at the Sunbelt Social Networks Conference, Phoenix, AZ

supportive behaviors or acts which he believes should be considered as potential forms of social support:

1. **Emotional support** – providing empathy, caring, love, trust, esteem, concern, and listening.

2. **Instrumental support** – providing aid in kind, money, labor, time, or any direct help.

3. **Informational support** – providing advice, suggestions, directives, and information for use in coping with personal and environmental problems.

4. **Appraisal support** – providing affirmation, feedback, social comparison, and self-evaluation.

Cobb provides an even more specific definition of social support by listing four statements which together would be the essence of what he calls the **subjective sense of social support**. The four statements are represented by the key words – **love, esteem, security,** and **appraisal,** which could be viewed as four different kinds of support potentially available from others. The study tries and culls out information on the basis of the meaning as coined by House & Cobb in order to assess the form and extent of social support received by the elderly people in the family.

Health, Mental Health & Effects of Social Support: Mental illness has always been seen a problematic but not as public health issue until 1996, when the World Health Organization published the results of the first Global Burden of Disease study (Murray and Lopez 1996). Depression was the fourth leading cause of disease burden, accounting for 3.7 % of disability-adjusted life years (DALYs) in 1990, 4.4 % in 2000, and projected to be 15 % of DALYs by 2020 (Ustun 1999 ; Ustun et al. 2004).

Empirical research points to the fact that stressful life events appear to lead to increased use of health care services when the elderly person is particularly vulnerable due to a low level of social support from family members, neighbors, and associates (Krause[11] 1988, Pilisuk et al[12] 1987). This suggests that social support serves as an important coping resource to older

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11   Krause N. (1988). Stressful life events and physician utilization. *J Gerontol.* 1988; 43:53.

12   Pilisuk M, Boylan R, Acredolo C. (1987). Social support, life stress, and subsequent medical care utilization. *Health Psychol.* 6:273

persons, which in turn enables them to cope with stressful life events without resorting to entering the medical care system for assistance. This consistent finding clearly suggests that both of these variables are worthy of continued inclusion in future studies of changes in medical care services used by the elderly (Counte and Glandon[13] 1991).

In an earlier study done by Dean et al.[14] (1990) it was found that respondents with lower support from children showed higher depression than did those without children; those with low spousal support showed higher levels of depression than did widowed respondents.

Social Networks, Positive Mental Health and Successful Aging: The World Health Organization (WHO 2004) recently highlighted the need to promote positive mental health when it defined mental health positively as "... a state of well–being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". Fiori, Antonucci, and Cortina[15] (2006) are of the view that an active social network of family and friends can promote healthy aging through a variety of mechanisms including tangible and emotional support. Additionally, these researchers believe that high quality social relations may be associated with increased mental health. Individuals who have more restricted networks were most likely to exhibit signs of depression.

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13   Michael A. Counte and Gerald L. Glandon. (1991). A Panel Study of Life Stress, Social Support, and the Health Services Utilization of Older Persons. *Medical Care*. Vol. 29, No. 4 (Apr., 1991), pp. 348-361

14   Dean A., Kolody B. and Wood P. (1990). Effects of Social Support from Various Sources on Depression in Elderly Persons. *Journal of Health and Social Behavior*. Vol. 31. No.2 pp. 148-161

15   Fiori Katherine L., Antonucci Toni C., and Cortina Kai S. (2006). Social Network Typologies and Mental Health Among Older Adults. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 61B, no. 1 (2006): p. 25-32.

III. Conceptual Framework

A literature review on aging suggests that sociological factors impinge upon the life conditions of the elderly in terms of their changing roles and relationships. The theoretical framework that was adopted for the study was a dynamic one that uses and includes theories like the:

(i) **Activity Theory** which is built around four major concepts – activity, equilibrium, adaptation to role loss, and life satisfaction; disengagement theory as developed by Havighurst et a. (Havighurst[16] 1963; Havighurst, Neugarten, and Tobin[17] 1963).

(ii) **Disengagement Theory** which holds that successful aging involved growing older gracefully by gradually replacing the equilibrium system of social relations typical of midlife with a new equilibrium more appropriate to the interests of people approaching the end of life. This new equilibrium was presumed to involve a lower overall volume of social relations and a less psychological investment in the social affairs of the family in which the elderly are living and the larger community (Cumming and Henry[18] 1961).

(iii) **Continuity Theory** which in contrast to disengagement theory posits that older adults who maintain mid-life habits, lifestyles, and relationships will have more success in aging (Atchley[19] 1972). The study makes an attempt to find out the extent and the ways in which respondents are able to successfully engage and adjust between the expectation to continue with mid-life roles in the family and the demand to pass-over the reign of decision-making and other roles to the younger generation.

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16   Havighurst, R. J. (1963). Successful aging. In R. H. Williams, C.Tibbitts,&W. Donohue (Eds.), Processes of aging: Social and psychological perspectives, (Vol. 1, pp. 299–320). New York: Atherton.

17   Havighurst, R. J., Neugarten, B. L.,&Tobin, S. S. (1963). Disengagement, personality and life satisfaction in the later years. In P. F. Hansen (Ed.), Age with a future (pp. 419–425). Copenhagen: Munksgaard.

18   Cumming, E., & Henry, W. E. (1961). Growing old: The process of disengagement. New York: Basic Books.

19   Atchley, R. C. (1972). The social forces in later life: An introduction to social gerontology. Belmont, CA: Wadsworth.

Aging is a complex process, and an attempt was made in the research to explore the complexities that determine the present condition of the elderly and the challenges they face in the present socio-cultural and political context and in a more holistic framework. Any other contemporary theoretical strands of aging are also used to contribute to a more vibrant and sustaining interpretation of the empirical situation of the elderly people in the study area.

IV. AIMS & Objectives of the Study

Social change is imminent in any society and culture. It affects individuals, families and communities in varied ways. This effect is visible at the structural, functional, social, and perceptual levels and in the way people are related with one another and treated by the significant others. The aim of this research is to cull out the nuances of these changes as it impacts the life conditions and life standards of the elderly in families through an in-depth qualitative study. The focus was on sociological determinants of the patterns & standards of living of the elderly people. To further this aim the following are a set of specific objectives that have been framed to undertake a research on the conditions of the older persons in the study area:

1. To undertake a socio-economic situational study of the elderly living in families.
2. To examine issues and problems related to activities of daily living, social engagement, social relations and care and attention.
3. To list out the difficulties and challenges faced by the elderly with regard to their health and mental health conditions.
4. To decipher the existence social support systems and social capital, their types and nature, as available to older people in the family & community to cope with life's adversities and challenges.
5. To enlist opinions and views of older people regarding the determinants of healthy and peaceful living.

V. Research questions:

This is a qualitative study focused on social, economic, physiological and psychological challenges faced by the elderly and the nature of care of the elderly persons in the family and specifically throws following questions:

1. How can the lives of older persons be characterized?
2. What are existing social systems and the patterns of elder care within the family?
3. What are the critical & felt needs of older persons?
4. Are the older persons leading a secure livelihood? If not, what are the forms of vulnerability?
5. What are the socio-cultural processes and social change that impinge upon the care of the elderly and social security?
6. What is the present attitude of younger generation towards elder care?
7. What is the morbidity pattern among aged?

Critical Parameters:

    a. Whether staying with joint family younger generations in villages/ urban areas.
    b. Class status (income) Regular Source of Income?
    c. Caste status
    d. Gender
    e. Whether there is availability of 24 hours supply of water & electricity?
    f. Availability of medical services
    g. Access to toilet in the household
    h. Emergency services
    i. Emotional care
    j. Elderly abuse
    k. Leisure & Recreation opportunities
    l. Basic problems

Major Ailments/ handicaps

Teeth   Eyes   Ears   Limbs
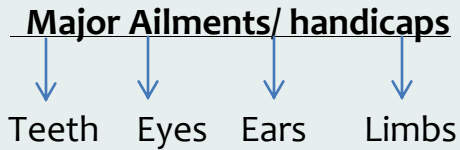
In this light a qualitative study across India was undertaken to comprehend this and critically analyze it. Qualitative research methods were used by a group of experienced social scientists of very senior level in the discipline of sociology, social work, psychology and anthropology to understand unique experiences of some of the respondents. The whole focus was interdisciplinary and very holistic.

VI. SCOPE & Methodology

Scope of this Study:

The study made an attempt to study the social dynamics as is found existing in the families where there is an elderly person in order to highlight the patterns that emerge in relation to the contemporary issues and challenges faced by the elderly and factors that impinge upon the quality of life. The study also explored the relationship between life satisfaction of elderly people and the social support available to them.

Universe & Units of the Study

The study was conducted in selected rural and urban areas of India. The main respondents of the study were the old persons living in families and those who are above the age of 60.

