

Understanding Elderly Abuse- A Special Reference to Elderly in an Urban Slum of Coimbatore, Tamil Nadu

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Abstract- A descriptive study was conducted among 80 elderly people using convenient sampling technique at Jawahar Nagar, Coimbatore to identify the prevalence of elderly abuse. The data was collected through an interview schedule by adopting the Elder Abuse Suspicion Index (EASI) tool. The finding reveals that 70% of them were between 60 and 70 years, females and were not working. Half of them had some form of assets and lived with their spouse, while 20% lived with their married daughter and 30% with their sons. Seventy percent of them had one or more medical problems like Hypertension, Diabetes mellitus and Asthma. Half of them expected help from their spouse, 40% from their children and 10% from their grand children. Further the finding reveals that 56% of them relied on others for carrying out their activities of daily living. About 30% of them complained about limitation of freedom and psychological abuse, while 19% complained of financial abuse and none of them notified of physical abuse. In 10% of the elderly the researcher was able to notice behaviours like poor eye contact and withdrawn behaviour which can be related to some form of abuse. The notable finding in the study was that, the elderly who lives with their married daughters were faced lesser abuse than the old people reside with their son.

Index Terms- Elderly, Abuse

I. INTRODUCTION

The world is today at the brink of a paradigm shift with an increasing population of older people as compared to children and more people at extreme old age than ever before. (World Health Organisation, 2011). United Nations report projected the number of people aged 65 or older to grow from an estimated 524 million in 2010 to nearly 105 billion in 2050, with most of the increase in developing countries (United Nations, 2013)

India is growing old. The stark reality of the ageing scenario in India is that there are 77 million older persons in India today, and the number is growing to grow to 177 million in another 25 years. With life expectancy having increased from 40 years in 1951 to 64 years today, a person today has 20 years more to live than he would have 50 years back. (Shubha Soneja 2011). Census shows an increase in the percentage of population over the age of 60 years from 6.8 in 1991 to 8.6 in 2011 (Census of India, 2011)

A 'senior citizen' or 'elderly' is a person who is of age 60 years or above. (National Policy on Older Persons, 1999).

Although projections indicate that India's population above 60 years will be double in size between 2001 and 2026, the elders will account for 12.17 percent of overall population in 2026, and being a vast country, India may face the problems differently at rural and urban part. India will have another kind of a problem as despite of rapid and consistent economic growth, it will have a huge ageing population who may be far poorer than their counterpart in the West. In India, most of those who have worked in organized sector get pension and other retirement benefits after attaining the age of superannuation varying between 60 to 65 years. But for others, Government of India and State Governments, at present, have very nominal old-age pension coverage. It varies from Rs. 75/- to 150/- in a month. In addition some other additional benefits for the elderly are also being provided by the Central and State Governments. But much is to be done as at the old age their medical expenses go up and dependency on children / relative goes up for physical, mental and economic support.

Among economically dependent elderly men 6-7% was financially supported by their spouses, almost 85% by their own children, 2% by grand children and 6% by others. Of elderly women, less than 20% depended on their spouses, more than 70% on their children, 3% on grand children and 6% or more on others including the non-relations. Nearly 40% of persons aged 60 years and above (60% of men and 19% of women) were working. In rural areas 66% of elderly men and above 23% of aged women were still participating in economic activity, while in urban areas only 39% of elderly men and about 7% of elderly women were economically active. (Central statistics office 2011)

With this kind of an ageing scenario, there is pressure on all aspects of care for the older persons – be it financial, health or shelter. With older people living longer, the households are getting smaller and congested, causing stress in joint and extended families. Even where they are co residing isolation and insecurity is felt among the older persons due to the generation gap and change in lifestyles. Increase in lifespan also results in chronic functional disabilities creating a need for assistance required by the older person to manage chores as simple as the activities of daily living. With the traditional system of the lady of the house looking after the older family members at home is slowly getting changed as the women at home are also participating in activities outside home and have their own career ambitions. There is growing realisation among older persons that they are more often than not being perceived by their children as a burden. (Shubha Soneja 2011)

Old Age has never been a problem for India where a value based, joint family system is supposed to prevail. Indian culture is automatically respectful and supportive of elders. With that background, elder abuse has never been considered as a problem in India and has always been thought of as a western problem. Also the traditional Indian society and the age-old joint family system have been instrumental in safeguarding the social and economic security of the elderly people in the country. However, the coping capacities of the younger and older family members are now being challenged and more often than not there is unwanted behaviour by the younger family members, which is experienced as abnormal by the older family member but cannot however be labelled. However, with the rapid changes in the social scenario and the emerging prevalence of nuclear family set-ups in India in recent years the elderly people are likely to be exposed to emotional, physical and financial insecurity in the years to come.

