

Elderly in India- an area for Social Work Intervention

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Abstract

Aging is a universal process. In the words of Seneca “Old age is an incurable disease”. But more recently Sir James Sterling Ross commented “you do not heal old age, you protect it, you promote it and you extend it. A man’s life is normally divided into five main stages namely infancy, childhood, adulthood and old age. In each of these stages an individual has to find himself in different situations and face different problems. Old age is not without problems. In old age physical strength deteriorates, mental stability diminishes; money power becomes bleak coupled with negligence from the younger generation. The article is an accumulation of information from various sources which is found relevant to the present scenario of elderly in India. The author also highlights Social Work interventions through principles, methods and techniques of geriatric Social Work.

Key words: *Aging, Economic Insecurity, Isolation, Geriatric Social Work, Advocacy*

Introduction

Elderly people are known for experiences, values and they are the models for society. In India, generally people above 60 are considered to be elderly. Though the elderly are impressed by the developments in society, they are equally depressed by the effects of industrialization, migration, urbanisation and westernization in the value system. Their value systems, healthy habits, strong opinions, fruitful life time experiences are significant marks of healthy aging(Pennsylvania Department of Aging,2008)

The population in India is greying in larger number than before because of various indicators including increased life expectancy. In India, 5 percent of the population is between 65-70 years of age. (Kumar, 2008)

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Human population is ageing and so are the concerns about the aged. Old age constitutes one of the major challenges confronted by the societies in the present century. Demographic transition coupled with increasing life expectancy is adding older persons to the world's population. Increase in the proportion of the older persons was first experienced by the developed countries and now developing countries are also witnessing the same.

Marks of growing old

The distinguishing marks associated with old age comprise both physical and mental characteristics. The marks of old age are so unlike the marks of middle age that it has been suggested that, as an individual transitions into old age, he/she might well be thought of as different persons "time-sharing" the same identity.

These marks do not occur at the same chronological age for everyone. Also, they occur at different rates and order for different people. Because each person is unique, marks of old age vary between people, even among those of the same chronological age.

A basic mark of old age that affects both body and mind is "slowness of behaviour." This "slowing down principle" finds a correlation between advancing age and slowness of reaction and task performance, both physical and mental.

Marks of old age include the following:

Bone and joint: Old bones are marked by "thinning and shrinkage." This results in a loss of height (about two inches by age 80), a stooping posture in many people, and a greater susceptibility to bone and joint diseases

Chronic diseases: Most older persons have at least one chronic condition and many have multiple conditions.

Respiratory dysfunctions

Dental problems

Digestive system: About 40 percent of the time, old age is marked by digestive disorders such as difficulty in swallowing, inability to eat enough and to absorb nutrition, constipation and bleeding.

Essential Tremor (ET): It is an uncontrollable shaking in a part of the upper body. It is more common in the elderly and symptoms worsen with age.

Eyesight: Diminished eyesight makes it more difficult to read in low lighting and in smaller print. Speed with which an individual reads and the ability to locate objects may also be impaired.

Falls: Old age spells risk for injury from falls that might not cause injury to a younger person. Every year, about one-third of those 65 years old and over have falls.

Gait change: Some aspects of gait normally change with old age. Gait velocity slows after age 70. Hair usually becomes thinner and greyer.

Hearing: By age 75 and older, 48 percent of men and 37 percent of women encounter impairment in hearing.

Cardiological dysfunctions

Immune function: Less efficient immune function is a mark of old age.

Lungs: They expand less; thus, they provide less oxygen.

Mobility impairment or loss: Loss of mobility is common among old people. This inability to get around has serious “social, psychological, and physical consequences”.

Pain: Afflicts old people at least 25 percent of the time. Pain could be due to various causes

Sexuality remains important throughout the lifespan. Sexual attitudes and identity are established in early adulthood and change minimally over the course of a lifetime. However, sexual drive in both men and women decreases as they age. Known sexual behaviours in older age groups include sexual thoughts, fantasies and erotic dreams, masturbation, oral sex and also sexual intercourse.

Skin: Skin loses elasticity, becomes drier, and more lined and wrinkled.

Sleep disturbances

Taste buds diminish so that food becomes less appealing and nutrition can suffer.

Urinary incontinence is often found in old age.

Vocal cords weaken and vibrate more slowly

Depressed mood

Mental disorders

Reduced mental and cognitive ability afflicts old age

Commonly faced problems in elderly in India today

Rapid development oriented activities in India today has lead the country to adapt to various changes and challenges .The result of which is westernisation, lifestyle

modification, modernisation , cultural variations etc... These changes has lead the elderly undergo various problems along with age related health problems.

Here are few problems which are observed with the elderly in India today.

Failing Health: It has been said that “we start dying the day we are born”. The aging process is synonymous with failing health. It is said that, 20 percent of doctor’s visits, 30 percent of hospital days and 50 percent of bedridden days are ascribed to elderly patients who evidences failing health. Failing health due to advancing age is complicated by non-availability to good quality, age-sensitive health care, lack of information, poor economic status of the elderly in India.

