CONCEPTUAL FRAMEWORK OF THE STUDY

3.1 Introduction

3.2 Dignity and Grace of Old Age
   3.2.1 The Elderly in the Bible
      3.2.1.1 The Elderly in the Old Testament
      3.2.1.2 The Elderly in the New Testament

3.3 Christianity and the Care of the Elderly
   3.3.1 The Command of God

3.4 Dimensions of Aging
   3.4.1 Physiological Aging
   3.4.2 Psychological Aging
   3.4.3 Social Aging

3.5 Characteristics of Old Age
   3.5.1 Old Age is a Period of Decline
   3.5.2 Fragility and Fright
   3.5.3 Musing on the Past
3.5.4 Slow Movement

3.5.5 Awkwardness

3.5.6 Changes in Temperaments

3.5.7 Complaining

3.5.8 Disappointments and Lost Feeling

3.5.9 Hallucination

3.5.10 Lack of Sleep and Nightmare

3.5.11 Feeling of Boredom

3.5.12 Forgetfulness

3.6 Old Age and Its Problems

3.6.1 Physical Problems
   3.6.1.1 Sickness
   3.6.1.2 Alzheimer’s Diseases
   3.6.1.3 Dementia
   3.6.1.4 Delirium
   3.6.1.5 Parkinsonism
   3.6.1.6 Depression
   3.6.1.7 Cardiovascular Disease
   3.6.1.8 Coronary Heart Disease
   3.6.1.9 Respiratory Disease
3.6.1.10 Neurological Disorder
3.6.1.11 Cancer
3.6.1.12 Osteoporosis
3.6.1.13 Osteoarthritis
3.6.1.14 Urogenital Diseases
3.6.1.15 Gastrointestinal Diseases
3.6.1.16 Diabetes
3.6.1.17 Sensory Changes
3.6.1.18 Vision
3.6.1.19 Hearing
3.6.1.20 Taste
3.6.1.21 Smell
3.6.1.22 Touch
3.6.1.23 Sensitivity to Pain
3.6.1.24 Sexual Changes

3.6.2 Psychological Problems
3.6.2.1 Fear of Ill-health
3.6.2.2 Fear of Pain and Suffering
3.6.2.3 Fear of Death
3.6.2.4 Fear of Death of Spouse and Friends
3.6.2.5 Loss of Friends and Social Relationship
3.6.2.6 Fear of Being a Burden
3.6.2.7 Fear of Being Abused

3.6.3 Financial Problems

3.6.4 Social Problems

3.6.5 Miscellaneous Problems
    3.6.5.1 Intergenerational Conflict
    3.6.5.2 Unemployment of the Younger Generation
    3.6.5.3 Disintegration of Joint Family
    3.6.5.4 Improper Care by Employed Sons

3.7 Pastoral Care of the Elderly – The Need of the Hour
    3.7.1 Charitable Activities
    3.7.2 Role of the Society
    3.7.3 Role of the Family

3.8 Institutional Care for the Aged

3.9 Old Age Homes in the Archdiocese of Changanacherry

3.10 Conclusion
CHAPTER III

CONCEPTUAL FRAMEWORK OF THE STUDY

3.1 Introduction

Old age is an inevitable, ubiquitous and universal phenomenon of human life and a natural biological process. Since time immemorial, the aged have been accorded a place of honour in society. Ancient literature is replete with recurrent references to the aged.

In the joint family system opinion of old persons on social, economic and religious matters are generally considered and valued. They also play a key role in socialisations of their children and grandchildren. They show affection, cultivate good habits and enforce social norms. On the other hand, family and society look after them irrespective of their productive capacity. However, the social situation has undergone a perceptible change. The joint family system is now disintegrating under the influence of industrialization, modernization and urbanization. All these have affected adversely the situation of senior citizens in the family and society. In most of the cases they suffer from the feelings of alienation, loneliness, insecurity and
worthlessness. This chapter takes up an overall view of the aged: their dignity and grace, their characteristics, their role and status in family and society, their problems and the various programs to ameliorate their agony and suffering.

3.2. Dignity and Grace of Old Age:

Life is meaningful at any stage. Old age has its own dignity and reverence. There are people who can grasp the significance of old age and can confront it with serenity and dignity, while others see old age with a traumatic experience and confront it with rebellion and despair. For some the presence of the elderly is a blessing but some consider it as a burden. In order to understand the great potentials of the elderly it is good to see the older people in the Holy Scriptures like the Bible and see how they contribute their talents for the service of the Lord and made their life meaningful and colourful.

3.2.1. The Elderly in the Bible

To grasp the full meaning and value of old age we need to take recourse to the Bible (both the Old Testament and the New Testaments). Only in the light of the Word of God, we can fathom the spiritual, moral and theological dimension of this stage of life. For the
Biblical writers this earthly life, despite its many inevitable sorrows and sufferings, is so essentially good that the length of days is accounted a blessing. The elderly in the scripture are so highly esteemed that long life is seen as a sign of God’s favour (Gen. 11:10 – 32). With Abraham this favour took the form of a promise (Gen 12:3). Abraham’s wife, Sarah, experience in her aging flesh, God’s power and promise.

Moses, too, was in his ripe old age when at the end of his mission, he entrusted to young Joshua the leadership of Israel’s liberation at the threshold of the ‘Promised Land’.

3.2.1.1. The Elderly in the Old Testament

In the Old Testament we see that the respect for the elder person is a command of Yahweh given to Moses to be given to the Israelites: “You will stand up in the presence of grey hair, you will honour the person of the aged and fear your God” (Lev 19:32). In the Book of Deuteronomy we read: “Honour your father and your mother” (Deut. 5:16). We can understand this command of God when we read in the Book of Ecclesiastics about parents in general and especially in their

---

old age (Eccles. 3: 1-16). We must strive to counter the widespread contemporary tendency to ignore and marginalize older people. We need to educate and help the younger generation to show love and concern to people in their old age. Among other examples of elderly people in the Bible, Tobit, who humbly and courageously resolved to keep God’s Law, to help the needy and to endure blindness patiently, until the angel of God intervened to set his situation aright (Tob. 3: 16–17). There is also Eleazar, whose martyrdom bore witness to an exceptional generosity and strength (2 Macc. 6: 18–31).2

The book of Sirach offers this advice: “Do not disregard what older people say because they too have learned from their parents” (8:9). “Attend the meetings with older people, spend time with them” (Sir. 6:34), for wisdom comes from the elderly. Rich experience is the crown of the aged. (Sir.25:5,6).

In the Book of Ruth the devoted daughter-in-law said, “Do not press me to leave you turn back from following you! Where you go, I will go, where you lodge, your people shall be my people and your God my God. Where you die, I will die, there will be buried. May the Lord do thus and so to me, and more as well, if even death part me

from you” (1:16-17). It is a very good example of the care of the elderly in the Bible. Ruth, the daughter-in-law, was ready to serve Navomi, her mother-in-law. It is the unselfish self donation of the people in the communion of the family. The threefold duties to honour the old is accomplished here. Ruth welcomed Navomi to her life. Secondly she helped her and saved her throughout her life. In her later life being submissive and obedient to Navomi, she received many blessings. Ruth listened to the council of the mother-in-law and she was blessed with a loving husband and good fortune.

In the Book of Tobit there is an exhortation that the first duty towards the ancestors is to give them an honourable burial (12: 12-14). In the Book of Genesis we see Abraham giving an honourable burial to Sarah, his wife, after paying four hundred shekel for the burial land. Abraham also was buried by his people in the same land honourably (23, 1.ff).

The Book of Tobit emphatically says, God will reward those who honour the old. Tobit and Sarah received blessing from the Lord. Similarly prayer for the dead also is a service rendering to the ancestors. It is the duty of the children to pay homage to the ancestors and hence respect. The ultimate promise given is ‘long life’. The whole
teachings of Christianity respect the basic dignity of human being (image and likeness) through serving, caring and loving them from womb to tomb and even transcendently.

### 3.2.1.2 The Elderly in the New Testament

The first elder we find in the New Testament is the father of a prodigal son (Lk. 15: 25). Here we see a loving, kind and merciful father. In the letter to the Hebrews, the author appreciates the faith of the ancestors, because by faith they received the approval of God (Heb. 11:12). Though the Jewish elders were not holding any office they enjoyed seats of honour at the synagogue assemblies, because elders were considered as wise and experienced. It was believed that the elders possessed the spiritual gift of prophesy and teaching³.

Again in the New Testament we see Zachariah and Elizabeth received favour from the Lord in their old age. Simeon and Anna in the temple (Lk.2: 29- 38), Nicodemus, a member of the Sanhedrin (Jn. 3: 1 – 21) were old people among others whom the Lord favoured. St. Paul says, “God chose what is weak in the world to shame the strong. God chose what is low and despised in the world” (1 Cor.1:27-28). The

---

whole elderly in the scripture found favour in the eyes of the Lord. All these instances say life is more meaningful in the old age.

