Elder Abuse in Indian families: Problems and Preventive Actions

Yatish Kumar* and Anita Bhargava**

* Yatish Kumar, Doctoral Research Fellow, Centre for the Study of Regional Development, School of Social Sciences, Jawaharlal Nehru University, New Delhi
** Anita Bhargava, Doctoral Research Fellow, Centre for the Study of Regional Development, School of Social Sciences, Jawaharlal Nehru University, New Delhi

Abstract- Elderly are an integral part of a population of any country who owe respect and attention equally like any other section. However, due to changing family structure and modernisation, elderly population is facing inevitable challenges to live their life respectfully. Loneliness, negligence and less importance, illness due to ageing and against lack of treatment are the most of the treacherous conditions which elderly are facing. Sadly, the abusers are their family members, ironically, on whom they depend upon the maximum. The abusive behavior towards elderly is a serious issue which is to be solved; otherwise it will harm the physical, mental and emotional condition of elderly in the Indian families inevitably and irreversibly.

Index Terms- Abuse, neglect, social security, interventions, strategies.

I. INTRODUCTION

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.

No doubt, elderly is far more dependent population on working class as compared to cohort of children. Similarly, the needs of elderly are entirely different from population of children. Generally, socio-economic changes might have brought a significant impact like urbanization, modernisation, increase in women’s participation in economic activities, mobility of the younger generation and the growth of individualism but, it is also evident that they are leading to the breakdown of the joint family structure, which used to be the primary support for the elderly in India (Knodel et al. 1992; Pandey 2009).

The closely knit family structure of Indian has also been transformed by these socio-economic transformations. As a result, the country is citing numerous problems for the aged population. Before, few decades, elderly were the most respectful members in joint family. However, such values are disappearing in the families as other family members particularly working family members have very less time to give and provide prompt care to them. The inception of nuclear family, either as a result of migration or property separation/division, elderly of the family has been the sufferer of the change, eventually. Such a transformed family structure is grappling its roots and sliding the elderly towards loneliness and degraded life. If they have more than one child, with whom they will live their remaining life itself becomes a matter of concern at older ages. The elderly are “burden” in families where they lack control or autonomy over family members. In such families, their presence is limited up to taking care of small children especially soon after birth to three years till they start going to school. No proper attention or care and disregard of their importance in the family are the prime forms of negligence towards elderly, ironically which is required utmost and by most of the elderly. It inculcates due to the limited resources and growth of individualism in the modern industrial era. All these aspects have led to greater concern towards the isolation of the elderly from their family and society at large.

Broadly, the problems of elderly are understood as, problems related to impairment of any functional organ and second the mental disturbance caused due to several factors. There are numerous problems classified into these two broad categories, however, the most prominent problem faced by the elderly is the abusive behavior by the family members and people of the society. The growing generation gap, difference in thinking and attitude towards expectations, and living conditions or lifestyle of children have affected the presence and lives of elderly in their own family. In addition, limiting family size, expanded financial burden, aspirations of children for better or elite way of living, somewhere, are sidelining the attention which is required by helpless elderly. Despite improvements, elderly population in India has to overcome collaborated challenges at each level-self, family and society. Generally, elderly abuse is an intentional negligent act by a family member or caretaker or any other person that causes harm or a serious risk of harm to an elderly person (Deswal, 2011). The loss of respect and importance is growing significantly among elderly leading to loneliness and psychologically depressed. Needless to say, the more they grow old the more they need attention and love from the family. As a matter of fact, ageing is an unavoidable phase and is a coalition of various problems. It is compounded when the elderly lacks in physical and mental support by their own family members. Since ageing demands for extra care and attention due to loss of sensory system and weakening of physical strength, elderly, by no means, have to rely on the help and support of family members.
The Global Response to Elderly Abuse and Neglect; WHO, 2008 report apprehends that the elderly abuse has serious consequences on the health and well-being of older people and can be of various forms: physical, verbal, psychological/emotional, sexual and financial. It can also simply reflect intentional or unintentional neglect. Abuse and neglect are culturally defined phenomena that reflect distinctions between values, standards and unacceptable interpersonal behavior.

II. RESEARCH ELABORATIONS

India accounts for second largest population in the world. The combined impact of high fertility and declining mortality is reflected in the bulk size population. The post independence cohorts owe the largest share in aged population. Largely, they had low literacy levels and non-regularised employment. The decennial census data evidences the gradual influx of aged population in the population pyramid.

