



Social Support and Geriatric Care in Hilly Areas of North India

Ambreen Jamali, (Ph.D.), Department of Social Work,
Central University of Himachal Pradesh, Dharamshala, District Kangra, Himachal Pradesh, INDIA

ORIGINAL ARTICLE



Corresponding Author

Ambreen Jamali, (Ph.D.),
Department of Social Work,
Central University of Himachal Pradesh,
Dharamshala, District Kangra,
Himachal Pradesh, INDIA

shodhsamagam1@gmail.com

Received on : 20/07/2022

Revised on : -----

Accepted on : 27/07/2022

Plagiarism : 09% on 20/07/2022



Plagiarism Checker X Originality Report

Similarity Found: 9%

Date: Wednesday, July 20, 2022

Statistics: 194 words Plagiarized / 2167 Total words

Remarks: Low Plagiarism Detected - Your Document needs Optional Improvement.

Social Support and Geriatric Care in Hilly Areas of North India. Dr. Ambreen Jamali,
Assistant Professor, Department of Social Work, Central University of Himachal Pradesh
Abstract Researcher aims to understand the wellbeing, feelings and emotions of elderly
people living in urban region of Dharamshala, District Kangra, Himachal Pradesh, India.

The children of majority of old age people are settled outside the state, because of their
occupations. Maximum elderly are managing their daily routine alone or with their
spouses. Although nine out of ten respondents were able to walk, dress, maintain
personal hygiene. Economically they are self-reliant and few of them are dependent on

ABSTRACT

Researcher aims to understand the wellbeing, feelings and emotions of elderly people living in urban region of Dharamshala, District Kangra, Himachal Pradesh, India. The children of majority of old age people are settled outside the state, because of their occupations. Maximum elderly are managing their daily routine alone or with their spouses. Although nine out of ten respondents were able to walk, dress, maintain personal hygiene. Economically they are self-reliant and few of them are dependent on their children. On interviewing them researcher found that more than half of the elder people are facing fear for morbidity care, loneliness, anxiety, depression and insomnia. This study will identify the problems faced by the elderly, what they expect from their children, from Government, community, society.

KEYWORDS

Care, Elderly, Social Support, Geriatric.

INTRODUCTION

India is a value based society. In our moral values we are taught about how it is our obligation to respect our elders and love our children and support our elders. But in today's era people are far away from taking of their old parents. They are adopting the concept of nuclear family and mostly they want to spend time in the cities far from home and their parents to study or to get a job and because of this reason mainly the old parents feel loneliness and stress. This study will be a mode of learning about the lives of the elderly people in Dharamshala. Elderly people are socially and economically dependent on their families. Elderly people go through various types of problems;

physical, psychological, economic and social. The problems that elderly people mostly face do not only affect them emotionally but it also affects their mental health and requires support and assistance.

Socio-demographic Profile of Elderly People

Indeed the UN proclaims global ageing is unprecedented, unparalleled, pervasive, profound and enduring. In 2017, the global population of aged above 60 years were 962 million, more than double as very large as in 1980 at that time there were only 382 million elderly persons in the world. The number of elderly is expected to increase two times again by 2050, whereas it is expected to arrive at almost 2.1 billion (United Nations Population Fund, 2017). The old aged people of the developing regions are increasing more rapidly as compared to developed regions. Therefore, the rising regions are house to a growing share of the world's old aged population. The developing regions were house to 56 % of aged people 60 years or above in 1980. In 2017, two third of the world's old aged population lived in the developing regions. Between 2017 and 2050, the number of old aged people who are 60 years or above is expected to grow more than double, from 652 million people to 1.7 billion in the developing regions. While the more developed regions are predictable to observe a 38% increase in the number of old aged people above that period, which will increase from 310 million people who are 60 years or above in 2017 to 427 million in 2050. Projections point out that in 2050, there will be 79% of the world's population of 60 years or above in the developing regions (Li, J., Han, X., Zhang, X., & Wang, S. (2019).