The Bible depicts the story of many elderly who proved themselves that their old age is neither useless nor meaningless, rather exorbitant and valuable. It is they who schooled by the experiences understand the meaning of the saying of great sage: ‘vanity of vanities, vanity of vanities all is vanity’ (Ecc. 1:2). St. Jerome observes, ‘with the quieting of the passions, old age it increases wisdom, and brings more mature counsels’\(^4\). Old age is the season for that wisdom which generally comes from experience since ‘time is a great teacher’.

Thus the Bible presents old age as a ‘favourable time’ for bringing life to its fulfillment and in God’s for each person, as a time when everything come together, enabling us to grasp life’s meaning and to attain the wisdom of heart.

3.3 Christianity and the Care of the Elderly

Christianity always upholds the dignity of older people. The communion and love which are the essence of “God…” presuppose mutual respects, care, understanding, love and support. Life of a person

\(^4\) C.F. Letter of Pope John Paul II to the Elderly, No.6, Pauline Pub, Boston, 2000, p.16.
must be respected integrally devoid of all his iniquities and imperfections. Life is considered integrally and eternally.

Pope John Paul II says, all men are in the processes of gradual maturity toward eternity. In this process, old age too has a role to play. And the larger society of which the elderly are a part also benefits. Elderly people help us to see human affairs with greater wisdom because life’s vicissitudes have brought them knowledge and maturity. They are the guardians of our collective memory and thus the privileged interpreters of that body of ideals and common values which support and guide life in the society. To exclude the elderly is in a sense to deny the past in which the present is firmly rooted in the name of the modernity without memory. Precisely because of their mature experience the elderly are able to offer young people precious advice and guidance.

3.3.1 The Command of God

Christians all over the world believe in the Ten Commandments of God. The fourth commandment opens the second table of the Decalogue. God has willed that after him we should honour our parents

to whom we owe lives and who have handed on to us the knowledge of God. So the fourth commandment unequivocally states “Honour your father and mother” (Ex. 20:12). We are obliged to honour and respect all those whom God, for our good, has vested with authority. Parents are the people who became instruments in the hands of God to shape us. As human beings our first vocation is to life and humanity. This is the first reason why we should honour our parents. Secondly, they are the people who imparted the knowledge of God to us. This is the second vocation that we received. Parents are the assurance and guarantee for their children in front of God and Church that they may inculcate faith through baptism and nurture that faith while they grow. In such a way parents became the ‘signboard’ for children so that they may reach God and find fulfillment in their life.

This is the only commandment with a promise, ‘so that your days may be long in the land that the Lord your God is giving to you’ (Ex.20:12). Regarding life and faith, it is surely an indication to respect the ancestors also. They are the connecting link between the past and present and again further to the future. Forgetting them means of forgetting the history, the rich traditions they handed over to the present generation and its unfaithfulness. This commandment of
teaching children about God is given just after the commandment of Love of God. “The Lord our God is one Lord; and you shall and you shall trade them diligently to your children…” (Deu. 6:4-7, Ex. 20:3) The fourth commandment is placed in this particular context. So we understand from this context that parents are in a sense representatives of God in giving life, a family to be born in, a nation, and a culture. After God they are the first benefactors. While God alone is good, indeed the good itself, and parents participate in this supreme Goodness in a unique way. _Catechism of the Catholic Church_ says, the relation between parents and children is the most universal one. It is in a way the ties of kinship among members of the extended family. It shows honour, affection, and gratitude towards elders and ancestors.

Honour is essentially an attitude of unselfishness. It could be said that it is a sincere gift of alone person to another. And in this sense honour covers love. If honour is an unselfish surrender, then it is an unselfish service to parents and elders as were. Since Christian family is not bound by individuals though the realm of parents or elders is not limited by personal family or even by ‘same faith’ attitude, it is

universal. So the Trinitarian community experience in the family must be expanded to its wider sense of the family, i.e., universal family – a considering all equal, giving what is due to other, respect, honour, care, concern and service to everyone and hence it enriches and proclaims the dignity of all.

Pope John Paul II gives three ways to honour the older people. These are: welcoming them, helping them and making good use of their qualities. The Book of Leviticus, God commands “You shall rise in the presence one with grey hair, honour the person of the older man” (19:32). In many places this command is followed almost spontaneously as the result of established tradition. There must be a growing conviction that a fully human civilization shows respect and love to the elderly so that despite their diminishing strength they feel a vital part of the society. The Book of Proverb says, “hear, my child, your father’s instruction, and do not reject your mother’s teaching, for they are a fair garland for your head and pendants for your neck”, (1:8, 9). Thus Christianity instructs the young to make use of the wisdom of the elderly.

---

3.4. Dimensions of Aging

Generally speaking ‘aging’ has three broad dimensions and each one is associated with another. These are: i) Physiological aging, ii) Psychological aging and iii) Social aging.

3.4.1. Physiological Aging

Physiological aging is the result of biological process. It is a process by which physical and mental changes occur through growth and decline. In the early years of life ‘growth’ predominates and in later years ‘decline’ predominates. Generally the changes which occur in physiological aging is visual or phenotypic in appearance as in old age skin is wrinkled, head and body hair becomes gray, tooth falls etc. Apart from these visual changes, some other changes also occur inside the body, which are not visual. In old age the immunological system, cardiovascular system, digestive system, nervous system, endocrine system, reproductive system, skeletal system, respiratory system and the function of kidney deteriorate.

3.4.2. Psychological Aging

Psychological aging is a process by which a person loses his/her mental ability. Most often psychological pressure or disturbances bring
young people to look aged and it is reflected in body as an unnatural
process. A.K. Kapoor says that “one of the major problems of aging
persons is the shock of growing old”\(^9\). This shock of course hardens the
remaining life course and the persons get older much faster than the
natural process allows because of this psychological trauma attached to
the person.

Psychological abilities may show decline with age, but traits like
interpretation and imagination may decline also over the years.

3.4.3. Social Aging

Social aging is a process by which a person acquires the greater
wisdom and takes up responsible roles depending up on the
individuals’ age status in the society. Every society has its own
conception of aging and age groupings. Through the process of
socialization, the society ensures the transmission of social and cultural
values from one generation to the next and enables its members to
acquire necessary skills, values, norms etc. As the individual moves
from one age grade to the next, he acquires new roles in accordance
with the prevailing practices. Age related roles, privileges and
expectations are defined by the society. Social aging, as distinct from

biological and psychological aging, thus refers to the stage in the life span of the individuals that is regarded as old age by the group.

3.5. Characteristics of Old Age

Like every other period in the life span of individual, old age is characterized by certain physical, mental and psychological changes and the effect of such changes on the individual determines to a large extent his position in the society and whether he would make good or bad personal and social adjustments. The characteristics of old age, however are likely to lead to poor adjustments.

3.5.1. Old Age is a Period of Decline

The old age is characterized by both mental and physical decline. The individual may become senescent from his fifties depending up on the rate of this decline. Senility begins when physical break down takes place and when there is mental disorganization. The individual who becomes eccentric, careless, absent-minded and socially withdrawn and maladjusted is usually described as senile. Decline comes partly from physical and psychological factors. The physical cause of decline is the change in the body cells not because of any specific disease but because of the aging process. Decline may be also due to the psychological causes. Unfavourable attitudes towards
oneself, other people, work life in general can lead to senility, just as changes in the brain tissue can lead individuals who have no sustaining interests after retirement to depression and disorganization in thoughts and actions. As a result, they may soon die. The way the individual copes with the stresses and strains of living will also affect the rate of his decline. The new leisure time which comes with retirement or with the reduced of household responsibilities often brings with it certain amount of distress which lowers the individual’s motivation.

3.5.2. Fragility and Fright

For the old there is nothing ahead to hope and aim for unless they are religiously motivated. Physically and mentally they are fragile. Their strength, enthusiasm and vigor rely on the mercy of others. In a culture of the survival of the fittest and strongest they are underestimated and are considered a failure. They have no place and have no play. If the majority of the population is anxious and worried about their future, the old are worried about their own life.

3.5.3. Musing on the Past

This is one of the greatest joys of the elderly to muse on the past. The sweet memories of the glorious past are the greatest bliss in their
gray haired days. Old age happiness consists in ‘achievements’. In the same way they like to hear from others the achievements and success stories of their past.

This same musing nature can give them intolerable pain and suffering in their lives. As they reflect on the beautiful moments of their past, they recall their painful experience too. It can add mental frustration and physical agonies. Here what they need is some one to listen to their stories.

3.5.4. Slow Movement

Due to changes in motor abilities, old people lose their speed in movements in walking, talking, writing, eating and ‘slowly but surely’ is the common policy of the aged.