Table 1: Percentage Distribution of India's population by age groups, 1961-2011

<table>
<thead>
<tr>
<th>Census Years</th>
<th>Age-Groups</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>1961</td>
<td>0-14</td>
<td>40.9</td>
<td>30.31</td>
</tr>
<tr>
<td></td>
<td>15-44</td>
<td>43.0</td>
<td>47.82</td>
</tr>
<tr>
<td></td>
<td>45-59</td>
<td>10.6</td>
<td>12.42</td>
</tr>
<tr>
<td></td>
<td>50-59</td>
<td>53.6</td>
<td>59.81</td>
</tr>
<tr>
<td></td>
<td>60+</td>
<td>5.5</td>
<td>4.97</td>
</tr>
</tbody>
</table>

Table 2: Distribution of aged Population in based on Rural and urban residence, SRS Statistical Report, 2011

<table>
<thead>
<tr>
<th>States</th>
<th>Rural 60-79</th>
<th>80 and above</th>
<th>Urban 60-79</th>
<th>80 and above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andhra Pradesh</td>
<td>8.9</td>
<td>0.7</td>
<td>6.7</td>
<td>0.4</td>
</tr>
<tr>
<td>Assam</td>
<td>5.6</td>
<td>0.5</td>
<td>6.1</td>
<td>0.5</td>
</tr>
<tr>
<td>Bihar</td>
<td>6.3</td>
<td>0.5</td>
<td>6.7</td>
<td>0.5</td>
</tr>
<tr>
<td>Chhattisgarh</td>
<td>6.9</td>
<td>0.4</td>
<td>6.0</td>
<td>0.4</td>
</tr>
<tr>
<td>Delhi</td>
<td>4.9</td>
<td>0.5</td>
<td>5.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Gujarat</td>
<td>8.0</td>
<td>0.7</td>
<td>7.1</td>
<td>0.7</td>
</tr>
<tr>
<td>Haryana</td>
<td>6.5</td>
<td>0.8</td>
<td>6.1</td>
<td>0.6</td>
</tr>
<tr>
<td>Himachal Pradesh</td>
<td>9.1</td>
<td>1.4</td>
<td>7.8</td>
<td>0.9</td>
</tr>
<tr>
<td>Jammu &amp; Kashmir</td>
<td>7.2</td>
<td>0.9</td>
<td>8.9</td>
<td>0.8</td>
</tr>
<tr>
<td>Jharkhand</td>
<td>6.1</td>
<td>0.5</td>
<td>6.4</td>
<td>0.5</td>
</tr>
<tr>
<td>Karnataka</td>
<td>8.1</td>
<td>0.7</td>
<td>6.9</td>
<td>0.6</td>
</tr>
<tr>
<td>Kerala</td>
<td>11.1</td>
<td>1.5</td>
<td>11.2</td>
<td>1.2</td>
</tr>
<tr>
<td>Madhya Pradesh</td>
<td>6.6</td>
<td>0.5</td>
<td>6.4</td>
<td>0.5</td>
</tr>
<tr>
<td>Maharashtra</td>
<td>9.4</td>
<td>1.0</td>
<td>7.2</td>
<td>0.6</td>
</tr>
<tr>
<td>Odisha</td>
<td>8.7</td>
<td>0.8</td>
<td>7.4</td>
<td>0.7</td>
</tr>
<tr>
<td>Punjab</td>
<td>8.7</td>
<td>1.3</td>
<td>8.0</td>
<td>0.8</td>
</tr>
<tr>
<td>Rajasthan</td>
<td>6.6</td>
<td>0.7</td>
<td>6.7</td>
<td>0.7</td>
</tr>
<tr>
<td>Tamil Nadu</td>
<td>10.0</td>
<td>1.0</td>
<td>9.2</td>
<td>0.9</td>
</tr>
<tr>
<td>Uttar Pradesh</td>
<td>6.4</td>
<td>0.6</td>
<td>5.9</td>
<td>0.5</td>
</tr>
<tr>
<td>West Bengal</td>
<td>7.0</td>
<td>0.6</td>
<td>9.3</td>
<td>1.0</td>
</tr>
<tr>
<td>All-India</td>
<td>7.5</td>
<td>0.7</td>
<td>7.3</td>
<td>0.7</td>
</tr>
</tbody>
</table>

Source: Census of India, 1961-2011. Note: No Census was conducted in Assam in 1981; hence India's population distribution for that year excludes Assam. Similarly, the 1991 age distribution excludes Jammu and Kashmir where no census was conducted in 1991.