Elder abuse is defined as a single or repeated act, or lack of appropriate action, occurring in any relationship where there is an expectation of trust, that causes harm or stress to an older person. It includes physical, psychological, and sexual abuse, financial exploitation, and neglect. Elder abuse is any knowing, intended, or careless act that causes harm or serious risk of harm to an older person— physically, mentally, emotionally, or financially. In actuality, most cases of elder abuse go unidentified and hence unreported by health and welfare practitioners. Consequently, many victims of abuse or neglect do not receive the help that might improve their quality of life and their psychological and physical health. Abuse in older adults is related to increased morbidity and reduced survival even after adjustment for other risk factors for mortality. In addition, elder adults are frequently reluctant to tell health care or welfare practitioners of the mistreatment they suffer out of fear, shame, or a sense of hopelessness. (Miri Coilen 2011)

II. REVIEW OF LITERATURE

A Community Response to Financial Abuse of Older Adults addresses the phenomenon of financial/material abuse against dependent older adults who live in the community and are being cared for by a family member, friend or neighbour or who are living in a residence or nursing home and cared for by paid caregivers. It is hard for us to imagine that such abuse exists and in fact, has always existed in our society. Violence against older adults is yet another manifestation of domestic violence, about which we, as a society, are becoming more and more aware. It is important for all members of society, as well as health care professionals, to be aware of the signs and symptoms of this phenomenon so that we can find ways to detect the presence of such a problem and thus enable the victim to get the help they need. As well, we need to find ways of preventing such abuse from occurring and how to avoid them (Daphne Nahmiash and Rhonda Schwartz, 2008)

Jain (2008) traces a pattern of increasing elderly abuse amidst changes in the Indian family structure and function. The transition in interaction pattern, interpersonal relations and communication pattern leads to a serious threat for healthy aging. The exemplary short case studies reported indicate that elders are encountering both physical and psychological distancing in joint

as well as nuclear families. Youths in general have started asserting strongly for individual self, and are in a great hurry to have every source of pleasure regardless of its legitimacy. Their behaviour and unconcerned attitudes towards aged family members are becoming apparent. With increasing individualism family members seem to assert for individual freedom, prefer to live with individualized likings. This life style does not allow them to care for the personal, physical and emotional needs of elders.

World Health Organization reported that, India is growing old! The stark reality of the ageing scenario in India is that there are 77 million older persons in India today, and the number is growing to grow to 177 million in another 25 years. With life expectancy having increased from 40 years in 1951 to 64 years today, a person today has 20 years more to live than he would have 50 years back. Old Age has never been a problem for India where a value based, joint family system is supposed to prevail. Indian culture is automatically respectful and supportive of elders. With that background, elder abuse has never been considered as a problem in India and has always been thought of as a western problem. However, the coping capacities of the younger and older family members are now being challenged and more often than not there is unwanted behaviour by the younger family members, which is experienced as abnormal by the older family member but cannot however be labeled (Shubha Soneja 2011)

A study examined the prevalence of and factors related to mistreatment among 400 elderly individuals (65 years old and older) living in Chennai, India reveals that Chronic verbal abuse was the most common type of mistreatment, followed by financial abuse, and physical abuse and neglect (similar rates). Half of those who had been mistreated experienced more than one type of mistreatment. With the exception of financial abuse, a significantly greater number of women experienced verbal and physical abuse as well as neglect compared to men. Perpetrators of mistreatment were adult children, daughters-in-law, spouses, and sons-in-law. Victims tended to be more depressed and less satisfied with life than those elderly individuals who were not mistreated (Chokkanathan and Lee 2005)

A cross sectional study conducted among 480 elderly populations in slum and non-slum areas of West Delhi, India brings out that more than sixteen percent of elderly have reported any types of abuse mostly originated by their son and daughter in law. Major context of elderly abuse occurred either due to property related issue, health care and basic amenities, dependency and household related problems. The study further suggested protecting and strengthening the institution of family and community to enable to support and care the elderly (Kishor and Kataria, 2013)