To address the issue of failing health, it is of prime importance that good quality health care be made available and accessible to the elderly in an age-sensitive manner. Health services should address preventive measures keeping in mind the diseases that affect – or are likely to affect – the communities in a particular geographical region. In addition, effective care and support is required for those elderly suffering from various diseases through primary, secondary and tertiary health care systems. The cost (to the affected elderly individual or family) of health has to be addressed so that no person is denied necessary health care for financial reasons. Rehabilitation, community or home based disability support and end-of-life care should also be provided where needed, in a holistic manner, to effectively address the issue to failing health among the elderly.

Economic Insecurity: The problem of economic insecurity is faced by the elderly when they are unable to sustain themselves financially. Many older persons either lack the opportunity and/or the capacity to be as productive as they were. Increasing competition from younger people, individual, family and societal mind sets, chronic malnutrition and slowing physical and mental faculties, limited access to resources and lack of awareness of their rights and entitlements play significant roles in reducing the ability of the elderly to remain financially productive, and thereby, independent.

Economic security is as relevant for the elderly as it is for those of any other age group. Those who are unable to generate an adequate income should be facilitated to do so. As far as possible, elderly who are capable, should be encouraged, and if necessary, supported to be engaged in some economically productive manner. Others who are incapable of supporting themselves should be provided with partial or full social welfare grants that at least provide for their basic needs. Families and communities may be encouraged to support the elderly living with them through Counselling and local self-governance.

Isolation: Isolation, or a deep sense of loneliness, is a common complaint of many elderly. Paramount is the feeling of being isolated. While there are a few who impose it on themselves, isolation is most often imposed purposefully or inadvertently by the families and/or communities where the elderly live. Isolation is a terrible feeling that, if not addressed, leads to tragic deterioration of the quality of life.

It is important that the elderly feel included in the goings-on around them, both in the family as well as in society. Those involved in elder care, especially NGOs in the field, can play a significant role in facilitating this through Counselling of the individual and families, sensitization of community leaders to initiate activities centered on older persons that involve their time and skills help to inculcate a feeling of inclusion. Some of these could also be directly useful for the families and the communities

Neglect: The elderly, especially those who are weak and dependent would require physical, mental and emotional care and support. When this is not provided, they suffer from neglect, a problem that occurs when a person is left uncared for and that is often linked with isolation. Changing lifestyles and values, demanding jobs, distractions such as television, a shift to nuclear family structures and redefined priorities have led to increased neglect of the elderly by families and communities. This is worsened as the elderly are less likely to demand attention than those of other age groups.

The best way to address neglect of the elderly is to counsel families, sensitise community leaders and address the issue at all levels in different forums, including the print and audio-visual media. Schools and work places offer opportunities where younger generations can be addressed in groups. In extreme situations, legal action and rehabilitation may be required to reduce or prevent the serious consequences of the problem.

Abuse: The elderly are highly vulnerable to abuse, where a person is inadvertently harmed, usually by someone who is part of the family or otherwise close to the victim. It is very important that steps be taken, whenever and wherever possible, to protect people from abuse. Being relatively weak, elderly are vulnerable to physical abuse. Their resources, including finances ones are also often misused. In addition, the elderly may suffer from emotional and mental abuse for various reasons and in different ways.

The best form of protection from abuse is to prevent it. This should be carried out through awareness generation in families and in the communities. In most cases, abuse is carried out as a result of some frustration and the felt need to inflict pain and misery on others. It is also done to emphasize authority. Information and

education of groups of people from younger generations is necessary to help prevent abuse. The elderly should also be made aware of their rights in this regard. In extreme cases, legal actions, rehabilitation to victims and counselling would help to overcome the situation.

Fear: Many older persons live in fear. Whether rational or irrational, this is a relevant problem faced by the elderly that needs to be carefully and effectively addressed.

Elderly who suffer from fear need to be reassured. Those for whom the fear is considered to be irrational need to be counselled and, if necessary, may be treated as per their needs. In the case of those with real or rational fear, the cause and its preventive measures needs to be identified followed by appropriate action where and when possible.

Boredom (Idleness): Boredom is a result of being poorly motivated to be useful or productive and occurs when a person is unwilling or unable to do something meaningful with his/her time. The problem occurs due to forced inactivity, withdrawal from responsibilities and lack of personal goals. A person who is not usefully occupied tends to physically and mentally decline and this in turn has a negative emotional impact. Most people who have reached the age of 60 years or more have previously led productive lives and would have gained several skills during their life-time. Identifying these skills would be a relatively easy task. Motivating them and enabling them to use these skills is a far more challenging process that requires determination and consistent effort by dedicated people working in the same environment as the affected elders.