The data highlights of rural–urban aged population infer that, almost all the states are evincing aged population, Kerala accounts for the highest. Such a perennial trend of ageing population is leading to rapid demographic transitions around the globe in terms of increasing dependency ratio and burden on resources.

Inception of Elderly Abuse

The problem of elderly abuse (which was initially called “granny battering”) emerged around the world in very short span. For the very first time, the abuse of older people was described in British scientific journals in 1975 (Baker 1975, Burston 1977). In Australia, abuse and neglect of older people by family
members began to be recognized by the late 1980s (Kurle, 2003). Many studies in Australia have been shown that the most frequent form of reported or suspected abuse of elderly people is financial abuse and the adult daughter or son are most likely to be the abusers (Brill 1999; Cripps 2001; Faye & Sellick 2003; James & Graycar 2000). It can be inferred from the available information that familial ties dissolved in very early times in western or developed countries, resulting into separation or emergence of nuclear family. Raju (1996) indicated that the older individuals suffering from depression, poor health or physical impairments were more at risk of being abused than those of similar age and normal health status. This implies that an elderly with physical or mental impairments may be perceived as a burden by the care-givers. Such stressful and bitterness spills out in form of abuse and negligence of elderly (Raju and Prakash, 2010).

Elderly abuse in India has received noteworthy voice in the last two decades abundantly. The study done by Jamuna (1995) talked about the conditions of elder abuse in Indian cultural context. A host of factors such as frailty and degree of dependency, lack of space in the house, financial status, temperament and perception of care givers collate in producing abusive behavior from family members. As mentioned earlier elderly are the non working population and hence do not produce and participate in generating or improving monetary conditions, the financial abuse of elderly are seen in most of the present families. In addition, the elderly are dependent on their family members for financial support either to seek medical treatment or day to day today expenses. Such demands results in aggressive behavior of family members.

In very recent times, a new trend has been emerged to send elderly at old age homes with a perception that they will have company of people of similar age. In addition, it reduces the burden as well as responsibilities of children. Based on WHO/International Network for the Prevention of Elderly Abuse older persons (2008), elderly abuse has been classified into three broad categories:

1. Neglect, including isolation, abandonment and social exclusion.
2. Violation of human, legal and medical rights.
3. Deprivation of choices, decision, status, finances and respect.

Concept of Elderly Abuse

The latest available sources addressing elderly abuse have used the definition adopted by the World Health Organisation (WHO) in 2002: a single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person (WHO 2002: 3). The term ‘abuse’ comprises various dimensions such as, physical abuse, physical neglect, sexual abuse, verbal assault, material abuse and neglect of the environment and violation of rights. Elderly abuse has been described as intentional actions that cause harm or a risk of harm or as a caregiver’s failure to satisfy the basic needs and safe living conditions of elderly. It includes physical abuse, psychological abuse, negligence, material exploitation, and sexual abuse (Cohen et al, 2006). Providing care for the aged has never been a problem in India where a value- based joint family system was dominant. However, joint family including elderly as the most important members was the primate scenario in India families. With a growing trend towards nuclear family set-up, the vulnerability of elderly is considerably increasing (Sebastian and Sekher, 2011).

With this backdrop, it is attempted to collate the forms of abuses experienced by the elderly in the present study. Except census enumeration, governmental of India lacks in collection information on elderly related factors like prevalence and incidence of elderly abuse and neglect (Shankardass, 2004). The present paper provides a concise outline of the worldwide and national literature addressing the experience of abusive behaviour of family members towards their old members. In addition, focus on definitions and understanding abuse, its types, causes, prevalence and effects on mental and physical health of elderly people. Lastly, preventive measures and legal safeguards to elderly people in India have been incorporated to strengthen the theme and focus of the study. The objectives have perpetuated from immense literature discussing the problems of elderly worldwide.

Objectives

The present paper is an attempt to bring out the abusive behaviour towards elderly by their family members in India.

1. To identify the types of abuse prevalent towards the elderly.
2. To study the impact of abusive behavior of family members
3. To examine the adequacy of the social security measures to safeguard the position of the elderly population among family and society.