Indian Perspective of Ageing Problems

In India too, the size and percentage of elderly population have been increasing in recent years and this trends is likely to continue in the coming decades. "The elderly population has increased from 75.93 million in 2001 to 104 million in 2011. By 2050, the elderly population is likely to increase by three times to reach around 300 million, accounting for 20% of the total population of the country" according to (Kumar, S., Kumar, K.A.). Aged is one of the most significant worldwide trends of the twenty-first century and the question has continuously getting a lot of attention from the community, and policy makers. Whereas the twenty-first century is extensively being considered the century of aged people, the 22nd century is predicted to observe the occurrence of the 'ageing of the aged'. The rise of life expectancy has resulted a main shift in the age group of 75 years and over, well-known as the 'oldest old'. These rising trends call for incredible attempts to carry on with new demands and challenges are economic, psychological, and health related.

Customarily, in India, old age people spouses rear their children and expect their grown up children and grand children to take care of them at their elderly stage of life. This cohabitation is the assurance they have that they will receive social, emotional and care from their kids in old age.

As the modernization, urbanization, industrialisation, and westernization spread here and everywhere, elderly people are put on their own care. Today people prefer nuclear family over joint family and consequently, as a result elderly people are facing number of problems like social disorganisation, economic problems, psychological problems, feeling of isolation, health determination, total dependence and discrimination as well. Everyday elderly are physically abused, humiliated, threatened and isolated by their family members and others. The society no longer understands the problems of elderly people. Instead of understanding their pain the society blames over their intolerable attitude which makes them burden for the younger generation.

The increase in the employment of women outside the home means their help and presence is lost to the aged in the household. In such a situation how the old in an urban setup are being looked after by the family is worth enquiring. Young generation respect for and dependence on the old is reduced. The elderly lose everything including friends, spouses, status, power, influence, income and

health, none of which can be replaced. Thus they become short tempered, rigid in their attitudes and suspicious. The intensification and increase in the life span due to advance in medical field, have led to growth in the elderly population.

Once we understand and declare it as ‘Elderly problem’ we will be ready to change and solve their problem. No individual has the right to oppress the power of other individual as it is a violence of human right. No religion allows its believers to show their hard attitude towards the elderly people, but to treat them with love, sympathy, kindness and mutual cooperation, social services, especially public and private (NGOs) will have to bear responsibility.

National Schemes and Programmes for the Welfare of the Elderly People

The Nodal ministry of Government of India named “Ministry of social justice and Empowerment” aims to welfare and care for old aged. It focuses on geriatric support by various acts in collaboration with various Government/ Non-Governmental Organizations (NGOs), Panchayati Raj Institutions, local bodies and the community at large through the following programs and schemes:

“Integrated Programme for Older Persons (IPOP)”: The ministry of social justice and empowerment is implementing a central sector scheme of integrated programme for older persons (IPOP) since 1992. Which was revised in 2008, and new innovative projects were included for the welfare of elderly people. Under this programme, grants are given for running and maintenance old age homes, day care centres, mobile medicare units, multi-facility care centre for older widows etc.

“National Policy for Older Persons (NPOP)”: The first step taken by the Indian Government provides a broad-framework of social welfare schemes for the elderly people in January 1999. The Ministry of Social Justice and Empowerment announced and adopted NPOP to reaffirm its commitment of ensuring the well-being of elderly people. The policy defines ‘senior citizen’ as a person who is 60 years old or above.

“Maintenance and Welfare of Parents and Senior Citizen’s Act”. The Act provides for:

- a) Establishment of various Old age homes for the deprived elderly people.
- b) To provide beds and wards in Government hospitals, funded by the central Government.
- c) Provide protection and medical facilities to elderly people.
- d) Revocation of transfer of property by senior citizens, in case of negligence by children or relatives.
- e) Maintenance of parents or senior citizens in old age stage by children or relatives made obligatory and justifiable through tribunals.
- f) Separate railway ticket counters for senior citizens, concession in rail and Air fare.

Objectives

1. To study the diverse problems faced by the elderly people of Dharamshala
2. To understand the expectations of elderly people from family, peer group, society and relatives.
3. To provide various suggestions to various policy makers, NGO’s and other organizations working for geriatric care.