Sampling Frame

A list of older persons who were willing to be part of the study was first prepared. As the literature review suggests the older people are faced with diverse issues, problems and challenges ranging from frailty to functional inadequacies; physical & health problems; social isolation & loneliness; neglect, ill-treatment and abuse; absence of a deceased partner; economic insecurity etc. Therefore, while developing this list of respondents or the sampling frame the representation of this diversity was kept in mind so that the variety of challenges that older people face are culled out from this research.

Sampling Method, Sample Size & Duration

The respondents who comprised the sample for the study were selected on the basis of **non random sampling** made on the basis of tribe or non-tribal category, sex, caste, rural and semi-urban, retired persons & those who were never employed, etc. **Sample Size:** A total of **5000 respondents** were studied by 500 volunteers for the study across the five regions of Northern,

Southern, Western, Eastern and Central India. The survey was conducted during the month of June, 2015.

Tools and techniques for data collection

The major emphasis was on qualitative data and the use of qualitative methods of research. Hence a **more intuitive Approach** was adopted for the research so as to arrive at an understanding of this problem to cull out a pattern. Also it resorted to the use of **in-depth interviews** to enrich the research findings further.
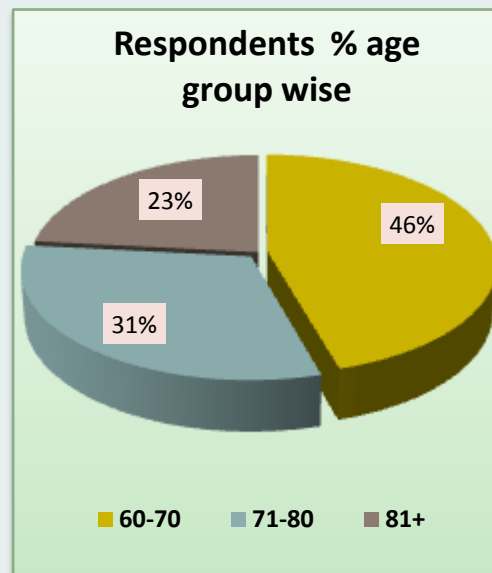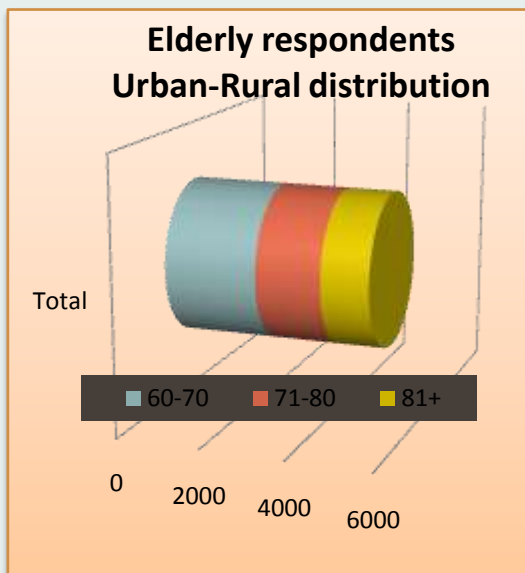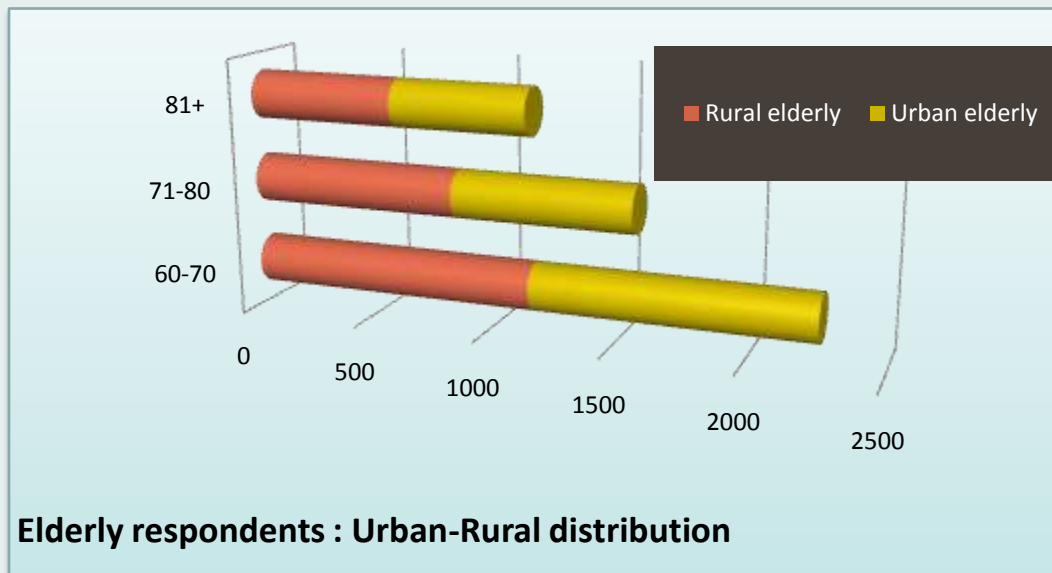
- Out of 5000 elderly interviewed during the survey, it was found that 2258 respondents (45.2%) elderly respondents were in the age group of 60-70 years, 1574 respondents were In the age group of 71-80 years and remaining 1169 respondents (23.4%) were in the senior most age group (81+ years). Total respondents consist of 2490 older men and 2510 older women.

Age-group-wise classification	60-70	71-80	81+	Total
Older Men	1223	747	520	2490
Older Women	1054	808	648	2510
Total	2277	1555	1168	5000
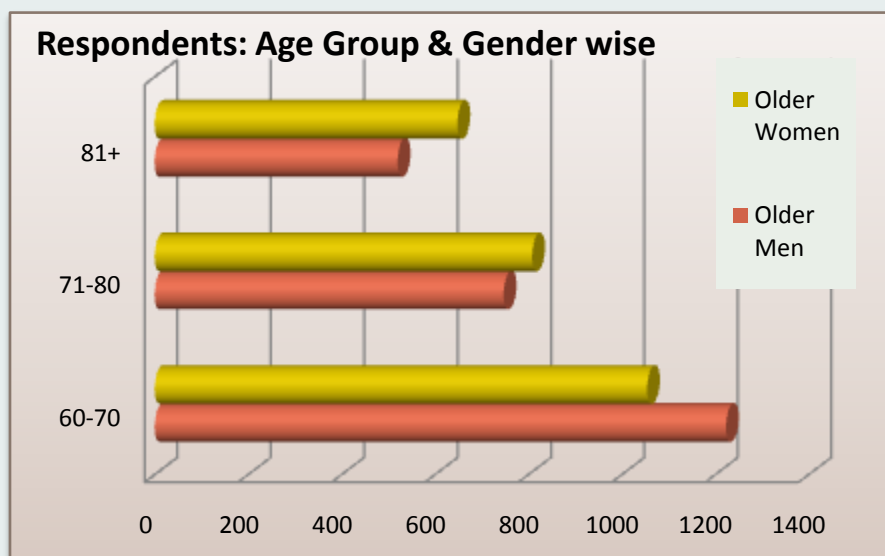
- When respondents were classified area-wise, it was found that 2615 respondents were from rural areas whereas 2385 respondents were from cities/urban areas.

Area-wise classification	60-70	71-80	81+	Total
Rural elderly	1163	851	601	2615
Urban elderly	1104	724	557	2385
Total	2267	1575	1158	5000

Elderly respondents : Urban-Rural distribution

Elderly respondents Urban-Rural distribution

Respondents % age group wise

- In all, approximately 61% elderly respondents (70.9% elderly respondents in rural areas and 49.6% respondents in urban areas) were from lower income group; their monthly income was less than Rs. 5000.

- In all, 26% elderly respondents (23% elderly respondents in rural areas and 30% respondents in urban areas) were from lower middle/middle income group; their monthly income was reportedly between Rs. 5000 to Rs. 15000.