Study Setting

The present paper emphasizes elderly abuse that has grown as a result of changing family structure in urban areas of the country. Before addressing the issue, it is essential to understand the impact of urbanization on family structure and its values. As documented by researchers, migrants across different parts of the country are the prime source of population in urban areas. As a result of industrialization and modernisation, India has been evincing bulk migration from rural to the major cities. Such a trend led elderly to live in rural areas. Further development added another stream of migration from urban to foreign countries. In recent times, the migration to foreign countries especially developed countries has become wider, as a result of which elderly are left behind to live alone in urban areas. Though they are financially supported by their children to some extent, they have to rely on either their spouse, nearby neighbour and relatives or their care takers for their basic needs. Therefore, it can be said that whether rural or urban, the population and problems of elderly are increasing. However, the elderly in urban areas are more at risk as compared to rural elderly. Elderly in urban areas are the victim of isolation, nuclear family, ill health, social insecurity which all together is termed as “abuse”. Hence, to assess the vulnerability in terms of abuse of this population in urban areas is the background theme of the paper.

www.ijsrp.org
Data base

In India, information on elderly abuse is not collected in any government based survey and therefore newspapers columns were used as a source of data providing information in the absence of data is the prime limitation of the study.

**Table 1: Frequency of Newspapers**

<table>
<thead>
<tr>
<th>Newspapers</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Times of India</td>
<td>7</td>
<td>43.75</td>
</tr>
<tr>
<td>The Hindu</td>
<td>5</td>
<td>31.25</td>
</tr>
<tr>
<td>Nav Bharat Times</td>
<td>2</td>
<td>12.5</td>
</tr>
<tr>
<td>The Statesman</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>Deccan Herald</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Therefore, to meet the objectives of the paper, the data source is the columns of different newspaper which have captured the issue of elderly abuse. These newspapers have published in different years and talk about reports of various surveys carried out by non-governmental organizations which are working on the issues related to ageing in the country. Keeping the necessity in mind, a total of 16 columns were collected and analysed.

Research Methodology

Since the data is collected from newspapers, content analysis has been carried out to investigate the objectives of the paper. Content analysis is a technique which is useful in analysing and understanding the collection of text taken from various means. According to Abrahamson (1983, P, 286), “Content analysis can be employed to examine any type of communication”. Content analysis provides freedom to analyse quantitative as well as qualitative data. The textual elements are transformed into counts and thus converting into quantitative data. However, the statements which highlight the issue can be taken as it is in writing. According to Eric T. Meyer (http://microsites.oii.ox.ac.uk/tidsr/kb/54/what-content-analysis), “These news articles may be about the collection, or they may be about the type of resource in general. In the context of understanding impact, these news articles can help to understand several things, including:

1. How well efforts to publicize the resource are reflected in the news.
2. From a strictly quantitative perspective, even counts of articles can give you some indication of impact based on frequency of mentions in the media”.

III. RESULTS

The second largest populous country in the world is entering into the fourth phase of demographic transition. Gradual decline in total fertility rate and medical improvements are propelling the development large human resource essential for development. Table 1 indicates the addition of elderly population in every ten years. The 1961 census recorded 24 million elderly which has increased exponentially to 43 million in 1981, 57 million in 1991 and 77 million in 2001. Moreover, the proportion of elderly to total population has increased from 5.63 per cent in 1961 to 6.58 per cent in 1991 and 8.75 per cent in 2001.

The acclaimed newspapers have published articles or news related to elderly abuse time to time. Mostly, they have covered the highlights of survey reports carried out by various organizations in the country like The HelpAge India, Agewell Foundation and WHO.

**Table 2: Issue of elderly abuse covered in newspapers**

<table>
<thead>
<tr>
<th>Newspapers</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Times of India</td>
<td>5</td>
<td>31.25</td>
</tr>
<tr>
<td>The Hindu</td>
<td>2</td>
<td>12.5</td>
</tr>
<tr>
<td>Nav Bharat Times</td>
<td>2</td>
<td>12.5</td>
</tr>
<tr>
<td>The Statesman</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>Not mentioned</td>
<td>6</td>
<td>37.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Out of all the contents, abuse against elderly aimed as the prime focus in the texts of the newspapers. Ten out of 16 newspapers acclaimed that elderly have been experiencing one or another type of abuse across the cities of India.

Under the broad theme of abuse against elder, following sub issues were highlighted in the news papers.