3.5.5. Awkwardness

Old people tend to become awkward and clumsy which makes them to spill and drop things, to trip and fall and to do things in a careless manner. Awkwardness varies according to the physical and mental disfiguration of the people.
3.5.6. Changes in temperaments

Old may change their mood and temperaments quickly. Emotional imbalances and disturbances are familiar parts of the aged. If the emotional problems of the early period persist, they will be intensified by the added stresses of aging.

3.5.7. Complaining

The elderly tend to complain when things won’t go up to their expectation. Lack of adaptability due to physical and mental reasons are the causes of complaints. Elderly usually complaints about food, drink, medicine and ailments, and the disciplinary matters by the young generation.

3.5.8. Disappointments and Lost Feelings

If unfulfilled desires and targets are the causes of disappointments, the loss of vigorous youthfulness, health, the power in the family and in the society, career etc makes the elderly feel lost.

3.5.9. Hallucination

“Hallucinations are the perceptions experienced without apparent sensory stimulation”\(^{10}\). Auditory hallucination is very

\(^{10}\) Wilman J. Phipps et.al., *Medical – Surgical Nursing, op.cit.*, p.89.
common, and patients often answer the voices or respond to the directions given by these voices. Tactile sensations usually are of crawling may try to flick them away or run away from them. Hallucinations can be auditory or visual.

3.5.10. Lack of Sleep and Nightmare

Older people usually sleep lightly and intermittently with frequent waking. Sickness, worries and anxieties can cause sleeplessness to the elderly. Whenever they don’t have deep sleep, they have horrible and frustrating dreams which may further obstruct their otherwise disturbed sleep. Unpleasant and noisy situation also can lead to discomfort in the sleep.

3.5.11. Feeling of Boredom

The aged who never learned to change their desires and hobbies according to their capacities feel boredom- in their life. It is quite common among the elderly who retired from white color jobs and who live in the cities. A sudden shift from a busy life to a confined and isolated life makes the elder citizens suffer from boredom.
3.5.12. Forgetfulness

It is a very common feature of the elderly. Due to the complexity and vulnerability of neuronal function to biochemical and physiologic alterations, cognitive functions will be easily disturbed. Forgetfulness can occur in the elderly because of the distortion of memory, confusion, delirium, dementia and amnesia. While some are able to remember only the past events and forget the present, others are able to remember only the present events and forget the past.

3.6. Old Age and Its Problems

A host of problems accompany old age. The problems of the aged people and related issues vary from culture to culture and from individual to individual. The age of an individual may make a lot of difference in the nature of problems. The problems of old people in their sixties are quite different from those in their eighties. The problems of old men would be different from those of women. The problems of persons who have to retire from their service are different from those of self-employed and those who do not have to retire from their services or their work. An individual in active service has a fixed income and usually is kept busy for the major part of the day time, has
a standing in his society and family and has a status as a working man. But after retirement, he has to suffer the loss of regular income. He has so much of extra time at his disposal that he may not know what to do with it. He not only has to manage with less income but has also to cope with a lowered status. He may not get the same respect as he used to either from his family members or from society.

From the foregoing discussions the following conclusions on the different problems faced by the old people are arrived at; and they are categorized as follows:

3.6.1 Physical Problems

One of the most important hazards of old age is undoubtedly physical. As the people grow older, the bones become more brittle and joints become less elastic. Elderly people are most commonly affected by circulatory disturbances, metabolic disorders, joint pain, wear and tear of vertebrae, tumors, ulcer, heart disease, rheumatism, arthritis, visual and hearing impairments, hypertension, gait disorders and evolitional mental disorders. Apart from these problems, the aged suffer from other physical incapacities like decrease in the efficiency of kidney up to 50%, the lungs may lose an average of 30 to 50% of their maximum breathing capacity. The brain may lose 20% of its
weight; literally thousands of brain cells or neurons are irrereplaceably lost day by day. Muscle mass begins to decline as well. At 60, the muscle strength in one’s biceps is reduced to half of what he had when he was 25. Between the ages 30 and 70 the average person loses 30 to 40 percent of the body’s muscle mass. The other main diseases suffered by the aged are diabetes, artherosclerosis, cerebrovascular accidents, cancer, tuberculosis, asthma and many more.

Though sickness is common to all why does it march in battalion to the elderly? Different answers are given by different theories. The genetic theory suggests that cells are programmed to die after they have divided a certain number of times. The “wear and tear” theory, a non genetic explanation, proposes that time itself produces changes in the cells that reduce their capacity to function properly. The physiological theory of aging points to the deterioration of organ system, such as a cardiovascular system, or impairment of physiological control mechanism.¹¹ All these theories mutually agree that aging is not a disease but a natural process. Unless due care is given, the aged will fall as victims of multiple diseases. Most older

people have at least one chronic condition, and many have multiple conditions.

3.6.1.1 Sickness

We have seen that the physical process of aging is the basic reason why the elderly have a higher rate of health problems. Even then, all the unpleasant situations and environments like social, financial and religious also can cause the same problem. Medical conditions may also result from inadequate exercise. The maxim of ‘use it or lose it’ is applied to the systems of the body. Muscles atrophy if they are not used, and the heart functions less well if a person leads a sedentary life, sexual functioning deteriorates as a person could not engage in sexual activity. Brain needs ‘mental exercise’ to continue to function effectively in old age. In short, most systems of the body thrive on use, but too many people become inactive as they age. It is called disuse of the body. The abuse of the body through smoking, excessive drinking of alcoholic beverages, chewing of betel leaves and tobacco and use of other intoxicating devices also will result in medical problems.

The elderly are the most uniformly under nourished segment of our population. The reasons for this malnutrition are - lack of knowledge about proper nutrition, lack of money to have balanced diet, poor teeth and lack of good dentures and many more. However even among those who get sufficient nutrition the failure of endocrine and digestive system is common to old age. Sexual deprivation or unfavourable attitude towards sex in old age affects every old person.13

3.6.1.2 Alzheimer’s Disease

Alzheimer’s disease is perhaps the most important of all the degenerative diseases because of its frequent occurrence and devastating nature. It is the most common cause of dementia in the elderly. Historically this term was applied to progressive dementia coming on in late middle life. This disease is clearly age related. Advancing age is unmistakably pre-disposing factor, but it is incorrect to consider Alzheimer’s disease as the inevitable accompaniment of aging. The outstanding pathologic feature is the death and disappearance of nerve cells in the cerebral context. Symptoms of this disease include gradual memory loss, emotional disturbances such as

depression, anxiety, unpredictable quirks of behaviour and impairments in learning skills and communications. In the advanced stages of the disease the patient walks in a shuffling manner with short steps, there is a generalized muscle stiffness with slowness and awkwardness of all movements. Progression is usually slow and gradual and unless other medical conditions supervene, it may smolder on for ten or more years. This disease is named after the German neurologist Alois Alzheimer who in 1907 described the pathological changes in the brain associated with this illness.14

The cause of Alzheimer’s disease continues to be a mystery. Scientists trace viral infections, biochemical deficiencies, genetic tendencies, immune system etc as the causes for this disease. At present there is no cure that has been discovered for it. Exercise, physical therapy, proper nourishment and fluid intake are beneficial. Patients need 24 hour a day care which is a tremendous task for the care-givers.15

15. C.f. op.cit., pp. 466-467.
3.6.1.3 Dementia

Dementia means a collections of symptoms resulting from the failure of the brain to carry out certain basic functions. It is the major cause of long term disability in old age. Most diseases causing dementia are either widespread neuronal degenerations or multifocal disorder. Alzheimer’s disease is the common cause of dementia in the elderly. Nevertheless, there are many other problems such as human immuno deficiency virus, carcinomatous meningitis, acute head injury, hyper thyroidism, drug and narcotic poisoning also cause dementia. Due to many other reasons, young and adult people also can be affected by it.\(^\text{16}\)

Examination in the early stage usually shows impairment of memory of recent events with varying degrees of cognitive deficit. As the disease advances, the impairment of memory, speech and behaviour become so marked that patients are unable to care for themselves, and they repeat questions over and over again and fail to recognize friends and relatives. Restlessness is common especially at night, and patients become lost if allowed to wander. Delusions, paranoia and hallucinations may occur. Dementia patient is disoriented

\(^{16}\) C.f. op.cit., pp. 189-192.
to time and space and has poor memory of recent and distant events. Stooped posture and rigidity are common. In the last stage the patient is immobile, mute and incontinent.  