- Only 4% elderly respondents were from upper-middle/upper income group, their monthly income was above Rs. 15000. In rural areas only 2% elderly respondents were from upper-middle/upper income group, whereas, in urban areas 6.1% respondents belonged to upper-middle/upper income group.
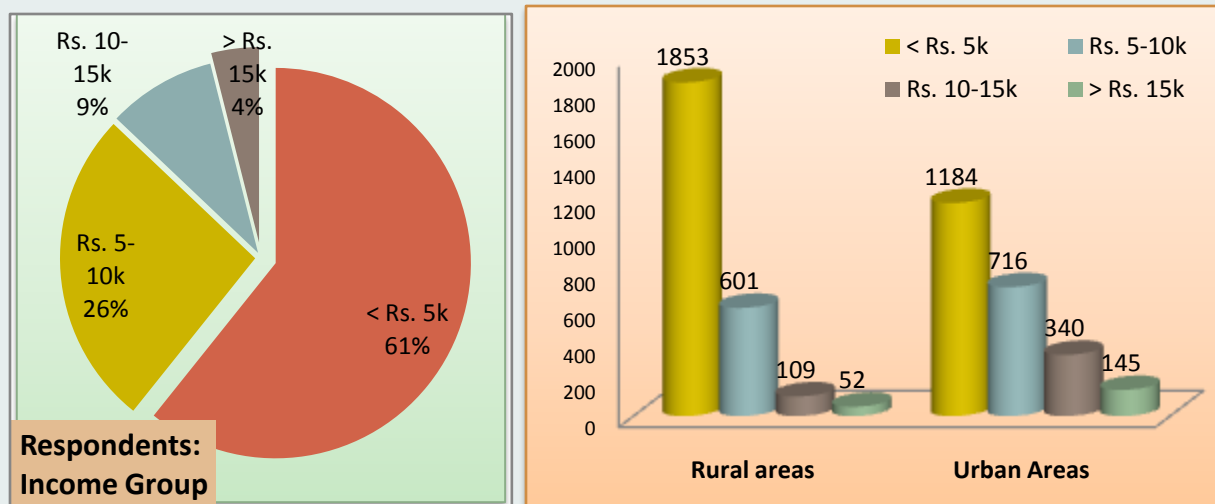
A guide for using **ethnographic research method (salvage ethnographical perspective - studying through memory based data gathering from the interviews of the elderly:** *this technique was first used by famous American cultural anthropologist, Franz Boas)* was developed to enlist the views of the elderly people studied which revealed in a much more comprehensive way the world through the eyes of the elderly being studied. Besides this an Observation Guide, too was developed to take note of inter-personal

interactions, physical conditions where the elderly are living, day-long engagements & routines, nature of help and assistance as required and provided by significant others, etc. Keeping in view of the above approach, the study was all dependent on narrative of the researchers.

Thus, a holistic construction of the cultural systems could be evolved through direct observation, participating in daily life, and recording in the native language the meanings of things, persons and actions. A rigorous regime of living with, or having direct or frequent contact for a prolonged period with the elderly being studied helped in comprehending the condition of the elderly better.

VII. THE NARRATIVE OF THE PROBLEM BY THIS STUDY:

Post independent Indian Society does not portray a uniform picture in relation to human rights of elderly in India. It tends to be influenced by various factors as urban development, class, caste, gender and regional development.

India is still in the nascent phase of institutional care system for elderly and that too is confined to developed metros meant for upper and upper middle classes only. Elderly care is still largely dependent on community care and family care. However, due to rapid modernization, spared of materialistic values and breakdown of joint family system, migration of working population and young to urban areas has further adversely affected elderly care. In a society where there is very poor infrastructure (roads and housing), poor public health care system and bad sanitation, it is the elderly who suffer most. Often the young and earning male family members with their wives and children migrate to cities leaving elderly behind in village. Lack of toilets in houses (people go to open fields to ease themselves), no medical services, and lack of safe drinking water, inefficient electric connectivity and absence of consistent 24 hours supply of electricity adds to woes of elderly. Even going to attend nature's call in open field or in privacy could be a serious challenge to an elderly lady who is sick, infirm or physically handicapped to walk. Similarly, lack of appropriate nutrition, medical care, water and electricity could cause serious Human Rights issues.

These problems get compounded with adverse social positioning of an elderly in terms of caste, class, gender and regional development. Obviously it translates into greater deprivation being in the direction of upper caste to lower caste, upper class to lower class and male to female. Degree of urban or regional development too becomes a contributory condition to it. Since most elderly are left behind in rural area due to migration of younger members of family therefore it is a serious problem of lack of emotional care. In case of urban areas, the younger generation has relatively little time (for looking after elders emotionally) from the hectic schedules of daily life. More

than that elderly women suffer double jeopardy as in traditional societies they never retire. They are expected to work in kitchen, help in baby-sitting, even at stay indoors with none to share or speak to. Elderly man do have the possibilities of meeting same age group senior citizen in neighborhood, village chaupals or public parks but elderly women rarely get a chance to step outside home as they are burdened with household daily chores and/ or baby-sitting.

Those elderly people who stay with joint family often suffer from elder abuse. This phenomenon is more common in urban areas than rural areas because community pressure in rural areas prevents possible elder abuse. Also more often than not the younger members of family do not live in rural areas; hence, this also reduces the possibility of elder abuse.

The preceding decades have witnessed an increase in the life span the world over and in India too. However, this has possibly not been accompanied by good quality of life for majority of older Indians. This is mainly because of breakdown of joint families, industrialization and relocation of the younger kin to places away from home, high cost of living, scarcity of living space, widening disparities in values and perception due to generation gap, negative stereotypes referred to as ageism, intergenerational conflicts which refers to new-ageism followed by many other reasons like changes in the family structure, physical and health condition, social support systems existing in the community and the like.

As a consequence of the multi-dimensionality of the issues that senior citizens are faced with and the fast-paced changes which are occurring in Indian society it is presumed that there may be an increase in neglect and inadequate care and attention towards older persons in the family. It is, therefore, necessary to study and understand the dynamics involved in our Indian families. There is an increased need to develop a model of social care for the older people in tune with the changing need and times.

It is essential to devise models and mechanisms to help the elderly face the impending challenges in present day context. A strategy is the need of the hour. The components of the old age care strategy could be the process of policy and strategy formulation, focus on primary health care, age friendly social systems, strong participation of the older population in society, development of human resources to quality care, creation and maintenance of multi-disciplinary networks to facilitate care of the elderly, research, surveys and studies for establishment of evidence based care and raising the awareness of the population to active ageing.

VIII. MAJOR FINDINGS:

- In all, 19.2% elderly respondents, interacted during the survey, reportedly said that they are living in joint families.

- In rural areas 29.1% elderly respondents admitted that they live in joint families, whereas in urban areas only 8.3% elderly agreed that they live in their joint families.

- When elderly respondents were asked about their observation on younger generations' preference, approx. In all, around 2/3rd respondents (65.2%) said that younger generations preferred to live alone, without their parents and other family members.

Staying with joint family?

- Rural areas
- Urban Areas

	Yes	No
Urban	198	2039
Rural	762	2001

- Approximately 1/3rd elderly respondents (32.8%) said that younger generations like to live with their parents.

Younger generation prefers to stay

Rural — Urban — Overall

	Alone	With parents only	With joint family
Overall	3262	1642	96
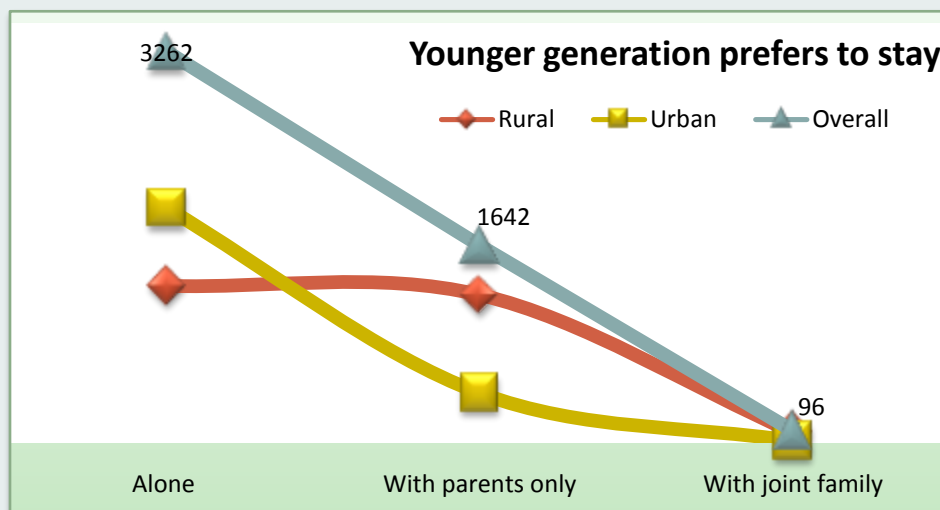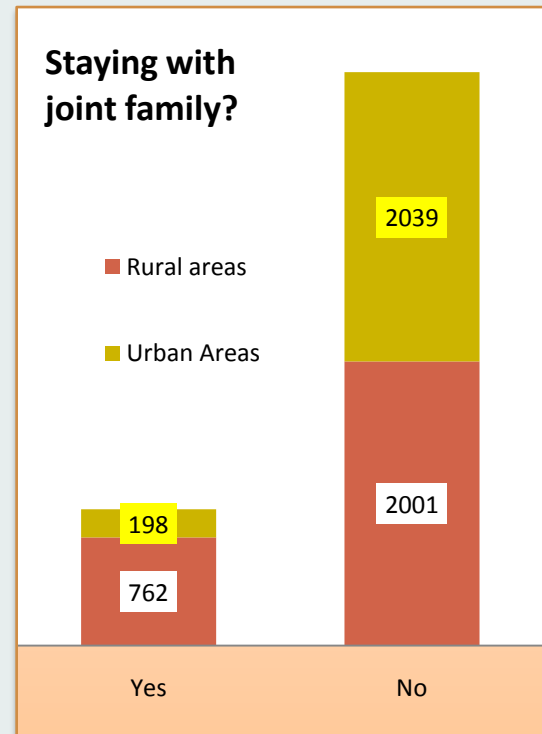
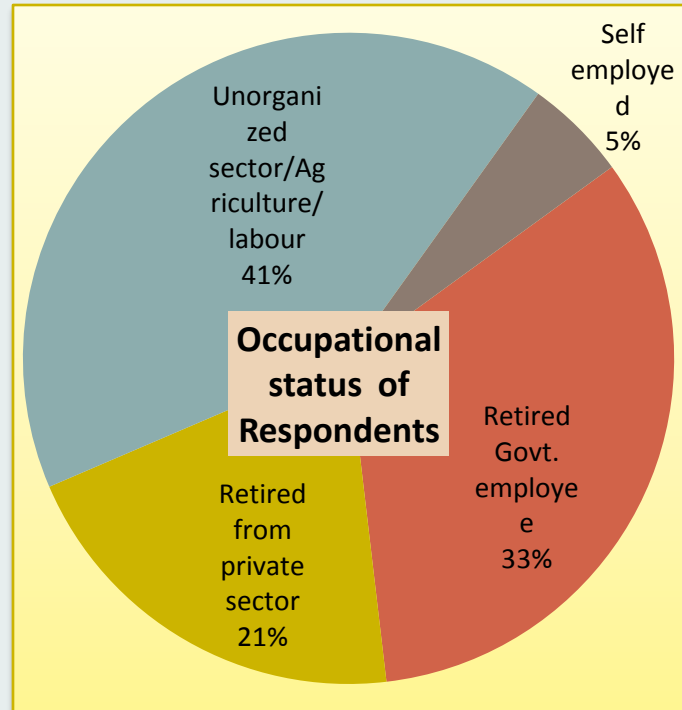- Only 1.9% respondents express their observations that younger generations preferred to live in joint families.