**Table 3: Types of Discrimination recorded in newspaper columns**

<table>
<thead>
<tr>
<th>S. No</th>
<th>Type of Abuse/Discrimination</th>
<th>No of Cases</th>
<th>S. No</th>
<th>Type of Abuse/Discrimination</th>
<th>No of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Discrimination of Age</td>
<td>13</td>
<td>9.</td>
<td>Health Care Concern</td>
<td>28</td>
</tr>
<tr>
<td>2.</td>
<td>Extreme Abuse</td>
<td>1</td>
<td>10.</td>
<td>Health Care Problem</td>
<td>5</td>
</tr>
<tr>
<td>3.</td>
<td>Fall-Health Concern</td>
<td>1</td>
<td>11.</td>
<td>Human Rights</td>
<td>2</td>
</tr>
<tr>
<td>4.</td>
<td>Familial Abuse</td>
<td>11</td>
<td>12.</td>
<td>Inhuman Conditions</td>
<td>1</td>
</tr>
<tr>
<td>5.</td>
<td>Familial Financial Support</td>
<td>2</td>
<td>13.</td>
<td>Family Type</td>
<td>5</td>
</tr>
<tr>
<td>7.</td>
<td>Financial Crisis</td>
<td>4</td>
<td>15.</td>
<td>No Respect</td>
<td>4</td>
</tr>
<tr>
<td>8.</td>
<td>Food Problem</td>
<td>3</td>
<td>16.</td>
<td>Verbal Abuse</td>
<td>4</td>
</tr>
</tbody>
</table>

Source: Newspapers
The health care concern is mostly covered in all the newspapers. It covers the concern such as not getting health care facilities, elderly discriminated in not taken to ceremonies due ill health, chronic diseases like Arthritis, Depression, High Blood pressure, Diabetes, Dementia, Impairment of various organs like ears and eyes and knees so on. They make ageing more vulnerable. According to The Hindu (08 April, 2012), health problems in old age varies from increased susceptibility to infections, inability to cope with physical and psychological stress, degenerative arthritis, atherosclerotic and vascular diseases of heart and brain, cancer of various organs and cognitive impairment due to declining brain size or various types of dementias.

Nowadays, most of the elderly are now living in nuclear family where they do not receive any respect, food and face verbal abuse very often. The familial abuse (11) is very prominent in Madurai (Times of India, Publication Date**) followed by Delhi-NCR, Bangalore and other major cities. Nav Bharat Times reported that the elderly have faced familial abuse more than 10 years but do not come up with complaints because of family prestige and fear of losing whatever they have. Verbal and physical abuse leads to elder population to live under depression and a intense feeling of loneliness. Treat their body with a jolt when need help for instance climb stairs, getting them from bed or to go to lavatory are the various forms of physical abuse which elderly suffer on regular basis. “Indian elders are in deprivations of adequate food, clothing and shelter (The Hindu, 22 September 2010).” Bad words while giving food, financial support or washing of their clothes makes them to feel weak and helpless.

Causes of Abuse

The speedily ageing population in India is witnessing new challenges. The causes of abuse of older people are complex and multifaceted, and may encompass physical, psychological, social, medical, legal and environmental factors and multiple systems (Bagshaw, Wendt & Zannettino 2009). Elderly abuse is a complex phenomenon that results from several different causes, and that often has roots in multiple factors (Sebastian and Sekher, 2011).

Types of Elderly Abuse:

- **Physical Abuse**: defined as the use of physical force that may result in bodily injury, physical pain, or impairment.
- **Verbal or Psychological Abuse**: defined as infliction of anguish, pain, or distress through verbal or non-verbal acts.
- **Financial abuse**: the illegal or improper use of an elderly's funds, property, or assets.
- **Neglect**: can be explained direct neglect, which refers to older people being left alone, isolated, or forgotten and another way of explained indirect which is the withholding of items that are necessary for daily living, such as food and medicine.

Gender and Abuse

Older women are predominantly at risk of financial abuse, physical abuse, and sexual abuse. Though scenario has changed in recent times, it is evident in history of India that by and large women were not encouraged to seek education and become independent. This led to women remain illiterate and could not generate any monetary livelihood for herself. Work participation that would generate income was also not acceptable in Indian society rather they were restricted to perform household chores only. Such implications made women to depend upon their husband for all kinds of needs especially financial support. After death of spouse, she expects the same monetary support from her son. In long run, such financial dependence turns futile and become abusive. The content analysis of the reports available from newspaper clearly indicates the abusive behaviour in relation to financial support.

Second most concern is related to safety of women. Women become victim of rape and physical assault even at older ages. One of the case evident in the data showed an 81 year old woman was raped in the national capital. (Nav Bharat Times, 9 July, 2014). Till date, Indian society does not accept remarriage of women completely as compared to widowers. In the absence of source of income such as pensions, women in developing countries experience economic dependency than men. In India, 30 per cent of elderly men have no valuable assets while 60 per cent of women do not possess any assets (Stephen, 2009). Similarly in urban China, poverty rates among older women are four times higher than among older men.