3.6.1.4 Delirium

Some medical practitioners use the term delirium as synonymous with the acute confusional state. But delirium is best reserved to describe a clinically distinct variety of acute confusional state characterized by periods of agitation, heightened mental activity, increased wakefulness, intrusive visual hallucinations and hyper activity. Delirium is caused by inadequate supply of oxygen, glucose, and well nourished food. High fever, hypoxia, dehydration and circulating bacterial toxins, pneumonia, cardiac failures and urinary infections also cause delirium. Aging brain is very much vulnerable to delirium. So it is a common condition in the elderly.

One of the earliest signs of the impairment of memory attached to delirium is disorientation for times and later for place. Impairment of cognitive function leads to difficulty in performing task requiring logic, mathematics or special organization. Patient misperceives people

and surroundings; repetitive stereotyped motor behavior such as plucking at the beside clothes, or losing from side to side is frequent. As in the case of dementia, delirium patient also need constant care and attention.\textsuperscript{19}

3.6.1.5 Parkinsonism

This is a common condition first described by James Parkinson in 1817 and is named after him. He defines Parkinsonism as “involuntary tremulous motion, with lessened muscular power, in parts not in action and even when supported, with a propensity to bend the trunk forward and to pass from a walking to a running pace, the senses and intellects being uninjured.”\textsuperscript{20} This disorder is also known as Parkinson’s disease, Paralysis Agitans and Shaking Palsy.

Parkinsonism is a chronic, slowly progressive disorder that affects the part of the brain that controls voluntary movement. The stopped posture, the stiffness and slowness of movement, the fixity of facial expression and the rhythmic tremor of the limbs, which subsides on active willed movement or complete relaxation are the familiar features of Parkinson’s disease. There is no known treatment that can

\textsuperscript{19} Ibid., p.186.
\textsuperscript{20} Ibid., p.206.
halt or reverse the neuronal degeneration. With the aid of an expert physical therapist, exercise, activity and rest can be programmed. This can bring about a considerable degree of relief from symptoms in many patients. Here too not only the patient but the family members or care givers also need much emotional support in meeting the stress of the illness and the hard task of taking care of them.

3.6.1.6 Depression

Depressive disorders are another group of disorders widely prevalent in the elderly. Depression in the elderly is an under diagnosed and under treated disorder. It may present with a typical symptom and may escape the notice of the family members, as usual symptoms may be considered as a part of normal aging. Depression is a complex syndrome that manifests itself in a variety of ways in older people. The common manifestations are vegetative which include insomnia, fatigue, loss of weight, constipation, preoccupation with physical health and thoughts of death. They also exhibit sadness, fear, crying, anxiety, irritability or paranoia. They patient may not be able to see any hope in the future life and hence worthlessness, frustration and depression. They may have poor sleep and diminished sexual drive.

21. Ibid.
Suicidal tendency is one of the main symptoms of this sickness when it aggravates. Diminished ability to think or concentrate or indecisiveness, insomnia or hypersomnia also are visible signs of depression in the elderly.\textsuperscript{22}

Major depression is approximately twice as common in women as in men. Mood disorders are the result of interactions between the patient’s genetic makeup and the environment. Paranoid reactions are very common in old age. Anxiety disorders related to aging are frequent, mostly manifesting an anxiety or hypochondria. The most at risk are the elderly who are physically impaired, poor or socially isolated.\textsuperscript{23} Since environment, life experiences and stresses in life are the causes of depression, society and family have greater responsibility to take care of the depressed elderly.

### 3.6.1.7 Cardiovascular Disease

The major change that occurs with normal aging in the arterial wall in human beings is a slow, apparently continuous, symmetric increase in the thickness of the intimae. It results from a gradual

\begin{itemize}
\item \textsuperscript{22} Ibid., p. 21-24.
\item \textsuperscript{23} Carol K. Sigelman, David R. Shaffer, \textit{Lifespan Human Development, op.cit.}, pp. 470-472.
\end{itemize}
accumulation of smooth muscle cells surrounded by additional connective tissues. Lipid content like cholesterol ester and phospholipid also progressively increases with age and is deposited in the intimae which may cause thickeners the layers. It leads to the rigidity of vessels.\textsuperscript{24} Disuse (remain without exercise), misuse (smoking, alcohol consumption) are the main causes of cardiovascular disease. Treatment of hypertension reduces cardiovascular morbidity and mortality including decreased rates of stroke, coronary heart disease and congestive heart failure.

\subsection*{3.6.1.8 Coronary Heart Disease (CHD)}

It is well known that smoking increases one’s risk of coronary heart disease as like cancer and emphysema. High blood pressure, obesity, hypercholesterolemia, diabetes, stress and lack of exercise also are the reasons to boost the CHD. Control of major risk factors is crucial for coronary heart disease prevention. Smoking and alcoholism begun in the young age and the people get addicted to these as they grow old. Since the old depend on others for almost everything, the availability of these devices will be impossible and hence they show withdrawal symptoms too. So the roles of behavioural and

\textsuperscript{24} Op. cit, pp. 992-993.
psychological factors also are important in both prevention and treatment of CHD.\textsuperscript{25}

3.6.1.9 Respiratory Disease

Respiratory problem constitutes an important cause of morbidity and mortality in the elderly. The main respiratory diseases occurring in the elderly include chronic obstructive airway disease, pulmonary tuberculosis, pneumonia and carcinoma of the lung. Pneumonia is an important cause of mortality in old age. The known facts about disability caused by chronic respiratory disease indicates that they are a serious health problem in the society especially among the elderly. The patient with this disease experience difficulty in breathing. This is tiring and unpleasant. Proper ventilation, humidity and temperature of the room will help the patient to breath more easily.\textsuperscript{26}

Two of the most troublesome symptoms of respiratory diseases are the increase in mucous secretions and the stimulation of coughing due to the infection of the respiratory tract. The constant productive/nonproductive coughing can lead to exhaustion. Many

\textsuperscript{25} Wilman J. Phipps et al., \textit{Shaffer’s Medical Surgical Nursing}, 7th edit, BI pub., Ltd. Delhi, pp. 436-444.
\textsuperscript{26} \textit{Ibid.}, p. 343.
respiratory diseases are caused by virus. The unhealthy dust-filled environment, cold and mist, closeness to certain chemicals, vegetables and flowers, hairy animals like cat and puppies also can cause virus infection and respiratory disease.

3.6.1.10 Neurological Disorder

Neurologic disease has multiple causes. It may occur in any age groups. But it is more prevalent in the old due to age related weakness of neurological system. A pathologic condition or injury may affect the nerve system centrally and peripherally. This disease may be progressive or non progressive during its course. Common neurologic disorders in the elderly include cerebrovascular disease, Parkinson’s disease, dementia, subderal hematoma, multiple sclerosis, tumors, meningitis etc. Falling down is very common in the elderly and it causes head injury and subsequent loss of memory and other neurological problem. Older people are very prone to stroke. A stroke occurs when the blood supply to any part of the brain is cut off. The stroke in its severe form may cause unconsciousness with complete paralysis of the part of the body and even death.

Personality changes are common in neurologic disorder. Physical changes caused by this disease may affect the personality.
Patient may make unwise decision and movement that prompt the caregiver to restrict them. This curtailment of freedom irritates the patient and provoke them. Elderly persons with arteriosclerotic brain damage are often great trials to their families.\textsuperscript{27}

3.6.1.11 Cancer

The terms like cancer, neoplasia and malignancy are usually used interchangeably in both the technical and popular literature. The disease called cancer is best defined by four characteristics which describe how cancer cells act differently from their normal counterpart.

Cancer is not a single disease but a large number of different diseases, all characterized by cells that are repeatedly subdivided in a random, disorderly way.\textsuperscript{28} This forms as a tumour and crowds out the healthy tissues and eventually interferes with the vital functioning of the affected organs. Further, cells from the original or primary cancer site have tendency to enter the lymph vessels and the blood stream. By this rout, malignant cells can be carried to a distant part of the body and give rise to secondary neoplasm or tumour which is malignant.

\textsuperscript{27} Cf. \textit{Ibid.}, p. 802-805.

\textsuperscript{28} C.f. Wilson \textit{et al}, \textit{op.cit.}, p. 1576.
This process is known as metastasis. Frequent sites of malignancy include breast, lung, prostate, stomach, colon, bone and lymph nodes.²⁹

There is a tendency to set aside all the complaints and problems of the elderly as age related and therefore, many malignant growths in the elderly are undetected or undiagnosed. In the case of elderly a prevention is impossible rather detection, caring and curing is only possible.