Many elderly can be trained to carry out productive activities that would be useful to them or benefit their families, communities or environment; activities that others would often be unable or unwilling to do. Being meaningfully occupied, many of the elderly can be taught to keep boredom away. For others, recreational activities can be devised and encouraged at little or no additional cost.

Lowered Self-esteem: Lowered self-esteem among older persons has a complex etiology that includes isolation, neglect, reduced responsibilities and decrease in value or worth by one-self, family and/or the society.

To restore self-confidence, one needs to identify and address the cause and remove it. While isolation and neglect have been discussed above, self-worth and value can be improved by encouraging the elderly to take part in family and community activities, learning to use their skills, developing new ones or otherwise keeping themselves productively occupied.

Loss of Control: This problem of older persons has many facets. While self-realization and the reality of the situation is acceptable to some, there are others for whom life becomes insecure when they begin to lose control of their resources – physical strength, body systems, finances (income), social or designated status and decision making powers.

Early intervention, through education and awareness generation, is needed to prevent a negative feeling to inevitable loss of control. It is also important for society and individuals to learn to respect people for what they are instead of who they are and how much they are worth. Finally, motivating the elderly to use their skills and training them to be productive will help gain respect and appreciation.

Lack of Preparedness for Old Age: A large number of people enter ‘old age’ with little, or no, awareness of what this entails. While demographically, we acknowledge that a person is considered to be old when (s) he attains the age of 60 years, there is no such clear indicator available to the individual. For each person, there is a turning point after which (s)he feels physiologically or functionally ‘old’. This event could take place at any age before or after the age of 60. Unfortunately, in India, there is almost no formal awareness program even at higher level institutions or organizations – for people to prepare for old age.

The majority of Indians are unaware of the rights and entitlements of older persons.

The problem of not being prepared for old age can only be prevented. Awareness generation through the work place is a good beginning with HR departments taking an active role in preparing employees to face retirement and facing old age issues. For the majority who have unregulated occupations and for those who are self-employed, including farmers, awareness can be generated through the media and also through government offices and by NGOs in the field. Older people who have faced and addressed these issues can be ‘recruited’ to address groups at various forums to help people prepare for, or cope with, old age.

Geriatric Social Work and Problems of Old Age

A geriatric social worker is a professional social worker with expertise working with adults age 60 and above. Often, these are social workers that have graduate level education and field experience in geriatrics, gerontology, aging, or social work with older adults.

Geriatric social workers help find solutions for older adults and families that address the personal, social, and environmental challenges that come with aging. Geriatric social workers’ main priority is maintaining and enhancing the quality of life of

their older adult clients. This may include developing an understanding not only the physical complications of aging, but mental health, cultural barriers, and organizational challenges faced by the older adult.

What Services Do Geriatric Social Workers Offer?

One who always serves and respects elderly is blessed with four things: Long Life, Wisdom, Fame and Power (Manusmriti Chapter 2:121)

Social work with older adults, known as geriatric social work practice, is considered to be both a macro and micro practice with individuals over the age of 60 or 65, their families and communities, aging related policy, and aging research.

Aging-savvy social workers serve as “navigators” through the complicated healthcare and social service systems. They help families by gathering information about the array of services available to them, coordinating care across various health systems, facilitating family support, and providing direct counselling services.

Geriatric social work interventions are directed at enhancing dignity, self-determination, personal fulfilment, quality of life, optimal functioning, and ensuring the least restrictive living environment possible.”

Here are just a few ways Social Workers help

Clinical interventions – They may provide therapy for an elderly client who feels lonely or who is suffering depression, isolation neglect or anxiety. Geriatric social workers encourage their clients to pursue stimulating activities, helping to arrange group outings. They can help clients cope with aging by recording “life stories” and help people say their goodbyes through writing letters, phone calls, videos, etc.

Service interventions – Many social workers act as a link between their clients and the numerous public and private programs designed for the aging. Social workers help clients apply for appropriate services. They help sort out any problems in the delivery of these services.

Advocacy – A geriatric social worker can provide an older adult with an Advance Directive form and explain how to correctly complete it. They are also a frontline defence for stopping elder abuse. A geriatric social worker is mandated by law to report any suspected elder abuse to Adult Protective Services.

For families in a care giving situation, geriatric social workers are an invaluable resource. Social workers also offer direct assistance for families, such as providing family-support services, suggesting useful technologies, and facilitating the coordination of medical care.

Many geriatric social workers also offer counselling services, which often deal with end-of-life issues, bereavement, and other concerns common to senior citizens. They can help guide families through the transition from the home environment to long term care, assist with filing necessary paperwork, and help with access to end-of-life care planning (living wills, advance directives).

The present status of elderly and the problems they face are to be immediately attended and intervened to provide solution. Social Workers with gateway called Geriatric Social Work can liaison between the elderly, family members, and health care staff and can make sure the elderly are healthily ageing

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