Another featuring scenario of elderly abuse is seen in terms of taking advantage of their physical weakness by their caretaker like servants or maids. In the capital of India and many metropolitan cities like Mumbai and Bangalore, many cases have been recorded where they have killed or injured them severely for several reasons. The term “identity theft” was coined in 1964, is a stealing of someone’s identity which in turn show adverse consequences on the real person. Marlo Sollitto, contributor editor of a site known as aging care (www.agingcare.com), have talked about identity theft “occurs when a thief steals the elderly person's social security number, bank account numbers and other financial or personal documents. With this information, he can open a new credit card account for his own use, apply for loans in the victim's name, drain the victim's bank accounts, and illegally obtain professional licenses, driver's licenses and birth certificates.” Elderly people are considered as soft targets because they are vulnerable. They are, often, isolated, live alone at home, tend to trust their servants and maid and may be a case of early dementia or memory loss. Such a vulnerable and helpless population cannot resist against theft. Identity thieves steal senior’s mail, including bank and credit card statements, checks, tax information and more. And it's not only the mail that gets stolen: Thieves will steal a senior's garage, rummaging through it for personal and financial information carelessly tossed into the trash. Identity thieves not only take the mail, they also send it to seniors. The mail appears to come from trusted sources, such as the victim's bank, charitable organizations or well-known companies. The scam mail usually contains "official" letterhead, authentic looking logos and registered trademarks (Marlo Sollitto, http://www.agingcare.com/Articles/elderly-identity-theft-victims-frauds-scams-cons-139206.htm). Some of the following news published in different cities of the country illuminates the concern regarding safety of elderly population.

www.ijsrp.org
• “In a daring daylight murder, a 62-year-old woman was killed by two youths for a gold chain in a busy commercial locality in Salem, Tamil Nadu (Salem, Press Trust of India, 18 April, 2014).”
• “The Cyberabad police arrested a woman and her driver in Hyderabad today, in connection with the murder of a 90-year-old man at Kapra area in the city and decamping with gold and other valuables from his house (Hyderabad, Press Trust of India, 21 March, 2014).”
• “A three-member gang broke into a house near Salem and inflicted head injuries on a 70-year-old woman resulting in her death before decamping with a gold chain, police said today. Police said the woman, who was staying with her 72-year-old brother-in-law, gave the gangsters keys to the bureau and other rooms when they broke in last night but when they did not find anything, they allegedly assaulted her and made off with the chain weighing two sovereigns. (Salem, Press Trust of India, 23 September, 2013).”

The Consequences of Abusive Environment on Elderly Existence
Due to abusive behaviour by the family members, elderly feet upset and sad, health degrades. At times, they lose interest in life which turns detrimental; they attempt suicide or pray to almighty for an early death. In attempt of suicide, they injure themselves physically or mentally which brings serious health complications. In such families feel of burden grows rapidly at both ends. They don’t receive expected support from family and children even in the time of extreme need. ‘Today’s young will be tomorrow’s old, getting old has natural phenomena, so everybody will face the situation. The above mentioned inter-linkages led to inevitable intervention of government and non-government organizations to address the issues and propose imperative measures to overcome the problems of elderly population.

Legal Safeguards to Elderly People in India
Government of India is providing various legal safeguards for the elderly people in the country. The year 1999, brought new dimension for elderly when for the first time, National Policy on Older Persons was launched.

The Hindu Adoptions and Maintenance Act (HAMA, 1956)
The Hindu adoption and maintenance act, 1956 in this section 20(3) provides for maintenance of aged or infirm parents. This is re-inforced by the maintenance and social welfare for parents and senior citizens act of 2007 which is more inclusive.

National Social Assistance Programme (NSAP, 1995)
In the year 1995, the Government adopted the National Social Assistance Programme (NSAP), which compounded three programmes running for older people of the country.
• The National Old Age Pension Scheme (NOAPS)
• The National Family Benefit Scheme (NFBS)
• The National Maternity Benefit Scheme (NMBS)

The NOAPS is a centrally-sponsored programme. Under the scheme, criteria for the beneficiary are:
• The age of the beneficiary (male or female) should be 65 years or more.
• An amount of Rs. 75 per month would be given as old age.