- In all, 49.8% and 82.3% respondents from rural and urban areas respectively think that younger people prefer nuclear families.

- In all, 46.9% and 17.3% elderly respondents from rural and urban areas respectively, think that younger people prefer to live with their parents.

- According to every second elderly respondent, **metropolitan cities** are favorite destination of our younger generations to live/migrate in. In all, 40.2% rural elderly and 60.8% urban elderly respondents were of this view.

Younger generations' preferred destination

Rural — Urban — Overall

	Villages	Cities	Metro cities
Overall	623	1878	2500
Urban	62	870	1446
Rural	561	1008	1055
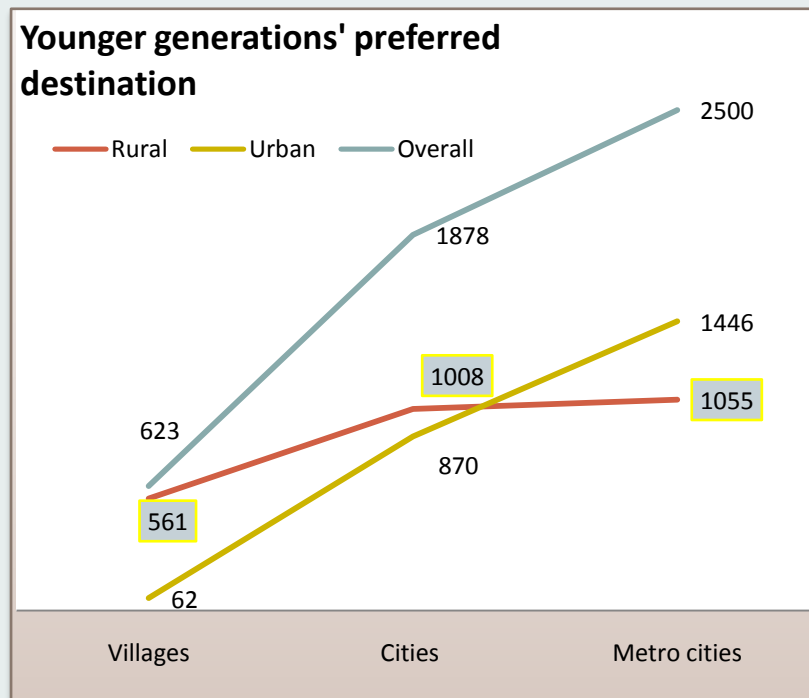
- Overall only 12.6% respondents said that younger generations prefer to live in villages. Among this category of respondents, urban respondents were only 2.6%.

- In rural areas approximately, every fifth elderly said that younger generations prefer to live in their own villages instead of migrating to cities/metro cities.

- In all, 37.55% respondents said that young people want to live in cities or in their nearby cities.

- In all, 41.6% respondents said that they belong to unorganized sector or indulged in agriculture/daily wages.

- In all, 33.14% respondents reportedly were retired govt. employees whereas 20.4% respondents were retired from various private sector organizations.

- Among the respondents 0.5% elderly respondents were self-employed/businessmen.

- In all, 38.75% elderly respondents (i.e. 1938 older persons out of 5000 respondents) admitted that overall social status of older persons is pitiable in our country.

Occupational status of Respondents

Self employed 5%

Unorganized sector/Agriculture/labour 41%

Retired Govt. employee 33%

Retired from private sector 21%

- Only 9.54% elderly respondents were found to be satisfied with the overall social status of elderly. According to them, social status of elderly in our society is respectable.

- In all, 41.26% respondents judged the social status of elderly as average while 10.45% respondents said that their status in society is somewhat respectable.

Respectable 10%

Some-what respect-able 10%

Pitiable 39%

Average 41%

Overall Social status of older persons in the society
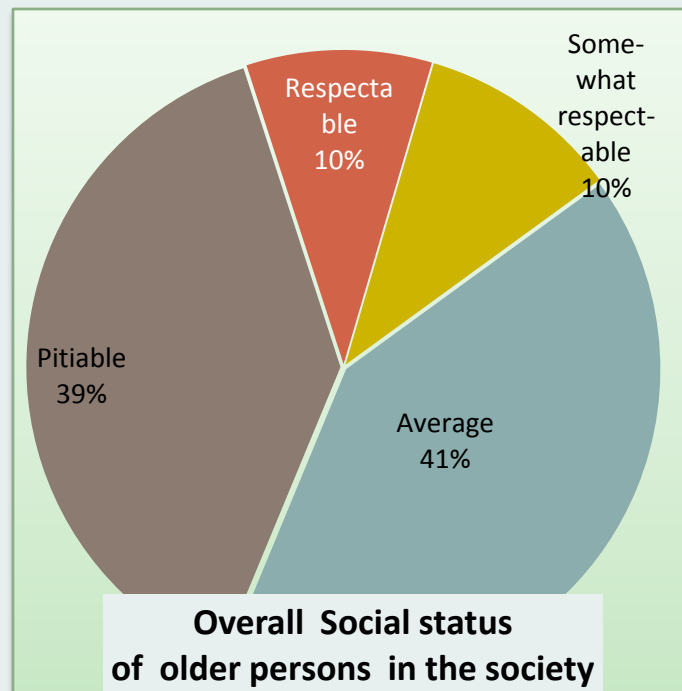
Most common problems of old people, highly ranked by the respondents were as follows;

1. Lack of gainful engagement opportunities
2. Declining health status
3. Lack of respect in family/society
4. Loneliness/isolation
5. Psychological issues
6. Financial problems
7. Legal issues
8. Interpersonal problems