Delimitation

1. Present study is delimited to people above age 60 years.
2. Present study is limited to Dharamshala City only.
3. Present study is limited to problems, experience and expectations of elderly people.

Methodology

People above 60 years of age were the prime respondents. Simple random sampling was done through listing method. List of the elder people was obtained from the local representatives of the Dharamshala. The Dharamshala was geographically divided into four zones (north south, east & west) by the researcher and among all zones equal numbers of families were taken into sample frame. The households having elderly person (age above 60 year) were in the sampling frame. Further, Sample of 290 families was interviewed and descriptive research was use for describing, explaining, and validating the findings. The respondents were informed about the objectives of research and prior interview ethically verbal consent was taken from the respondents.

Data reveals that among 290 elderly families, more than 65% of the respondents were females and the other 35% were male. 71.4% of the total population belonged to nuclear family whereas 14.3% of the population of the total population belonged to joint family. Whereas 14.3% of the total population had extended families. All respondents follows Hindu religion.

Findings

During the current scenario it is very obvious that most of the Children of old age people were not living with them because they were doing job out of the city so old people have to live alone. Most of the old age people spend most of their time by watching news and spiritual channels. They expect their must be an place where they can spend their time .They wish to spend time with their children and with their grandchildren.

Most of the old people were depressed due to loneliness. And old age people who are living with their children were having better situation. Psychological, financial and emotional problems also affect their mental health. Because of which they were into disputes with their daughter in law and their sons.

Old age people in some areas do face social ignorance .Some old age were having medical problems but they were unable to deal with it. Maximum of fear that in case of any kind of ailment, or morbidity there is no one to take care of them. Also they regrets that out health system also is not so good in palliative care and geriatric care.

During the study it was found that most of the elder people were living alone with their partner and were missing their children. Overall experience of the elderly people was that they are happy with their current living conditions where they pass their time doing their house chores and spending time with their friends. And most of the population spends their time in their homes. But in observations of the researcher found was that they are socially disintegrated. Also they all were facing geriatric related medical ailments like, blood pressure, diabetes, dementia, weak eye sight, joint aches, common weakness etc.

Suggestions and Conclusion

Like Anganwadis for kids and heath workers taking health care for noenatals and kids, similarly there should be provision for old aged people to ensure proper health care, social support and emotional wellbeing. As maximum of old age people don't want to go for old age home rather they want their old age to be in their own houses with their neighbours, friends, relatives, social group and children.

To maintain financial and economic wellbeing of old aged there should be made provision of old age financial support ether from state or compulsory from children by the virtue of law. This will decrease their dependency and will promote their social welfare.

Government organizations or NGO's to proper door step health facilities and easily accessible recreational facilities. The various awareness programs regarding digital literacy and cyber crime (phishing) to be given to all old aged.

There should be effective implementation of welfare programs and acts. The old age homes must be administered regularly by competent authorities. The provision of proper safety and security measures to be provided by administration for old aged.

Aged people have their own viewpoints and perspectives. So individuality must be praised and their view point needs to be respected. 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.