The NOAPS is implemented in the States and Union Territories through Panchayats and Municipalities. The National Old Age Pension Scheme has been renamed as Indira Gandhi National Old Age Pension Scheme (IGNOPS) in 2007. Pension under the Indira Gandhi National Old Age Pension Scheme (IGNOPS) has been raised from Rs. 75 to Rs. 200/- per month per beneficiary and the state governments may contribute over and above to this amount. It covered all persons over 65 years and living below the poverty line.

Under NFBS an amount of Rs. 10000/- are provided as Central Assistance to the households below the poverty line.

National Old-Age Pension Schemes (NOAPS, 1995)
On August 1995 the Government of India announced the National Old-Age Pension Scheme for the poor. The scheme covers those aged 65+ who are landless, destitute and or have no regular means of subsistence. The assistance was initially Rs.75 month and later on revised to Rs.150. A few of the states have just revised the amount of pension by Rs.275 in Gujarat, Rs.300 in Delhi, Rs.400 in West Bengal and Rs.500 in Goa. In Rajasthan, the amount of pension is Rs.100 for females aged 55+ and males aged 58+, 200 for those age 65+ and Rs.300 for destitute couples. The said scheme is being implemented in states and Union Territories through panchayats and municipalities (Help-Age India, 2002).

Annapurna Scheme (1999)
The Government of India introduced a food security scheme for elderly called Annapurna in 1999. This scheme provides food security to the older persons, who though eligible, have remained uncovered under NOAPS. Under the Annapurna scheme 10 kilogrammes of food grains are provided to the beneficiary every month at no cost. It was implemented by the Ministry of Rural Development with the assistance of the Ministry of Food and Civil Supplies. The Government of India had allotted a sum of Rs 100 crore for the first year of its implementation.

National Council for Older Persons (NCOP, 1999)
National Council for Older Persons was established by the Government of India in May 1999 under section 95, is an extension of the NPOP. The major objectives of the NCOP are (Nayar, 2003)

• Provide feedback to government on implementation of NPOP as well as on specific program initiatives for the senior citizens.
• Advocate the best interests of the older persons.
• Lobby for the concession of older persons.

National Policy on Older Persons (NPOP, 1999)
Because of urge of necessity, interventions in old age welfare, Ministry of Social and Empowerment declared ‘National Policy on Older Persons’ on January 1999. The policy provides broad guideline to the state government for taking action for the welfare of older persons in a protective manner. A number of areas to intervene such as financial security, health care and
nutrition, shelter, education, welfare, protection of life and property etc for the well being of elderly person in the country were identified. In addition, the role of the non-government organisations which provide user-friendly and affordable services to complement the endeavours, were also encouraged in the policy. Broadly the objectives framed in the policy are:

1. Protection against abuse and exploitation of elderly.
2. Services to improve quality of care for elderly.
3. To provide care and protection to the vulnerable elderly people.
4. To encourage families to take care of their older family members.
5. To provide adequate health care facility to the elderly.

The Policy also appreciates the special needs of older persons and therefore lays emphasis on empowerment of community as well as individuals to meet the challenges of the process of ageing adequately.

Maintenance and Welfare of Parents and Senior Citizens Act (MWPSC, 2007)

The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 was enacted in December 2007 to ensure need based maintenance for parents and senior citizens of country. Making the Old Age Homes for aged and provides adequate medical facilities and economic security for older. The act notified only 22 states of the country. The principle promotes the basic right to older based on self- fulfillment and dignity.

Old age homes and day care centres:

The importance of the institutional care is realised especially for the poor and destitute aged. Most of the institutional care in the form of Old Age Homes (OAH) is provided by voluntary organisation. Voluntary organisations are also running Day Care Centres (DCC) to fulfill the psychological need for the aged. These Day Care Centres (DCC) are very useful but limited in numbers (Joshi, 2006).

Pandey and Jha (2012) have reported that Integrated Program for Older Persons (IPOP) was launched by the Government of India in 2008 with the objectives of improving the quality of life of older persons by providing basic amenities such as shelter, food, medical care and entertainment opportunities and by encouraging productive and active ageing through providing support for capacity building of Government/Non- Governmental Organizations/Panchayati Raj Institutions/local bodies and the Community at large. However, access to this scheme is limited (Rajan, 2010).

National Council for Senior Citizens:

National Council for Senior Citizens, headed by the Minister for Social Justice and Empowerment will be constituted by the Ministry. With tenure of five years, the Council will monitor the implementation of the policy and advise the government on concerns of elderly population. These policies stipulate the extension of government support for financial security, health care, shelter, welfare and other needs of senior citizens.