Most common problems of old people
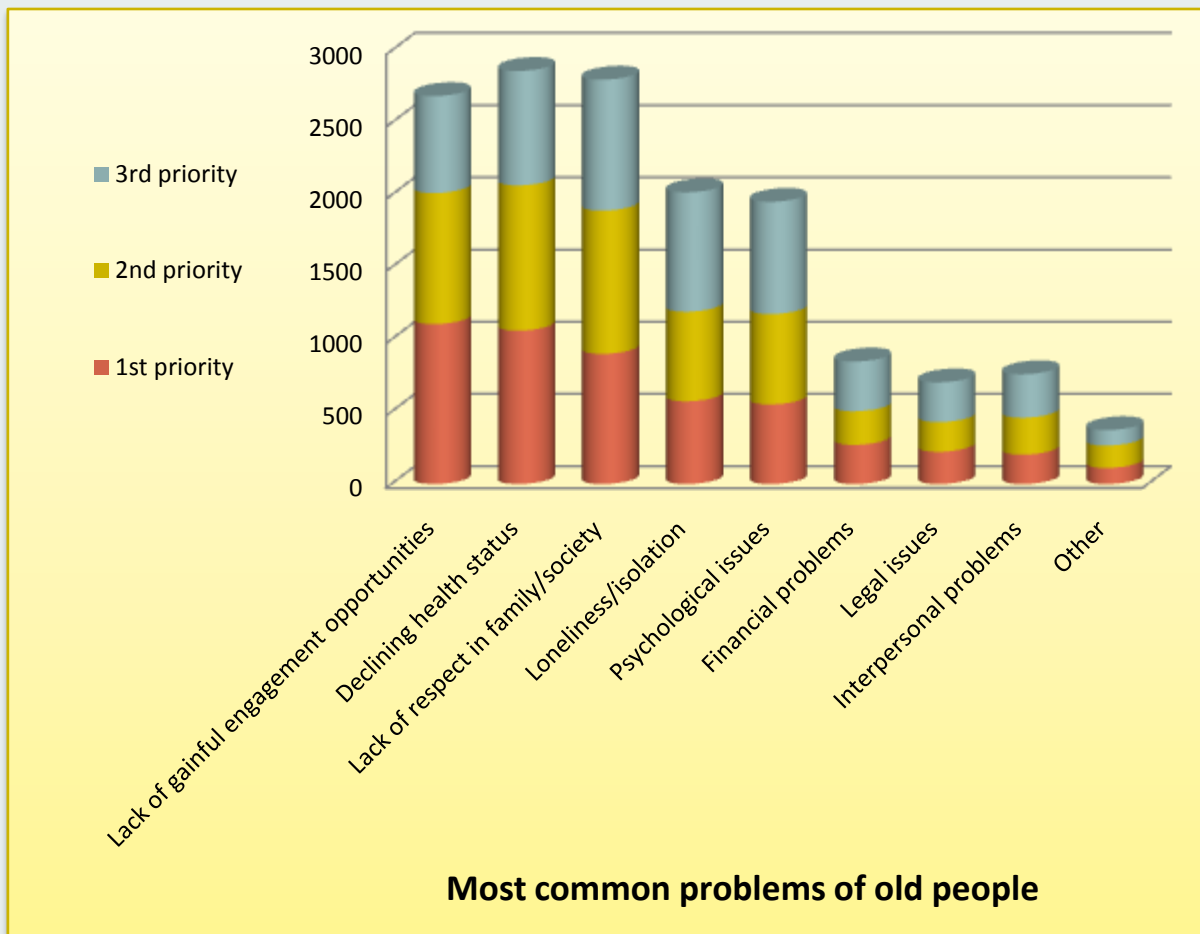
- According to 22.2% respondents, lack of gainful engagement was most common problem in old age.

- In all, 21.24% older persons think that declining health status is most common problem of old people.

- In all, 18% respondents accepted that lack of respect and dignity in old age is most common problem of older persons.

1st priority

	Lack of gainful engagement opportunities	Declining health status	Lack of respect in family/ society	Loneliness/isolation	Psychological issues	Financial problems	Legal issues	Interpersonal problems	Other
■ 1st priority	1107	1062	901	573	551	271	223	203	111
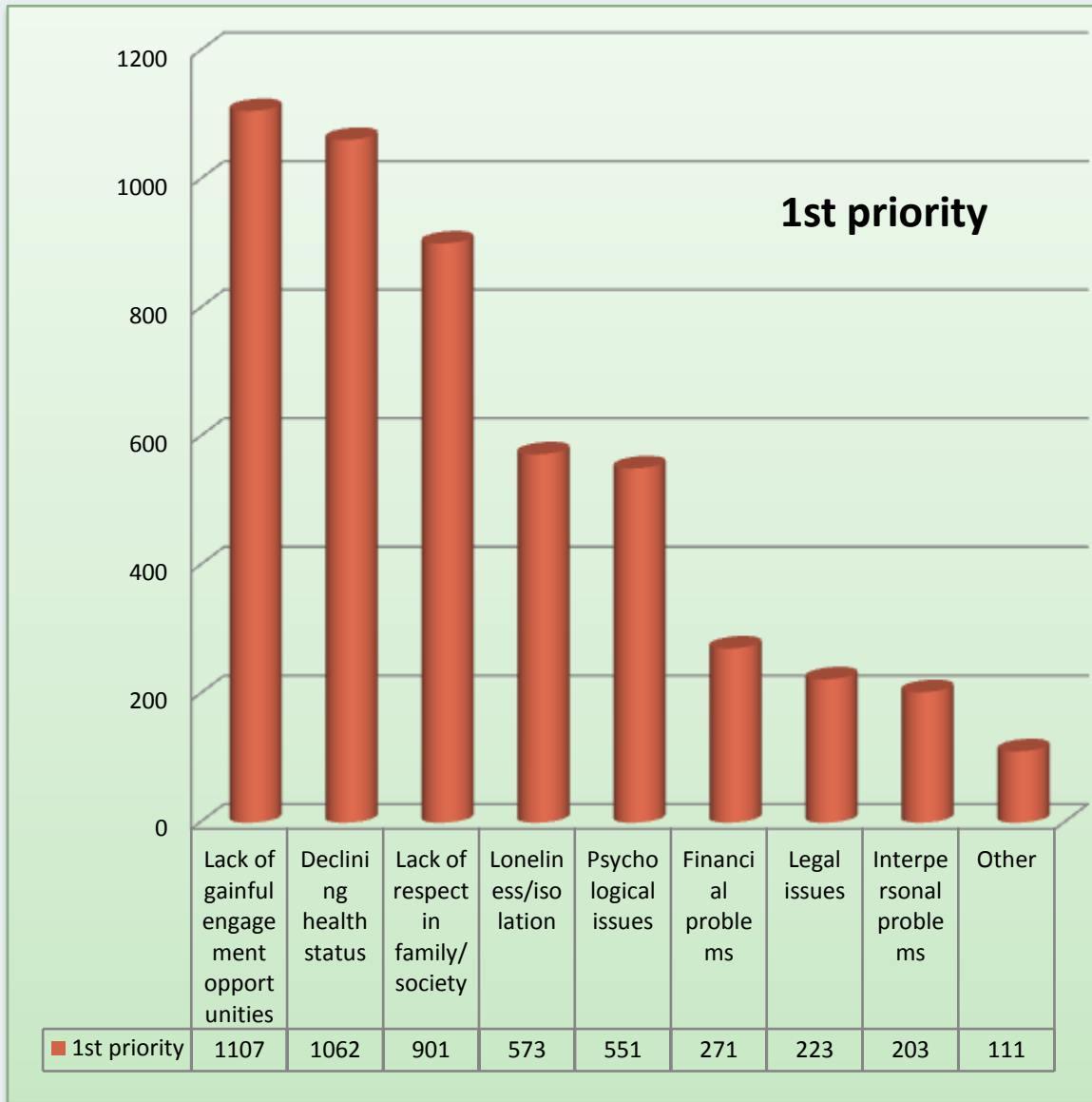
- Declining health status in old age was termed as second most common problem by highest (20.1%) number of older persons. After that lack of respect in society, and in family in particular was judged by second most common problem by 19.84% respondents.

2nd priority	Declining health status	Lack of respect in family/ society	Lack of gainful engagement opportunities	Psychological issues	Loneliness/isolation	Interpersonal problems	Financial problems	Legal issues	Other
2nd priority	2011	1984	1815	1251	1240	512	466	411	310
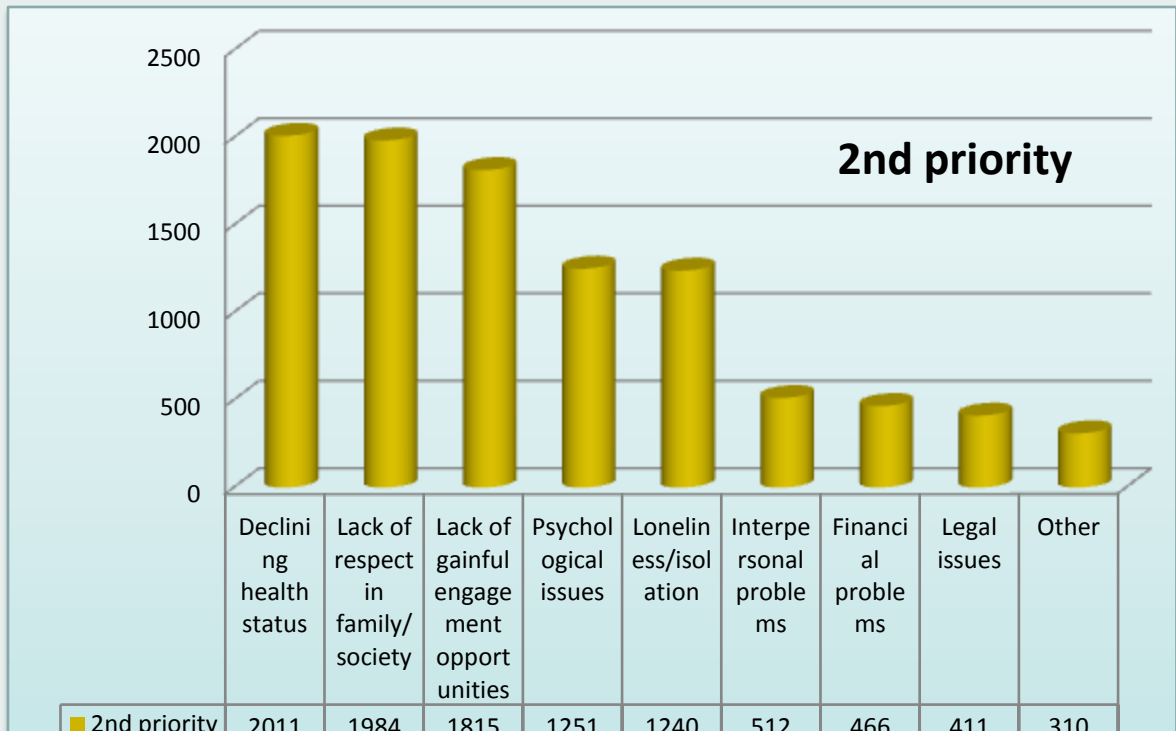
- For third most common problem, lack of respect in old age was given priority by 907 respondents out of 5000 respondents, which was ranked higher by the respondents against other common problems.