REFERENCES

1. Adhikari P. Geriatric health care in India - Unmet needs and the way forward. Arch Med Health Sci 2017;5:112-4
2. Berkman, B. and Sharama, K.L. (2015). Social Work in Health and Ageing, Global Perspectives. Rawat Publications, New Delhi. P. 267-268
3. Butler, R. N. (1969). Age-ism: Another Form of Bigotry. The Gerontologist, 9(4) part-1), 243-243.
4. Dan Bahadur Baidwar Kshetri, Cairns S. Smith & Mira Khadka (2012) Social care and support for elderly men and women in an urban and a rural area of Nepal, The Aging Male, 15:3, 148-152, DOI: 10.3109/13685538.2012.666920
5. Erikson, E. H. (1980). Identity and the life cycle Norton. New York, P. 155.
6. Hindustan Times, Bhopal Oct. 1, 2017.
7. Hooyman, N. R., & Kiyak, H. A. (2008). Social gerontology: A multidisciplinary perspective. Pearson Education. P.5
8. <https://www.unfpa.org/annual-report-2017> retrieved on 01.january.2021
9. Ingle GK, Nath A. Geriatric health in India: concerns and solutions. Indian J Community Med. 2008 Oct;33(4):214-8. doi: 10.4103/0970-0218.43225. PMID: 19876492; PMCID: PMC2763704.
10. Kommana, S., Wartak, S. A., & Joelson, J. (March 01, 2010). Coarctation of distal thoracic aorta—the middle aortic syndrome in an elderly female with severe coronary artery disease. The Journal of Invasive Cardiology, 22, 3.)
11. Kumar, S., Kumar, K.A. Living Arrangement and Economic Dependency among the Elderly in India: a Comparative Analysis of EAG and Non EAG States. Ageing Int 44, 352–370 (2019). <https://doi.org/10.1007/s12126-019-9344-3>
12. Kumar, S.V. (2016). Family Life and Socio-Economic Problems of the Aged. New Delhi: A.P.H. Publishing Corporation. P. 24.
13. Li, J., Han, X., Zhang, X., & Wang, S. (2019). Spatiotemporal evolution of global population ageing from 1960 to 2017. BMC public health, 19(1), 1-15.
14. Luis Miguel Gutiérrez-Robledo, Looking at the Future of Geriatric Care in Developing Countries, The Journals of Gerontology: Series A, Volume 57, Issue 3, 1 March 2002, Pages M162–M167, <https://doi.org/10.1093/gerona/57.3.M162>
15. Mane, A. B. (2016). Ageing in India: Some Social Challenges to Elderly Care. J. Gerontol Geriatr Res, 5,136.

16. Mc Donald L. and Sharma K.L. (2011). Ageism and Elder Abuse: Rawat Publications Jaipur, p. 19-28
17. Muthukrishnaveni (2010). Living Arrangements and Health Conditions of Elderly in Rural India, Serial Publications New Delhi, p. 196-197.
18. Nag, K., Karmakar, N., & Datta, A. (2021). Importance of Geriatric Health Care in India during Covid 19 Pandemic. In (Ed.), Update in Geriatrics. IntechOpen. <https://doi.org/10.5772/intechopen.95500>
19. Pati, R.N & Jena B, (1989). Aged in India, "Some Aspects of Ageing in India". Ashish Publications New Delhi. P. 74
20. Prakash, O., Kukreti, P. State of Geriatric Mental Health in India. Curr Tran Geriatr Gerontol Rep 2, 1–6 (2013). <https://doi.org/10.1007/s13670-012-0034-1>
21. Rajan, S. Irudya and Mishra, U. S. (2011). "The National Policy for Older Persons: Critical Issue in Implementation," BKPAI Working Paper No. 5, United Nation Population Fund (UNFPA). New Delhi.
22. Raju, S. S. (2011). "Studies on Ageing in India: A Review," BKPAI Working Paper NO.2, United Nations Population Fund (UNFPA), New Delhi. P. 33
23. Randhawa, Maninder and Bhatnagar, (1991). The Rural and Urban Aged, National Book Organization New Delhi, p. 22.
24. Ruth Jacob (2001). Ageing Human Development; New Delhi, Rawat Publications
25. Sandhya, R. S. (2010). Sociological analysis of the problems of the oldest old (A study conducted in Kerala). International Research Journal of Social Sciences, 3(1), 57-79.
26. Sathyanarayana, K. M., Kumar, S., & James, K. S. (2014). Living arrangements of elderly in India: policy and programmatic implications. Population Ageing in India, 74-95.
27. Sharamakm, I. (2009): Dimensions of Ageing, Rawat Publications, New Delhi. p. 125-134
28. State of elderly in India (2015). Help Age India, C-14, Qutab Institutional Area New Delhi-110016, www.helpageindia.org
29. Sumati K., Raju, S., Smita, B. (2016). Social security for the elderly in India, United Nations Population Fund (UNFPA), New Delhi, p.18-22
30. Suneetha, K. (2010). Social Support for the Elderly, Sonali Publication, New Delhi p. 4