The Ministry of Health and Family Welfare provides the following facilities for senior citizens:

1. Separate queues for older persons in government hospitals.
2. Geriatric clinics in several government hospitals.

Some other ministries are also provided basic support for implementation of various programme and policies working for strengthen of elderly. The Ministries of Home Affairs, Rural Development, Urban Development, Youth Affairs & Sports, Railways, Science & Technology, Statistics & Programme Implementation, Labour, Panchayati Raj and Departments of Elementary Education & Literacy, Secondary & Higher Education, Road Transport & Highways, Public Enterprises, Revenue, Women & Child Development, Information Technology and Personnel & Training will setup necessary mechanism for implementation of the policy.

Support from Non Governmental Organisations (NGOs)

Since, government policies and programmes suffer from loopholes and untamed period of implementation; many non-governmental organisations have been dispensing their commendable services to resolve/reduce the burden of ageing population in the country. These nongovernmental organisations are playing their role in addressing the vibrant issues as well as giving financial and emotional support to elderly.

Help Age India is one of such charity serving the disadvantaged elderly for the past three decades. The organisation set up in 1978 is expanding its wings and presently deals in various issues of elderly such as providing health care, old age homes, camps, financial grant, cataract surgeries, active ageing centres, cancer care, livelihood support and so on. They also deal with the population of elderly who are the sufferer of abuse and loneliness. The most recent survey report titled “Beaten in Mind, Body and Spirit” itself reflects the vulnerable conditions of elderly in the country. According to the report, 50 percent of the elderly are facing abuse and women seemed to have more vulnerable (52 per cent against 48 percent of men). Bengaluru followed by Nagpur and Delhi shows highest abusers against elderly. Verbal Abuse (41%), Disrespect (33%) and Neglect (29%) are three most serious forms of abuse which are making elderly a burdensome population. The statements like “I am given two chappatis in a whole day to eat”, “my own nephew beats me so much that I can’t get up from bed for 7 days” and “financial dependency on daughter in law and son made us servant” provides shocking and brutal behaviour of their own trusted source of family members.

Similarly, Agewell foundation has been working for the welfare of aged population since 1999. They have produced more than 100 surveys and reported which reflect the problems of ageing in the country. Their vision is to deal with the detrimental conditions of elderly and provide appropriate support which can lead them to live a better life. The services arranged for the elderly range from legal assistance, financial advice, ambulance service, help with pension problems, property tax notice, wealth income tax assessment orders, and so on. However, the most recent report on “Human Rights of Older People in India: A Reality Check” revealed that every third elder in the interview reported that they have experiences one or another form of abuse. Misbehave/mistreatment restriction to social life, mental torture, denial of basic needs, and physical harassment/assault are some of the major abuses which are experienced by elderly daily.
per cent of the elderly in the survey reported that they are not getting proper food. In 1981, age care organizing free geriatric health check up camps in Delhi for the urban poor. It provides service for low income groups around the metropolis. By mid 1999, these camps covered 56000 aged people above 50 years of age. Another non-governmental organizing is Indian association of retired persons, having its headquarters in Bombay (Mumbai). It undertakes a multiplicity of programme for the welfare of retired persons. It provides socio-medical and financial help to its members (Shankardass, 2000). The work done by both the non-governmental organisations clearly knits the elder abuse in the country and specifically in urban areas.

IV. CONCLUSIONS

This study investigated the degree and nature of abuse experienced by the elderly in family. The abundant research synthesizes the issue of elderly abuse is on alarm rise in the country. Since, India soon will be in the category of “graying nations”, these issues are need to be addressed. The study has the limitation of data and hence had to rely on the available reports and texts of newspapers. Secondly, the research paper has focused on problems of elderly in urban areas but there might be problems (different in forms) in rural parts as well. Nevertheless, the study is a working attempt to cite the poor and vulnerable conditions of the elderly in urban areas. The abusive behaviour towards elderly by their own family members found very common which insights the depletion of human values among modern and new generations. Timely intervention of policies and imperatives measures are utmost important to overcome the concern else there would a great loss of human resource.

REFERENCES


AUTHORS

First Author – Yatish Kumar, Yatish Kumar, Doctoral Research Fellow, Centre for the Study of Regional Development, School of Social Sciences, Jawaharlal Nehru University, New Delhi (yatish.86@gmail.com)
Second Author – Anita Bhargava, Anita Bhargava, Doctoral Research Fellow, Centre for the Study of Regional Development, School of Social Sciences, Jawaharlal Nehru University, New Delhi (annubps@gmail.com)