| 3rd priority	Lack of respect in family/ society	Loneliness/isolation	Declining health status	Psychological issues	Lack of gainful engagement opportunities	Financial problems	Interpersonal problems	Legal issues	Other
3rd priority	1814	1654	1584	1554	1342	687	601	550	214
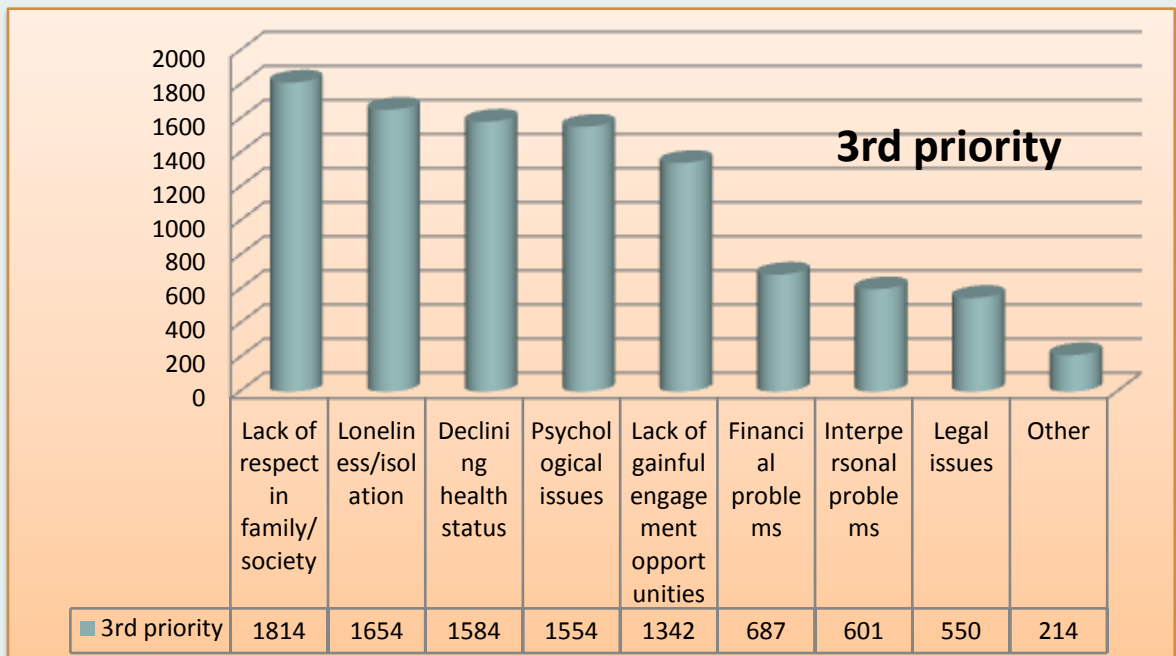
- When respondents were asked about special provision of exclusive health for elderly in their area, it was found that only 15.2% respondents claimed that some special provisions for old age healthcare exist.

- In all, 83.2% respondents said that in their area there are no special provisions for exclusive healthcare facility for older people.

Is there any special provision of exclusive healthcare facility for elderly?

- When status of basic amenities like availability of electricity, water and healthcare facility was tried to assessed, it was found that less than half of the respondents (43.22%) were getting proper electricity supply.

- Only 5.25% elderly were getting 24-hrs water supply in their houses, while 19.3% respondents said that in their area they get water supply for 2-5 hrs a day.

- Almost every fourth elderly respondent does not get water supply for more than 2 hrs.

- According to 78.5% elderly respondents there are 24-hour emergency medical facility is available in their

Availability of electric supply

- > 20 hrs: 2161
- 15-20 hrs: 1526
- 5-15 hrs: 921
- <5 hrs: 377
- No electricity: 16
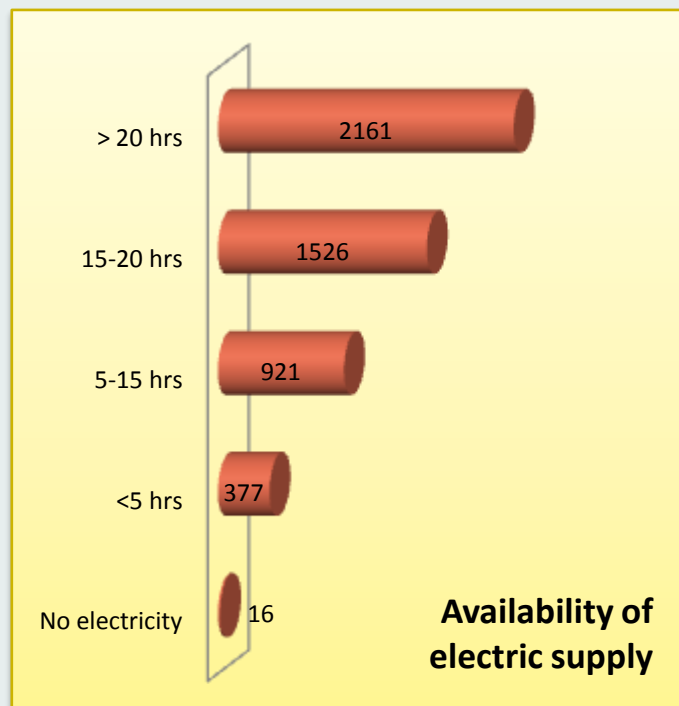
area. Approximately 1/3rd respondents admit that there are hospitals available in their area, while only half of the respondents reportedly said that dispensaries are available in their area.
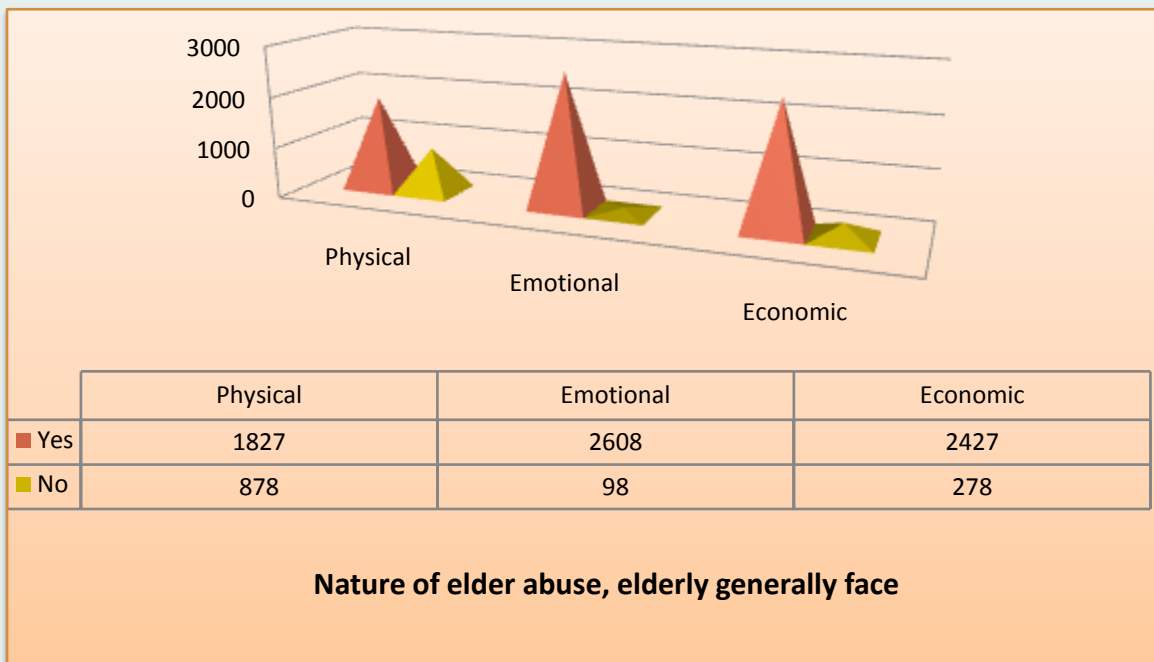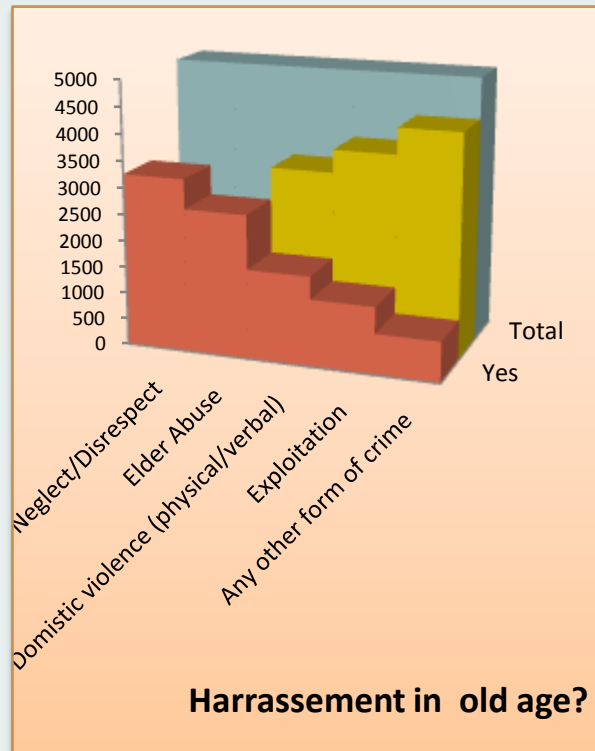