### 3.6.1.12 Osteoporosis

Osteoporosis is the extreme bone loss in later life of the people. It is a serious loss of minerals that leaves the bones fragile and easily fractured. It is a typical problem for older women who never had as much bone mass as men to start with and whose bones tend to thin rapidly after menopause. Women with osteoporosis often have the so called Dowager’s Hump, a noticeably rounded upper back. Increased calcium intake, exercise and hormone replacement therapy have all been recommended to help prevent or slow osteoporosis.³⁰

---

3.6.1.13 Osteoarthritis

As people get old, joints also will be aged. Later it takes the form of osteoarthritis, a common disability in old age. The older person who can no longer fasten buttons and stoop to pickup dropped items, and may easily feel incompetent and dependent.\(^\text{31}\)

3.6.1.14 Urogenital Diseases

Urogenital problems mainly consist of symptom due to prostate enlargement in males and gynecological causes such as prolapsed malignancy in females. Urinary infections, difficulty to void or control the void are some of the symptoms of urological diseases. It is a common problem in the elderly which needs often the management of cathedration.

3.6.1.15 GastroIntestinal Diseases

Common gastrointestinal manifestations in old age include constipation/loose bowel movement, anorexia, abdominal pain indigestion and bleeding through rectum. Alteration in bowel habit can result either from disruption of normal intestinal mortality or significant structural pathology. Weight loss and fever also appear symptoms. Bloating nausea and ‘gastritis’ are also common. Since the

\(^{31}\) Ibid, p.133.
aged depend on the family members, they have to take care of the diet and all the associated problems of the elderly patient.\textsuperscript{32}

\subsection*{3.6.1.16 Diabetes}

Diabetes is the most common endocrine disease. This disease is characterized by metabolic abnormalities, by long term complications involving the eyes, kidneys, nerves and blood vessels. Basically it is characterized by excessive amount of sugar in the blood and urine. It is the outcome of lack of insulin. Diabetes occurs when pancreas fail to produce insulin in sufficient quantity or when the body doesn’t use insulin properly. Insulin helps the body to utilize carbohydrates. Deficient nutritious meals, lack of exercise, alcoholism and changing life style may lead one to diabetes.\textsuperscript{33}

The functioning of the total metabolism in a human body naturally decline as it ages. The constant attack of diabetes can cause damage to the internal organisms. The functioning of kidney, pancreas, lungs, heart, eye sight and hearing ability also can be affected by the diabetes. A majority of the elderly suffer from diabetes. The timely intervention with medication is needed for the diabetic elderly.

\textsuperscript{32} C.F. Wilson et al, \textit{op. cit.}, p. 249.

\textsuperscript{33} \textit{Ibid.}
3.6.1.17 Sensory Changes

Senses are the channels through which people get acquainted with the environment. Sensation is the process by which sensory receptor neurons detect information and transmit it to the brain. Sensory and perceptual capacities decline with age in any normal person. But the fact is that these changes are gradual and usually minor and they are capable of making adequate adjustments to these problems; for example, tuning up the volume on the T.V. set, wearing spectacles etc. Perceptual abilities also decline in some aging people.

3.6.1.18 Vision

Several changes in the eyes and in the parts of the nervous system related to vision take place over the latter years of life. The pupil of an older person normally is smaller than that of a young adult and does not change in size as much when lightening condition changes. It affects the vision. Dark adaptation or scotopic vision also is very slow in the elderly. The changes in the pathologic condition of the eyes that become more prevalent in old age but part of aging itself. For example, cataracts are the leading cause of blindness in old age.34

34. C.F. Carol K. Sigelman and David Shaffen, op. cit, pp. 163-164.
3.6.1.19 Hearing

It is a fact that most of the aged are hard of hearing. Almost 75% of the 70-79 age groups have impairment in hearing. Causes of hearing problem ranges from excess wax build up in the ears to a sluggish nerve system. The cochlear hair cells that serve as auditory receptors, their surrounding structures, and the neurons leading from them to the brain degenerate gradually over the adult years. Men tend to experience greater difficulty hearing in old age than women.35

3.6.1.20 Taste

Increasing age causes difficulty in detecting weak taste stimulations. Hence discriminating the different tastes also is a hard task for the elderly. The atrophy of the taste buds in the tongue and in the inner surface of the cheeks leads to marked changes in taste in old age. Atrophy occurs progressively as age advances. So old people frequently complain of distaste of food. Interest in eating may decline and nutritional problems could result.36

36. C.f., Ibid., pp. 172-173.
3.6.1.21 Smell

The ability to sense odour also declines with age. So the identification of odours also decline during the elderly period. Decreased sensitivity to odours can not only decrease enjoyment of food, but also makes older adults oblivious to dangerous odours such as gas. The inability to sense odours is acute at old age partly as a result of the atrophy of cells in the nose and partly due to the increased heaviness of the nostrils.

3.6.1.22 Touch

The death of sensory glands in the skin, numbness over the skin due to many reasons in old age cause the decline of sense of touch in the elderly. As skin becomes drier and harder, the sense of touch becomes less and less.

3.6.1.23 Sensitivity to pain

It is not true to say that older people have grater tolerance to pain than the young. Rather it is true to say sensitivity to pain decreases as people get aged. This decline occurs at different rates in different parts of the body.37

3.6.1.24 Sexual Changes

People continue to be sexual being throughout the life span. But people tend to stereotype elderly as sexless or asexual. People can remain highly interested in sex and sexually active in old age. Men are more likely to be sexually active than women. But it is a fact that sexual activity declines with age. Initially a waning of the secondary sex characteristics is a common effect of climacteric in males that later affects sexual functioning. Evidence shows that cultural influences are more important in the waning of the sex drive than physical changes. The negative attitude of the society about sex in the elderly make them to suppress their sexual desires. The strength of sex drive in old age depends largely on the individual’s general health and early life’s sexual adjustment, that is those who made poor sexual adjustment while young have found to lose the sex drive earlier than those who made better adjustments. Though people get old, they are sexual being but varying in degrees.\footnote{C.F. Carol K. Sigelman and David R. Shaffer, \textit{op. cit.}, p.137.}
3.6.2 Psychological Problems

It is possible to say that the overwhelming proportion of the elderly are mentally ill. Although no period of life is free from the specter of emotional distress, older people encounter a higher risk than any other age group. The increasing proportion of older people in modern civilized societies has given rise to a great many psychological, social and medical problems. The growing incidence of mental disorders is very much associated with old age.

As people get aged, their psychology also changes. There are changes and deterioration in self-confidence, will power, courage to take risk and try something new which had never been tried before. The aged are the people who experience more external and internal stresses. Anxiety and hence fear is a common emotion and as such it is often a normal response to the vicissitudes of life. The various psychological threats that the elderly face in their life are the following:

3.6.2.1 Fear of Ill – Health

Graying of hair, wrinkling of skin, baldness, falling of teeth etc. are considered unpleasant and unattractive signs of getting age. At the same time these signs are threats too due to the fact that illness
accompany aging. Illness, whether it is physical or psychological, is a nightmare for many. It is a threat mainly due to pain and suffering and death attached to it.

3.6.2.2 Fear of Pain and Suffering

Most of the people regardless of age like to have a dignified death rather than being bed ridden for many years undergoing pain and consequent suffering. As people get aged, they lose tolerance and will be very sensitive to pain. Certain diseases like arthritis, heart problem, cancer etc. are painful while Alzheimers, Dementia, Parkinson’s Disease. Causes much suffering. The old lose hope and will be frustrated visualising and even anticipating sickness.

3.6.2.3 Fear of Death

Death is the part of human experience throughout the life span of a person though it happens only once in his/ her life time. Death is the irreversible cessation of all biologic functions. Reasons for the fear of death varies according to persons. For example, a person whose whole attention and interest is given to wealth, will hate death. Religious orientation also is another fact in this regard. So the acceptance of death at any time depends on the level of development, personality, life
circumstances, priority of interest and socio–culture context of the person. Old age, especially, is a threat because the old are more vulnerable to the reality of death. The stereotype about elderly are that they are very close to the coffin and are at the brink of the grave. So preoccupation with death, particularly about the circumstances surrounding it is an ongoing concern of the elderly.39

3.6.2.4 Fear of the Death of Spouse and Friends

Old age is the time when close friends are most apt to die, naturally, the longer a person lives, the more likely close friends will die. Getting the news of the demise of these friends and relatives, especially of the same age group, tempt the elderly to count down their days. This is very visible in the old age homes and nursing care centers.

The witnessing of the death of life partner who shared all the ups and downs of life is very painful. The saying that the person who lost the life partner is as same as the devotee who lost the temple of worships is very true in the life of the elderly. The horrible experience of loneliness and isolation of the elderly aggravates with the death of life partner and close friends.

3.6.2.5 Loss of Friends and Social Relationship

The Elderly are the main victims of the reshuffling of families. After the retirement, the elderly usually partition their wealth and property among their children. Their children migrate to far away cities and towns for better prospects. Subsequently the last ‘item’ to be shared is the elderly themselves. They will be shared among the children and consequently, will be separated. They will be uprooted from where they were planted and grown and are now forced to shift with their children. It is one of the main reasons the loss of their age old friends and social relationship. Making new friends in a new society is quite difficult, if not impossible for the elderly.

