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Ageing and elderly care in India: A conceptual framework

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Abstract

Aging has profound consequences on a broad range of economics, political and social process. "Aging also brings change in the living arrangements of older people vis-a-vis younger family member and in the private and public system of economic support for children, adults, and most critically older persons. The age categories such as infancy, childhood, adolescence, adulthood, middle age, and old age are the inexorable stages of human life being determined in biological and socioeconomic conditions. (Niaz *et al*, 2009). The changing demographics and social trends in terms of shifts from extended to a more nuclear family system has raised concerns about the rising old-age dependency ratio and the adequacy of future family support for the elderly. The present study is a conceptual framework introspecting various aspects of Ageing and Elderly care

Keywords: Ageing, Elders, Society, Elderly abuse

1. Introduction

India is a place where human values of compassion, generosity, honesty, loving kindness and truth have been practiced. By the inhabitants of yester years in contrast, wooing to the opening up of the economy, urbanization and the import of culture, the people to a large extent are deluded in ignorance, greed and selfishness. The joint family system where the family members of three generations used to live together peacefully achieving their human goals have been dented slowly and gradually by the force of globalization and modernization giving way to nuclear family system. The cultural fabric of the society respecting each other and one another in the family has broken. This brought untold misery and on slot on the senior citizens. Now a days in the competitive world senior citizens are neglected and put into misery and melancholy on account of multiple avoidable and un avoidable reasons.

2. Demographic transition

One of the striking features of demographic transition in the world has been the substantial increase in the absolute and relative numbers of elderly people. Declining mortality has meant improving life expectancies and an increasing proportion of older people in the population (WHO, 1984). The protruding vertex of population pyramid of India is evincing the significant increase in elderly population over a few decades. As a matter of concern, the country is grappling by the elderly population, a non-working and ill health population, is second highest in the world. The competence to delay death through medical advancement and increasing education has resulted into improved life expectancy resulting into protruding vertex. (Yatish Kumar and Anita Bhargava 2014) ^[1].

The elderly population of the world (60 years and older) was 251 million in 1950, and increased to 488 million in 1990. It is expected to increase from 530.5 million in 2010 to 2 billion in 2050. The old age population in Pakistan has more than a tripled since 1947, with nearly 10% of all persons being 60 years and above. (WHO World Aging Report, 2013). Life expectancy has risen by almost three decades in the last 50 years and will reach close to 72 years by 2023.

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¹ Elder Abuse in Indian families: Problems and Preventive Actions; International Journal of Scientific and Research Publications, Volume 4, Issue 10, October 2014 ISSN 2250-3153

(International data base, 2004) The aging process in fact starts from the day you are born, but to be considered elderly, it is most often assumed that after the age of retirement a person is regarded as a senior citizen.

However, aging also presents a range of Scio-economic challenges for individual's families, and societies at large. As people get older bodily functions decrease, so some of the functions that change are in vision, hearing, touch, skin, endocrine renal and musculoskeletal. As is common in western societies, like USA and UK old parents most often live alone, or if they have health problems, they are left at nursing home or at an old people's home and retirement communities. (Naushin Mahmood 2008) Dr. Syeda Farhana Sarfaraz, Dr. Sakina Riaz (2015) ^[2].

3. Family as a major support system

Family was a good situation within which to grow old. Family was a very important source of help for senior citizens in times of need. Family support is one of very important factors in helping senior citizens feel less stressed and worried about things. On the other hand, independence and a perceived lack of importance to their friends contributed more towards a stress-free ageing process. It has been proved by studies that people are, for the most part, helpful and loving which contribute to the socio-psychological health of the elderly people. It is good place to be very old and very young. As we have discussed above, India will be having the highest aged population in the elderly by 2025.

There is a vast body of literature that points out that in spite of the growing numbers of the aged in the country; institutional social safety nets for the elderly are extremely inadequate. In a social milieu where family networks continue to be the major source of psycho-social support and deep-rooted cultural norms and perception regarding the family, although apparently dwindling in near past, the role of family as the crucial source of support for the elderly assumes greater significance. Thus effective family support is a key component of the overall well-being of the elderly.

Following the traditional living arrangement prevalent in rural India, co-residence of the aged members of the family with their children is common. Studies present that the overall well-being of the elderly is greater when they co-residing with children. It also important to note that, it is not only staying with children but also quality of interaction matter in the family. Studies have also revealed that in rural India, a majority of the elderly stay either with their spouse only, with spouse and others, mostly counting the children or without spouse but with children.

Thus, living arrangement of the aged suggest significant co-residence with children, apart from spouse. Further, co-residence with children is also found to increase along with the age of elderly, among females, for the lesser educated, and to a certain extent among the poorer economic status quintiles. Incidence of illness is comparatively lower among the aged who live with children, and they also report themselves to be 'currently' in good/fair state of health. This suggests better state of well-being among the elderly

residing with their children, indicating stronger familial support ^[3].