Availability of medical facilities

Availability of water supply
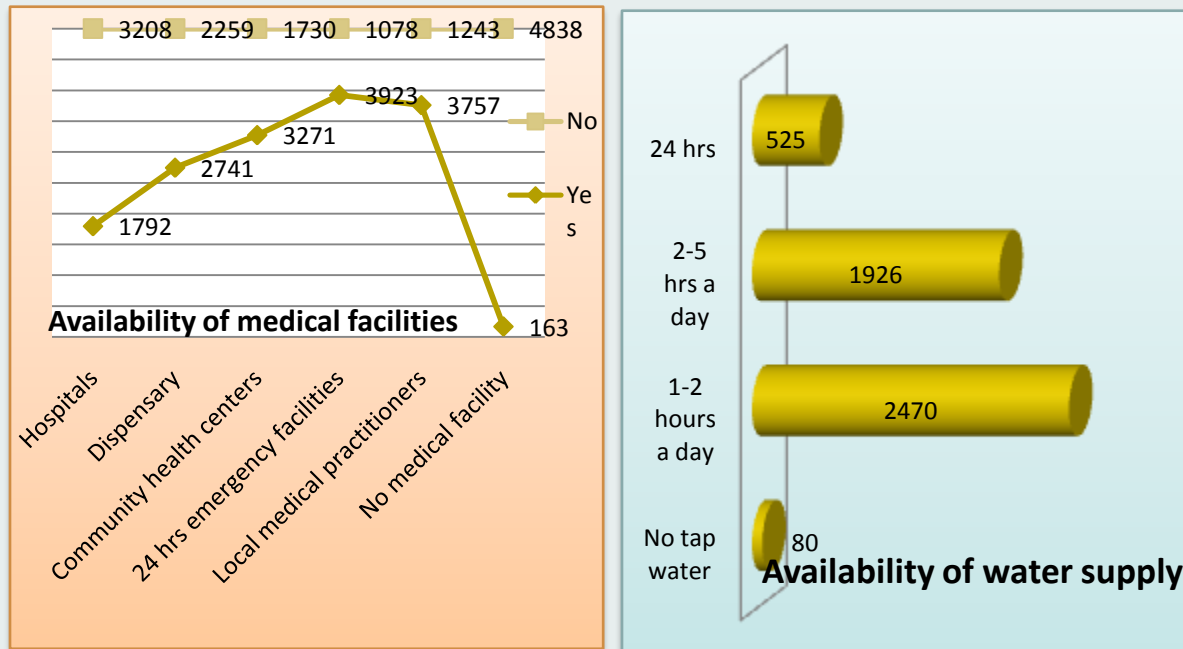
Human Rights of Older Persons

- In all, 2/3rd respondents i.e. 65.2% elderly respondents claimed that older persons face neglect in old age.

Kinds of mistreatment in old age	Yes	No	Total
Neglect /Disrespect	3261	1740	5000
Elder Abuse	2705	2295	5000
Domestic violence (physical/verbal)	1691	3309	5000
Exploitation	1265	3736	5000
Any other form of crime	771	4230	5000

- More than half (54.1%) respondents said that older persons suffer elder abuse in their families/society.

- Every third elderly claimed that elderly face domestic violence (physical/verbal) in old age.

- Every fourth elderly, i.e. 25.3% elderly admit that older persons are being exploited by their family members.

- In all, 89.7% respondents out of 2705 respondents facing elder abuse reportedly said that elderly face mistreatment in old age mostly due to financial reasons.

- In all, 96.4% of elderly abused respondents claimed that they face mistreatment due to emotional factors.

Harrassement in old age?

- In all, 67.5% of elderly abused respondents said that they face physical elder abuse in general.

	Physical	Emotional	Economic
■ Yes	1827	2608	2427
■ No	878	98	278

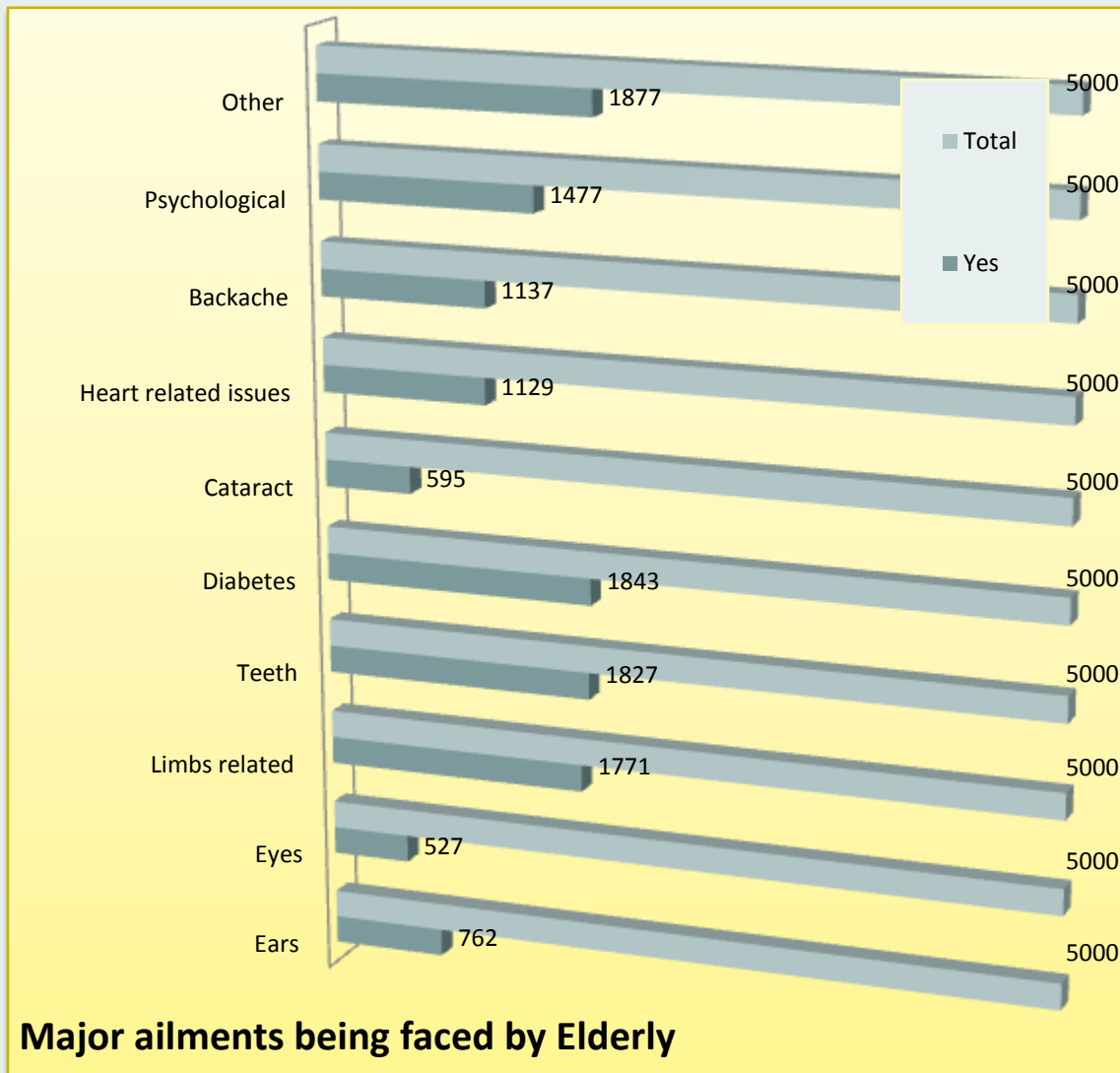**Nature of elder abuse, elderly generally face**

- According to 25% elderly respondents younger generations consider elderly family members as burden on their family.