Old age is a time of retreat also. The Elderly due to forced retirement and unacceptance in the social circle withdraw themselves and are confined either to their own homes, old age homes or to nursing care centers. Ailments one after another do not allow them to make frequent visit to their friends and relatives. Likewise people are nominally interested to visit the old in their own residence. Since the elderly need the help of others, they miss social functions, religious activities and celebrations and hence they lose the company of friends.
and social relationship. The changing culture of the society, generation gap and changing ideologies make them aloof from the society.

3.6.2.6 Fear of Being a Burden

The fear of being a burden to others is also the part of old age without any exception. This feeling comes from the dependance nature of the elderly whether they are rich or poor, healthy or unhealthy. Even when people are young, they have to depend on each other due to their social nature. But in old age this dependency reaches its zenith. If the feedback the elderly receive from their caring person is negative and if the care and support is not satisfied, they feel that they are a burden for the family and the society.

3.6.2.7 Fear of Being Abused

Having reduced energy, strength and agility the elderly are vulnerable to being victimized by crime, particularly robbery, aggravated assault, burglary, larceny, vandalism and fraud. Many of the elderly live in constant fear of being abused and victimized. Though there are laws and regulations to protect them, they hesitate to go for legal aid being afraid of retaliation from offenders. And again they dislike the complicated legal process they must go through,
because it again adds to strains and difficulties in their life. So very often they are the silent victims of these crimes and injustices in the family and the society. Fear affects the quality of life of the elderly and it restricts their life style and increases social isolation\textsuperscript{40}.

\textbf{3.6.3 Financial Problems}

Among the several problems of the elderly in our society, economic problem occupies the prominent place. Many of the elderly live in poverty. A fair number lack adequate food, essential clothes and medicine and proper housing. Dependency is the end result whether they are rich or poor. Prior to industrialization, older people were the primary owners of the property. Land was the most important source of income, therefore the elderly controlled much of the economic power. Due to the emergence of industrialisation and subsequent urbanisation the elderly are no longer holding the position of economic power.

The aged find the modern economic and industrial, technological schemes have no place for them. So they are discarded vocationally and rendered economically unimportant and unproductive by factors beyond their control. Even if they are healthy and skilled, they will not

\textsuperscript{40} \textit{Ibid.}, p.470.
be employed due to the prevailing myth about the elderly that they are clumsiest, risky, forgetful.

As one grows old, one’s control over the finance of the family slips from him/her. Individuals who are required to retire and deprived of their main sources of living may have to face these problems. Individuals who are dependent on others may face these problems if the latter die or become infirm, or the individuals may face these problems because of their increased need for medical assistance in old age. For a variety of such reasons, the financial problems of old people are very vital.

The financial problems are not independent but very much interdependent. In other words, problems in one area contribute to problems in other areas. To take an example if a person has a problem of failing health, he will have to spend more on medicine and this adds to his financial problem. The failing health of an individual may make him more irritable and thus make his family members more annoyed. So our old people have a problem of adjustment in this family setting. If one keeps on brooding about his failing health it may lead to mental “illness”. So the problems that an individual is required to face in old
age cannot really be divided into different water tight compartments but they all are very much interdependent.

The Ministry of Social Justice and Empowerment, Government of India (1999), in its documents on the National Policy for older persons, has relied on the figure of 33 percent of the general population below poverty line and has concluded that one third of the population in 60 plus age group is below that level. That means their number comes about millions\textsuperscript{41}. The mere elderly pensioners have to relay only on their fixed income. Aid from the government agencies and social financial security scheme are insufficient and untimely.

Financial security affects one’s entire life style. It determines one’s diet, capacity to seek good health care, to visit relatives and friends, to maintain a suitable wardrobe and to find and maintain adequate housing one’s financial resources, or lack of them play a great part in finding recreation and maintaining morale, feelings of independence and a sense of self esteem. In other words, if an older person has the financial resources to remain socially independent to continue contact with friends and relatives and to maintain preferred forms of recreation, he or she is going to feel a great deal better about

\textsuperscript{41} Ibid.
himself/herself than if he/she is deprived of his/her financial resources\textsuperscript{42}.

3.6.4 Social Problems

Old people may be required to make an adjustment to their family members who may increasingly resent their presence. Old people may have to adjust to life devoid of much activity. This problem is more crucial for persons who are required to retire from their active life. Old people may be required to face the problems of adjustment due to the loss of spouse or loss of friends. They have a lot of free time and do not know what to do with it and hence utilization of leisure time may be a problem.

As one grows older, one loses the loved ones in death, and this is a painful loss. One also needs to accept the eventual death of oneself. Eriksson, who is famous for his developmental studies, postulates that the crisis that older adults go through is “integrity versus despair”\textsuperscript{43}. Integrity here means the capacity to accept one’s past history and to


face death stage of life is what is called despair. Here the person gets frustrated and discouraged about the past and the present and may seek death as a way of ending a miserable existence or else dreads it and lives a very unhappy life in bitterness.

According to W.R. Kirson, “aged people resemble minority group members, because they are objects of occupation discrimination. Also they may become economically dependent or the victim of lower living standards. Many aged persons who are compelled to retire find idleness very irksome. Their free time which has resulted from forced retirement, technological development and labour–saving devices can become very oppressive”

“The problems represented by aged persons have become more widespread because more people are living longer. In 1890 the median age of the husband if dying before his wife, was 57.4 years; in 1950 it was 64.1 years”. By living longer aged people also represent a social problem for a longer time because of their reduced income or economic dependency.

One of the crucial problems of ageing is the loss of employment and of employability. The worker even when past age 45 has difficulty in getting employment. But job discrimination becomes so marked that the person aged 65 or older virtually is forced into retirement. Worse is the solution in Kerala where retirement from government service is at 56.

According to E.A Friedman and Robert J Havighurst, forced retirement has several detrimental effects upon aged people.

a. The pension reduces the aged person’s standard of living so that he becomes deprived of many customary activities and goods.

b. He may become adversely affected by inflation which further lowers his purchasing power.

c. He may miss a sense of participation and usefulness which he felt while employed. Since social identity is related so closely to one’s job, the aged person can become confused by losing an occupational identity without acquiring a substitute identity from another pursuit.
d. The aged person who lacks interesting practices and leisure pursuits frequently becomes bored by his free time\textsuperscript{46}.

3.6.5 Miscellaneous Problem

There are some other miscellaneous problems too which the elderly are facing these days. With the impact of the modernization on the young members of the community, the traditional norms and values have been affected. Consequently the attitude and behavior of the younger generation have also been changing. Now they are objecting to follow the traditional norms and values of joint family. The following are some such problems which the elderly are facing today:

3.6.5.1 Intergenerational Conflict

This is not a new conflict. It has been existing in every society. There are countless issues for creating this conflict. Any issue of simple nature can be converted into a major conflict when there will be no compromise between two members. It is also seen that the conflict generally occurs between the members of two generations, young and old. It is true that the requirements of each generation differ and the members of each generation want to have their requirements of their

own choice. The choice of younger generation is mainly based on the modern way of living which the old generally do not like. The old being the head of the family try to bring the young members into confidence by convincing them in various ways. But the young member become so much adamant that the are not in a position to listen to any advice from the aged people. When the young do not accept the proposal or the advice of the aged, the old members stop communication with him. Sometimes they may go on fast so long as the matter is not resolved. The old man may bring his closest relative and with his help he tries to bring the young member under his control and confidence. If this attempt does not solve the issue, then the separation of family emerges. The son who was under the direct control of his father is now free from any control. He needs no suggestions from old generation. The old member, who enjoyed very high position in the family, now does not receive proper treatment either in the family or in community. This affects the health and the status of the old members to a great extent.

In some cases, the young sons in spite of paying respect to the aged they begin to insult them in very simple matters. In this case the aged want to leave the home.
3.6.5.2. Unemployment of the Younger Generation:

Unemployment is a burning issue for the country as a whole. In the present situation each and every family is trying to provide good education to their children so that they can get good jobs better future and modern amenities of life. Unemployment makes the educated young members frustrated. They are forced to go home back and carry out the paternal occupation. But being frustrated they do not take interest in traditional occupation. This creates a major problem for the aged. They had great hope about the future of their children but their inability to work for their children pains them. They have to bear all liabilities of the young members so long as they remain alive.

The old parents have not only to bear the liabilities of his sons but also of their family members. The old parents are found engaged in work from dawn to dusk. They really enjoy no leisure, but the young members of the family are seen sitting, chatting, playing cards, gossiping. This really hurts the aged parents. The aged have spent their life in so simple a way that one can not imagine. Many old parents whose income is poor feel the young members are a burden upon them. They wish their own deaths at the earliest so that they could escape from seeing their family in the way of destruction. Some young
members do not contribute to any economic activity but they want to have all sorts of modern amenities in their homes. They want to eat varieties of food and wear costly dresses. They demand heavy amount frequently from the old parents to visit towns without any purposeful work. The old parents remain silent but live always under mental tension. Thus unemployment of family members in creating many kinds of problems for the aged people.