III. METHODOLOGY

A descriptive study was conducted among 80 elderly people using convenient sampling technique at Jawahar nagar, Coimbatore, Tamil Nadu. The data were collected through an interview schedule by adopting the Elder Abuse Suspicion Index (EASI) tool. The tool had 2 sections, of which section A consisted of items related to the demographic profile which includes age, sex, number of children, working status, the mode

income and income, availability of assets, people with whom they reside, number of family members, presence of medical problems and assistance received. Section B is the EASI scale consists of 6 items, of which 5 items including, reliance on people, affiliation with the people, feel shamed or threatened, tried to force touched you in ways that you did not want, or hurt you physically were directly asked to the samples and the sixth item was assessed by the health care provider to identify the signs of abuse which includes poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. The collected data were analysed using descriptive statistics and the results were interpreted.

IV. FINDINGS

The finding of section A, reveals that 70% of them were between 60 and 70 years, females and were not working. Most of them, (50%) had some form of assets and lived with their spouses, while 20% lived with their daughter and in laws and 30% with their sons and in laws. 70% of them had one or more medical problems like Hypertension, Diabetes mellitus and Asthma. 50% of them expected help from their spouse, 40% from their children and 10% from their grand children.

The finding of section B reveals that 56% of them relied on others for carrying out their activities of daily living. About 30% of them complained about limitation of freedom and psychological abuse were elderly women, while 19% complained of financial abuse and none of them complained of physical abuse. In 10% of the elderly the researcher was able to notice behaviours like poor eye contact and withdrawn behaviour which can be related to abuse were women.

About 19 % of the elderly complained about financial abuse and when noticed it was among the 30% of elderly who lived with their son and daughter in law. No elderly women were working and relied on others for their living. The mere word old age is associated with medical problems and 70% of them suffer with one or more non communicable problems which make them highly dependent on others for the following activities like taking them to the hospital for regular follow up, buying medicines, financial assistance and sometimes for carrying out the activities of daily living. Elderly were complaining of restrictions for going out as they are in a position to take care of the house and household work as their son and daughter in laws were working. The notable finding in the study was that, the elderly who lives with their married daughters were faced lesser abuse than the old people reside with their son.

V. CONCLUSION

In India, the problems and issues of its grey population has not been given serious considerations. The solutions cited to handle the “problems of older persons” were in the form of a recreation centre/day care centre and elderly counselling services. Deliberate public actions, sensitizing the issue and educating the public helps to mitigate the adverse consequences of our aging population.

REFERENCES

- [1] Caldwell(2009) , Screening tools for elder abuse used in primary care – Reaching for solid grounds, Retrieved 27-07-2014.
- [2] Census of India, Social and Cultural Tables- Age: Data Highlights 2011, India. Retrieved from http://www.censusindia.gov.in/2011-Documents/Census_2011_Age data-final accessed on 4 october, 2013.
- [3] Chokkanathan, Srinivasan and Lee, E. Y Alex (2005) Elder Mistreatment in Urban India: A Community Based Study, Journal of Elder Abuse&Neglect Volume:17 Issue:2 :45 to 61
- [4] Jackson and Hafemeister (2013), Understanding elder abuse, National institute of Justice – Research in brief, 1- 34.
- [5] Kishor Patel, Sangram and Kataria, Vishal (2013) Elderly Abuse and Health Status of Aging Population in West Delhi, India, The Journal of Public Health, Photon:115:191-200,
- [6] Lowenstein et al (2009), Is elder abuse and neglect a social phenomena? Data from the first National prevalence survey in Israel. Journal of Elder Abuse and Neglect, 21(3), 253-77
- [7] Miri coilen 2011, Screening tools for identification of elder abuse, Journal of Clinical Outcomes Management, Vol 8, No 6, 261-270.
- [8] Shuba soneja (2011), Elder abuse in India- country report for WHO. Retrieved 28-06-2014.
- [9] Situational analysis of the elderly in India (2011), Central statistics office, Ministry of Statistics and Programme Implementation, Retrieved 28-06-2014.
- [10] United Nations (2013) Department of Economics and Social Affairs, Population Division, World Population Prospects: The 2012 Revision, Key findings and Advance Tables
- [11] World Health Organization (2011) Global Health and Ageing, Geneva, World Health Organization.

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