4. A global perspective on intergenerational learning ^[4]

Intergenerational learning is emerging as a means for a nation's older adults to make valuable contributions to its children, youth and young adults while enhancing their own learning and growth. It is a concept that includes cross-generational and cross-system partnerships. Intergenerational learning will become even more important in the context of demographic ageing. Interest in this concept is increasing as its relevance is linked to other initiatives that focus on learning as a significant global concern in our changing world.

The European Approaches to Intergenerational Lifelong Learning (EAGLE) report for England 2007 integrates in the diverse lifelong learning initiatives a wide range of intergenerational learning opportunities. They include formal skills exchange, transmission of knowledge and history and activities that promote citizenship and social inclusion. The breadth of this interest is also illustrated by the 900 organizations who are members of the Centre for Intergenerational Practice that embrace the intergenerational learning concept (Hatton-Yeo, 2007).

The UNESCO Institute on Education (UIE) conducted a study of intergenerational programmes for schools promoting international education in developing countries through the International Baccalaureate program. The study noted that intergenerational learning meets three requirement of the UIE lifelong learning program, a major focus of UIE.

- It facilitates cross generational mobilization of learning resources (different learning experiences of young and old and space).
- It makes it possible, through cross generational exchange of experiences, for young and old persons to continue to learn from each other's present and past academic and life experiences.
- The importance of accumulating experiences, attitudes, knowledge and Wisdom in order to continue to grow and mature throughout life (Brown and Ohsako, 2007).

To reinforce a growing interest and to maintain the future of intergenerational learning as a vehicle to expand cross generational learning and exchange between our young and old, it may now be time to consider policy changes that recognize this concept and its potential contribution to social interaction and intergenerational solidarity.

5. Demography of Indian ageing ^[5]

The large increase in human life expectancy over the years has resulted not only in a very substantial increase in the number of older persons but in a major shift in the age groups of 80 and above. The demographic profile depicts that in the years 2000-2050, the overall population in India will grow by 55% whereas population of people in their 60 years and above will increase by 326% and those in the age

² International Journal of Research in Humanities and Social Studies Volume 2, Issue 11, November 2015, PP 27-36 ISSN 2394-6288 (Print) & ISSN 2394-6296 (Online); Problems Faced by Senior Citizen in Contemporary Society: Findings from the Household Survey in Karachi-Pakistan

³ Papiya G. Mazumdar & Sumit Mazumdar, Dynamics of Family Support for the Elderly in Rural India: The Influence of Co-Residence with Children, <http://iussp2009.princeton.edu/download.aspx?submissionId=91597>

⁴ Intergenerational Learning and the Contributions of Older People; Sally Newman; 2008.

⁵ National Policy for Senior Citizens March 2011

group of 80+ by 700% - the fastest growing group (see table and graph).

Years	Total Population (millions)	60+ (millions)	80+ (millions)
2000	1008	76	6
2050	1572	324	48

(Source: World population Ageing: 1950-2050; Department of Economic and Social affairs, Population Division, United Nations. New York.2002)

This important group of people has unique concerns when it comes to family. Although the age of considering senior citizens varies countries to counties but the issue of old age and the problem of senior citizens are remain there. The percentage of the population above 65 will be highest in developed countries, but the absolute number will be higher in developing countries. Developing countries such as China and India have the largest total population, and will continue to have the largest absolute number of elderly people. With a comparatively young population, India is still poised to become home to the second largest number of older persons in the world ^[6].

6. Gerontology

Gerontology is the study of the social, psychological and biological aspects of ageing. It is distinguished from geriatrics, which is the branch of medicine that studies the diseases of older adults. Gerontologists include researchers and practitioners in the fields of biology, nursing, medicine, criminology, dentistry, social work, physical and occupational therapy, psychology, psychiatry, sociology, economics, political science, architecture, geography, pharmacy, public health, housing, and anthropology.

7. Ageing and gerontology ^[7]

Ageing in humans refers to a multidimensional process of physical, psychological, and social change. Age is measured chronologically, and a person's birthday is often an important event. However the term "ageing" is somewhat ambiguous. Distinctions may be made between "universal ageing" (age changes that all people share) and "probabilistic ageing" (age changes that may happen to some, but not all people as they grow older including diseases such as type two diabetes). Chronological ageing may also be distinguished from "social ageing" (cultural age-expectations of how people should act as they grow older) and "biological ageing" (an organism's physical state as it ages).

There is also a distinction between "proximal ageing" (age-based differences that can be traced back to a cause early in person's life, such as childhood poliomyelitis). Chronological age does not correlate perfectly with functional age, i.e. two people may be of the same age, but differ in their mental and physical capacities. Each nation, government and non-government organization has different ways of classifying age. Population ageing is the increase in the number and proportion of older people in society.