### 3.6.5.3 Disintegration of Joint family

Joint family system is characteristic of our Indian village life. Joint family is characterized by common hearth, common residence and common ownership of land and property. The joint family is headed by the oldest member of the family. All members of the family used to work under the guidance and directions of the aged. Respect for the aged in the family is not because of centralized authority in their hands but being the well wishers of all family members.

The joint family has been going under a drastic change with the advent of industrialization, urbanization and modernization. This changing pattern of the family has deleterious effect on the aged as they lose prominence in the family system. Family responsibilities towards the old are fast deteriorating due to demographic and
economic changes in the society. The dependence of the old on others, financial problem arising out of reduced income, social problem due to changing role and status, problems of extra leisure arising out of loss of work, poor health and feeling of insecurity due to financial constrains, these are a few among a number of problems of the aged, in general.

3.6.5.4 Improper care by Employed sons

In this modern and competitive age to get employed in government and other organization is a good prospect for the family. A family is regarded as luckiest if all the male members of the family have permanent jobs. The aged parents feel proud of having such type of sons. They feel liberated from all sorts of burden. They want to remain alive comparatively for a longer period. But the employment of all the sons also brings many kinds of problems for the aged parents. After getting job, a son usually shifts his family closer to the place of work. In this way all sons leave their village and start to live along with their families closer to their work place. The old parents are left alone in the village to carry on agriculture and look after the paternal property. In the beginning the sons send some money to the old parents for their needs. But gradually they take least interest in sending the money. They never disclose their income, but they want to take a full
account of income and expenditure from the old parents. When the parents were heading the family, the sons were to place their income and expenditure before the parents. But now the situation is reversed and the father has to show the account of income and expenditure to the sons. It will create some problems among the elderly.

In some cases the old parents want to live with their son. In the beginning, they receive good care and consideration from all members of the family, but gradually their presence is being felt as burden upon the family. In this situation they want to leave his place and live with another son. They visit all their sons and reside with them, but they did not receive proper treatment as they wished. The daughter-in-law hurt them with insulting remarks for smoking and chewing tobacco. So the old parents have to obey the rule of avoidance. Hence they think it is better to live in the village. Finally, they go back home and take up agricultural works at an age when they are supposed to take rest. All such problems are influencing the physical and mental health of the aged to a great extent. They are not in a position to get their food, clothes and maintain their house and social amenities properly.
3.7 Pastoral care of the Elderly – the Need of the Hour

Pastoral care designates the broad range of activities carried out by ordained and non-ordained ministers of the Church in response to people’s needs. These activities including sacramental and social ministries can be as informal as conversational encounters and as formal as highly structured ritual events.

Historical studies of pastoral care have highlighted four basic activities, healing, guiding, sustaining and reconciling. The guiding function of pastoral care is exemplified in the preaching and educating activities of ministers. Healing, sustaining and reconciling are events in sacramental ministry but they are effective in other activities as well, such as counseling and visiting the sick. The goal of pastoral care is to promote the full well-being of people and to assist them in the ongoing conversion that is part of Christian life.

The pastoral activity of the Church must help everyone to discover and to make good use of the role of the elderly within the civil and ecclesial community, in particular within the family. In fact, the life of the aging helps to clarify a scale of human values; it shows the continuity of generations and marvelously demonstrates the
interdependence of God’s people. The elderly often have the charisma in responding to the sacramental, educational and situational needs of parishioners and others.

The aging are an increasing population meriting the attention of pastoral ministers. The religious, economic and other challenges that elders face invite supportive and compassionate approach. Dying has been the focus of pastoral care through the centuries. Today departments of pastoral care are common in hospitals. And parishes have staff that regularly visits the sick.

### 3.7.1 Charitable Activities

A large proportion of older people have enough physical, mental and spiritual energies to devote their own time and talents generously to the various activities and programmes of the volunteer services. The needs of older people must also be addressed by the various branches of specialized pastoral care. These include the family apostolate, that tries to strengthen the bonds between older people and their families, not only at the level of social services, but also at that of religious life, the various forms of social ministry and the apostolate of health-care workers.
The contribution that older people themselves can make is also indispensable to this pastoral work. From their rich endowment of faith and of experience they can draw things old and new to the advantage not only of themselves but also of the world community. Far from being the passive recipients of the Church’s pastoral care, older people are irreplaceable apostles, especially.

3.7.2 Role of the Society

To a great extent each person’s behaviour, attitudes and interactions are decided and evaluated according to the special situations in which he adjusts himself. As this generation or society gives extreme importance to the beauty and energetic youthfulness, the old age is an age is an often considered unhealthy and unattractive.

The old age is depicted as pathetic or pitiful condition. At the same time the media of today advertise the strength and beauty of the youth. Mental attitude towards the old age is an evaluative factor. It is very difficult to cope with the situation. The younger generation should develop a positive attitude to the elderly in their words and deeds. Such attitude from the youngsters will help much to alleviate the agony and alienation of the elderly.
People have to try to own a graceful aging as they are stepping towards old age as they continue a productive life even after their official duties, if they continue to do some work of their own and involve themselves in some activities-social or family, the crisis of the old age which they themselves experience can be solved. It is proved that it would help the people to get a clear insight about the life ahead. It is good to cultivate a positive philosophy of life. They can continue the second career if they are capable enough. Old age is not a limitation for the selfless service and the expression of friendship. The responsibility of the family and the society is to provide senior citizens with an active old age. Security and care of the elders should grow as a branch of medical science. It is appreciative that the retirement homes and day care centers provide the inmate with opportunities and facilities to have different small scale works, yoga and meditation to keep the elders healthy in mind and body. In old age elders should be able to live as a living member of his society. The aged can keep themselves away from social activities what not necessary and involve themselves fully when it is necessary and they can teach the youngsters free what they learned from the long past experience.
3.7.3 Role of the Family

The eldest members of a family enjoy and incorporate their children and grand children to move around and play around in the family premises. In such an atmosphere they feel that, there is someone to take care of them, listen to them, and to love them. This was the situation of the joint family system. But the emergence of the nuclear family where ‘we two and for us two' policy created alienation or the emptiness among the aged. In the joint family elders never experience the alienation and emptiness, but in the nuclear family the elders become an extra burden. The attitude of the members of the family is how these unwanted should be removed or avoided. But those elders feel the healthy in mind and body when they are loved and, cared for by their children and grand children. The main factor for the growth of the healthy personality and sound mind depends on the family environment.

So the healthy life of the elders depends on the close relationship and their interactions with their children and grand children in the family. The old age home is not a perfect solution for the problems that elders face. The love and care that is given to elders in a family is not given and received anywhere else. Elders should not be neglected due
to the busy schedule of the other members of the family. Whatever functions occur in the family, the elders have to be given due respect and involve them in decision making, advice, planning up of the family affairs and all other functions in the family. It is also good to ask their opinions, since they are experienced. Take them when the family members travel and find time to converse with them, which will make them happy.

3.8 Institutional care for the Aged

The establishment of Old Age Home is a new phenomenon in the Indian context. In the background a various problems and structural changes that have taken place in the social set up of India, Old Age Homes have become important. Old Age Homes besides providing shelter also help old people to lead their last stages of life without any fear of struggling for existence. The establishment of Old Age Homes, in fact showed a solution to the various problems of the aged in our country. They have actually shouldered the responsibility of taking care of the elderly during Old Age.

Old age Homes working with pure service motto are extending, really a wonderful help to the elderly. Apart from providing shelter and
food, Old Age Homes are also imparting training to the healthy and interested in income – generating activities like garment making, book binding, carpet weaving, soft toys making, pickle making etc. The concept of rehabilitation through income generation is purely based on the principle that the elderly should be enabled to live with human pride while maintaining their position and respect in society.

In Indian there are 728 free and paid Old Age Homes according to the Directory of the Old Age Homes published by Help Age India, New Delhi, 2012.

Kerala tops the list followed by Tamil Nadu. In Kerala there are 510 Old Age Homes, in Tamil Nadu 115. In some states Old Age Homes are very few in number. Generally in India, Old Age Homes have been established only to serve the destitute.

3.9 Old Age Homes in the Archdiocese of Changanacherry

The Catholics of Kerala belong to three distinct denominations or rites, namely Syro-Malabar, Syro-Malankara and Latin. The Syro-Malabar Catholics in Kerala constitute the largest Catholic community in the state.
The Syro-Malabar Church in Kerala is the largest and most powerful Church of Kerala both in strength and organization. The Catholic population of the Syro-Malabar Church is more than two and a half million. According to the Catholic Directory of Kerala (1986) there were more than four million (4,271,660) Catholics in Kerala. The table below gives the distribution of Catholics according to the rite.