- Equal number of elderly (25%) said that generation gap is the main reason behind violation of human rights of older persons

- In all, 20% elderly respondents admit that their younger family members are unable to take care of their elderly family members.

Recreational facilities available

2261

1129

772

573

656

Library

Social/Community Clubs

Nature parks

Any other

Not any recreational facility

- In all, 45.2% elderly respondents said that there are no recreational facilities available in their nearby areas.

Most common reason of elder abuse

Any other 9%

Property issues 21%

Considering them burden 25%

Unable to take care 20%

Generation gap 25%
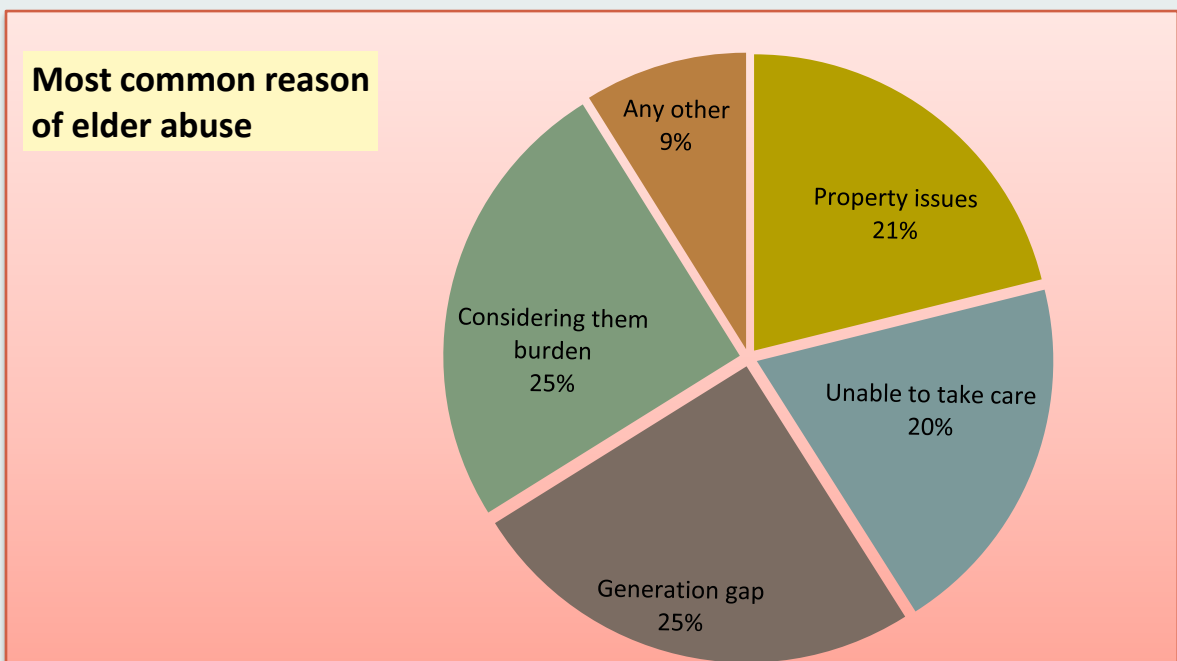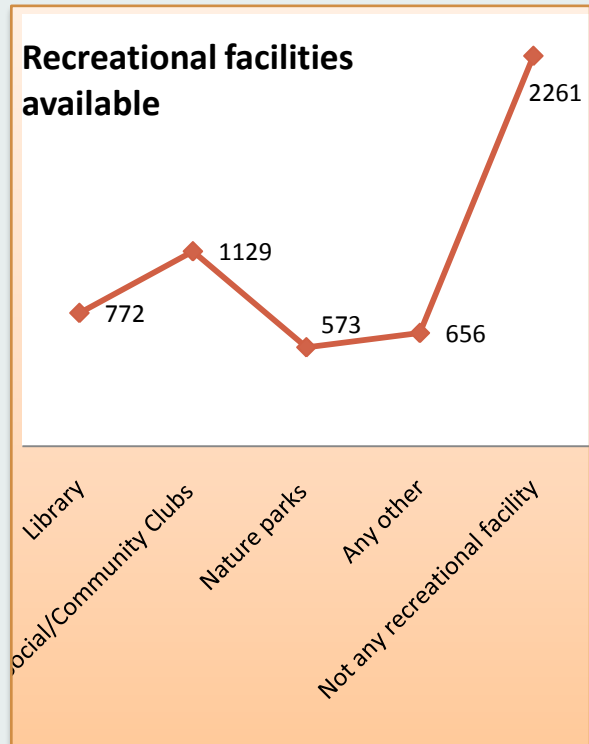
- In all, 36.9% elderly respondents said that they are diabetic.

- In all, 36.5% respondents claimed that they face teeth problems.

- In all, 35.6% elderly respondents said that they are suffering from limbs related problems.

- In all, 29.5% respondents found to be suffering from psychological issues in old age.

	Yes	Total
Other	1877	5000
Psychological	1477	5000
Backache	1137	5000
Heart related issues	1129	5000
Cataract	595	5000
Diabetes	1843	5000
Teeth	1827	5000
Limbs related	1771	5000
Eyes	527	5000
Ears	762	5000

Major ailments being faced by Elderly

IX. OBSERVATIONS

"I want to live on my own to avoid frequent neglect by my son, daughter-in-law and grandchildren, but I have no regular income to feed myself and take care of my other daily needs and medicines. Now this has become part of my life."

- Dayanand Sharma, 70, Shalimar Bagh, Delhi

"Old people of my age find it very difficult to adjust themselves in fast changing modern society. This causes a lot of tension in our lives and younger generations do not try to understand their elderly family members. They term elderly people as conservative and consider them as burden on their respective families."
- Sunder Lal Meena, 80, Bikaner, Rajasthan

"After the death of my husband 2 years ago, I lost all kind of support from my family members. My two elder sons denied taking care of me in old age, due to space problem in their houses. At this age, my status in my own house is like a maid servant and I have to cook food and wash clothes of my younger family members. My son forced me to handover entire family pension. I have no option but to submit for the sake of peaceful life in old age."

-Durga Shrivastava, 68, Ghatkopar, Mumbai

"I have to live in an old age home because of relentless family dispute between my sons and daughters' families. My children are after my property and after demise of my husband, some want their part in house and some want to sell out property. At this age, when family support matters most, I am struggling in old age home." *- Sumati Vasudevan, 85, Chennai, Tamil Nadu*

X. CONCLUSIONS:

   a. Elderly have no institutional care system and have to depend on community care/ family care in India.
   b. Suffering of elderly is directly proportional to the level of disadvantage suffered by an elderly in terms of his/her placement in caste, class, gender, regional/urban development, general medical handicap or sickness.
   c. Elderly women find no time for leisure or recreation and have lesser possibilities than man to lead retired life.
   d. Elderly suffer lack of emotional care and elder abuse more in urban areas than rural areas.

The research though limited in coverage in terms of a national reach for developing a macro-perspective, throws up vital leads regarding the patterns of care essential for the elderly people, the trends of change as evident in the structure and functioning of the family, social relations and social networks that impinge upon the way in which social support is available to the elderly in the community; adverse situations faced by the elderly and the need for policy changes and institutional interventions to cater to the unmet needs of the elderly. Qualitative research methods were used by a group of experienced social scientists of very senior level in the discipline of sociology, social work, psychology and anthropology to understand unique experiences of some of the respondents. This has conclusively shown a need for a paradigm shift in thinking with regard to the need of care services for the elderly that need to be tailored to meet each individual's needs in India and it may be true of entire South Asia given the long historicity of cultural similarities and legacy of colonial and other socio-political factors. This could also be true for many traditional developing societies in different continents of the world wherever similar socio-cultural, historical, political and developmental economics is witnessed. A comprehensive care package that

includes promotional, preventive, curative and rehabilitative services is essential for this expanding group of population; and suggests for newer forms of services and program interventions by the government. Easy accessibility, continuity and good quality of care only can earn respect and satisfaction of the elderly.

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