⁶ Senior Citizens and Family

⁷ Social in Ageing, Dr. Afroze Eqbal (2015) Pg 3

8. Standard views about the economic impacts of population ageing

Effect	Standard view
Dependency rates	Population ageing increases the share of population that does not work, reducing its overall productivity
An ageing workforce	Older workers are inherently less productive than younger ones
Resource allocation	Older people consume disproportionate amounts of public and private resources (pensions, health services and care). This reduces resource availability for more productive investments
Savings	People divest savings in later life, which depresses the overall savings rate

9. Risk factors for elder abuse in a domestic setting ^[8]

The British Geriatric Society in its evidence to the House of Commons Select Committee identified the following risk factors for elder abuse in a domestic setting:

- Social isolation-those who are abused usually have fewer social contacts than those who are not abused;
- A history of a poor quality long-term relationship between the abused and abuser;
- A pattern of family violence (the abuser may have been abused as a child);
- Dependence of the person who abuses on the person they abuse (for example, for accommodation, financial, and emotional support);and
- A history of mental health problems or a personality disorder, or drug or alcohol problem in the person who abuses.

10. Families and elder care in the twenty-first century

- For most of the nation's history, caring for the elderly was a family affair carried out largely by women in the home. As the twenty- first century unfolds, however, elder care in the United States is an increasingly complex enterprise, with much personal care "outsourced" to paid nonfamily caregivers.
- Today elder care is a multi-sector undertaking with six key stakeholder groups-health care providers, nongovernmental community-based service agencies, employers, government, families, and elders themselves.
- The six groups however, often work separately, or even at cross-purposes. They must be better integrated and resourced to ensure that seniors can age with dignity, families can receive appropriate supports, and society can manage the costs associated with geriatric health care and elder economic security.

11. Challenges of an ageing population ^[9]

The challenges of population ageing are global, national and local. Meeting these challenges will require innovative planning and substantive policy reforms in developed countries in transition. Developing countries, most of whom

⁸ Older People in Law and Society, Jonathan Herring (2009) Pg 151

⁹ Sociology of Ageing; Ajaya Kumar Sahoo; Gavin J. Andrews; S. Irudaya Rajan (2015)

do not yet have comprehensive policies on ageing, face the biggest challenges.

Challenge 1: The Double Burden of Disease

As nations industrialize, changing patterns of living and working are inevitably accompanied by a shift in disease patterns. These changes impact developing countries most.

Challenge 2: Increased Risk of Disability

In both developing and developed countries, chronic diseases are significant and costly causes of disability and reduced quality of life. An older person's independence is threatened when physical or mental disabilities make it difficult to carry out the activities of daily living.

Challenge 3: As populations age, one of the greatest challenges in health policy is to strike a balance among support for self-care (people looking after themselves), informal support (care from family members and friends) and formal care (health and social services).

Challenge 4: Women live longer than men almost everywhere. This is reflected in the higher ratio of women versus men in older age groups.

Challenge 5: As populations age, a range of ethical considerations comes to the fore. They are often linked to age discrimination in resource allocation, issues related to the end of life and a host of dilemmas linked to long-term care and the human rights of poor and disabled older citizens.

Challenge 6: The Economics of an Ageing Population

Perhaps more than anything else, policy makers fear that rapid population ageing will lead to an unmanageable explosion in health care and social security costs.

Challenge 7: Forging a New Paradigm

Traditionally, old age has been associated with retirement, illness and dependency. Policies and programs that are stuck in this outdated paradigm do not reflect reality. Indeed, most people remain independent into very old age.

12. WHO and ageing

In 1995 when WHO renamed its "Health of the Elderly Programme" to "Ageing and Health", it signalled an important change in orientation. Rather than compartmentalizing older people, the new name embraced a life-course perspective: we are all ageing and the best way to ensure good health throughout the life-course. Conversely, the health of those now in older age can only be fully understood if the life events they have gone through are taken into consideration.

The aim of the Ageing and Health Programme has been to develop policies that ensure "the attainment of the best possible quality of life for as long as possible, for the largest possible number of people. "For this to be achieved, WHO is required to advance the knowledge base of gerontology and geriatric medicine through research and training efforts? Emphasis is needed on fostering interdisciplinary and inter-sectoral initiatives, particularly those directed at developing countries faced with unprecedented rapid rates of population ageing within a context of prevailing poverty and unsolved

infrastructure problems. In addition, the Programme highlighted the importance of:

- Adopting community-based approaches by emphasizing the community as a key setting for interventions
- Respecting cultural contexts and influences
- Recognizing the importance of gender differences
- Strengthening intergenerational links
- Respecting and understanding ethical issues related to health and well-being in old age.

The International Year of Older Persons (1999) was a landmark in the evolution of the WHO's work on ageing and health. That year, the World Health Day theme was "active ageing makes the difference" and the "Global Movement for Active Ageing" was launched by the WHO Director-General, Dr Gro Harlem Brundtland. At this occasion, Dr Brundtland stated: Maintaining.

13. Conclusion

Although abuse of the elderly by family members, caregivers and others is better understood today than it was 25 years ago, a firmer base of knowledge is needed for policy, planning and programming purposes. Many aspects of the problem remain unknown, including its causes and consequences, and even the extent to which it occurs. Research on the effectiveness of interventions has to date yielded almost no useful or reliable results.

If combating elder is the goal, which is increasingly being recognized by societies, then the target of services must be extended beyond older people to include the larger networks and community. Education and outreach, and engaging community organizations are essential. Besides, in developing preventive and combating strategies, mechanisms to regulate care and monitor it in the family, community and institutional settings is necessary.

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