Table 3.1

Distributions of Catholics Ritewise

<table>
<thead>
<tr>
<th>Rites</th>
<th>Population</th>
<th>Percentage of the total Population</th>
<th>Percentage of the total Christian Population</th>
<th>Percentage of the total Catholic Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syro-Malabar</td>
<td>2,697,677</td>
<td>10.60</td>
<td>51.54</td>
<td>63.15</td>
</tr>
<tr>
<td>Malankara</td>
<td>285,191</td>
<td>1.12</td>
<td>5.45</td>
<td>6.68</td>
</tr>
<tr>
<td>Latin</td>
<td>1,288,792</td>
<td>5.06</td>
<td>24.62</td>
<td>30.17</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,271,660</strong></td>
<td>16.78</td>
<td>81.61</td>
<td>100.00</td>
</tr>
</tbody>
</table>

The Syro-Malabar Church now has 18 ecclesiastical units (dioceses) in Kerala and 13 outside Kerala. These 31 ecclesiastical units constitute the Syro-Malabar hierarchy of India.
The Syro-Malabar Catholic Archdiocese of Changanacherry is a Catholic Archdiocese in India, under the Syro-Malabar church, currently it is the largest Catholic Diocese in India. It was formed of by Pope Leo XIII by his bull “Quod Jam Pridem” dated May 20, 1887.

Changanacherry Archdiocese is a major Arch Episcopal Diocese of Syro Malabar Church spreading over five districts of Kerala. The Archdiocese has been a pioneer in running many social service schemes for the welfare and development of all sections of society. Taking care of the elderly, especially the elderly destitute through Old Age Home has been a major activity of the Archdiocese

The Archdiocese runs well-maintained Old Age Home in all the five districts under its ecclesiastical jurisdiction. The various types of Old Age Home in the Archdiocese is shown in Illustration 3.1 on page 207 above.

The motive for running Old Age Home is the belief that every human being is made in the Image and Likeness of God, the father; and hence everone, particularly the neglected elderly and the elderly destitute, should spend their last days happily and comfortably and they should be able to face death with dignity and peace and join
his/her creator in His Heavenly Kingdom. With this in view the researcher has undertaken an in-depth study of the problems faced by the elderly and the various welfare measures taken by Changanacherry Archdiocese through Old Age Homes. This study has helped the researcher to give some positive suggestions to improve the lot of the elderly, especially those living in Old Age Homes.

The Archdiocese of Changanacherry is spread over comprises the civil districts of Alappuzha, Kottayam, Pathanamthitta, Kollam and Thiruvananthapuram in the state of Kerala, India. It is one of the first dioceses and the second Metropolitan Archdiocese of the Syro-Malabar Major Archiepiscopal Church. It has in its jurisdiction on fifteen Forane Churches and 278 other Churches. It also manages a number of Hospitals, Colleges, Schools including those for the physically and mentally challenged, Orphanages, De-addiction centers and Old Age Homes. The following geographical map indicates the civil districts and forane churches of the Archdiocese of Changanacherry.
ARCHDIOCESE OF CHANGANACHERRY
CIVIL DISTRICTS AND FORANE CHURCHES

Illustration 3.1 The Geographical Map of the Archdiocese of Changanacherry, Showing its Civil Districts and Forane Churches

Area: 845 Sq. kms
Total Population: 92,54,161
Catholics: 3,80,000
Language Spoken: Malayalam
Revenues
Districts: Kottayam, Alappuzha, Kollam, Pathanamthitta, Thiruvananthapuram

+ Shows the Forane Churches
Changanacherry Archdiocese also has many Old Age Homes in various districts such as Kottayam, Alappuzha, Pathanamthitta, Kollam and Thiruvananthapuram. Those Old Age Homes are being managed either by the Sisters of different congregations or by Diocesan Priests or by various trusts. Through these Old Age Homes the Archdiocese serves and supports the aged, the destitutes, the sick, the poor, the widows and the widowers as much as possible and follows the example and teaching of Christ.

There are mainly two types of homes for the aged. The first one is 'Paid Old Age Homes' and the other one is 'Unpaid Old Age Homes'. Paid Homes provide accommodation, nursing care and good boarding. They do not receive any financial assistance from the government, instead they make the inmates pay for the services. They are also asked to pay a refundable deposit. The deposit is charged so that on the death of the inmate relatives may come if not for anything at least for the sake of money. Suppose they do not turn up, the deposit is used to meet the funeral expenses. It is exclusively for the affordable.

The Unpaid Old Age Homes are run by charitable organization on no profit no loss basis. Their chief motive is service. These homes
care for the destitutes, the poor old people who have no one to take care of them. Here they are given shelter, food clothing and medical care. These homes receive partial financial assistance from the government.

The following illustration shows the types of Old Age Homes in the Archdiocese of Changanacherry

Illustration 3.2
Illustration showing the types of Old Age Homes
It is clear from the illustration that Old Age Homes are not homogenous character. Some are exclusively for men, some exclusively for women, and some for both men and women.

Rules for admission also vary widely. In free homes normally the age of admission is 60 and above. But in paid homes they are admitted even at the age of 50. In some free homes strict conditions for admission is destitution. Hence, once they get admitted they cannot have any visitors but in some other homes destitution is not a condition and hence relatives are encouraged to visit them.

Homes run by priests and the religious get regular assistance. Motherhouse and a few other houses have financial backing and security. So providing for the physical needs of the old is satisfactory. But some are run by trusts and individuals which solely depend upon donations. So living conditions in such homes are far from satisfactory. In paid homes conditions are better. Unlike the free homes inmates do not permanently stay in these homes. They have a choice. If they are not happy in one home they can switch-over to another home.

Reasons for coming to those Old Age Homes vary from person to person. Persons staying in free homes have long stories to narrate. Verbal abuse, beating, denial of food, extreme form of rejection and
many more have driven them to take refuge in Old Age Homes. For inmates of the paid homes even simple sign of rejection, lack of respect and recognition have been sufficient causes for opting for the Old Age Homes. We cannot blame sons, daughters, sons-in-law, daughters-in-law along for such state of affairs. The old people are also to the blamed. Very sensitive to unfavorable comments of others, impatience, anger and aggression, too much interference in daily activities, too much expectations, false imaginations, not caring to be neat and clean, unwillingness to give up their power and authority are some of the reasons which make adjustment in their homes very difficult.

There are many elderly people who are in genuine need for the Homes for The Elderly. They can be listed as:

The elderly

a) Who are unmarried
b) Who are widows/widowers
c) Who do not have children
d) Who only have daughter/s, who are now married and with whom parent/s do not want to stay.
e) Who have children in foreign lands and they can not adjust themselves in their son’s / daughter’s country of employment.

f) Who feel lonely at their place or cannot move freely in a congested locality.

g) As for the immobile elderly, their family members have to spend a lot of time and money for their medicine and nursing care. For many, it is neither possible nor feasible.

Thus, not only for the helpless elderly but even for the above mentioned sections of the elderly, the need for institutionalization of the elderly care led to the birth of the Homes For The Elderly.

3.10 Conclusion

Aging is an individual process that occurs at differing rates in different people. Chronological age is an accurate measure of how physically fit and mentally alert an elderly person is. Though aging is a problem since the history of mankind only recently society started to notice it. One of the main reasons why elderly become a matter of discussion is the booming of the number of elderly in the world. Again
it became a problem due to the socio-cultural religious changes and technological development that have been taking place in the society.

Aging is neither a curse nor a sickness. But, most often, for many elderly it is a curse due to the sufferings attached to it and due to the negative approach of the society. Elders are prisoners of their age.

Viewing the challenges of the elderly that we dealt with, we may conclude that men become old mainly in three levels: Biological, Psychological and Sociological. When biological aging affects the whole body system and also the functional capacities, psychological aging affects the adaptive and emotional capacities. And sociological aging encompasses changes in roles, social behavior and social expectations. One of the most prominent themes of aging is decline in all levels. Here, in their declining experience, they need unconditional service from their fellow human beings. Elders should not be put in dilemma about the value and dignity of their entire life.

The elderly have a tendency to consider that they are not important to the society. Moreover it is the attitude of the younger generation which makes them isolated. We could reserve ground floor flats for them, and provide easy gradients and amps wherever stairs
cannot be avoided. We could provide community centres where old people can meet and mix with others.

Social organisation and charitable institutions have been extending their help and support for the care of the elderly. Palliative care centers, day care centres, old age homes are examples of that. Schemes and policies like old age pensions, special travelling rates, reservation of berths and seats in trains and buses are great consolation for the elderly.