CHAPTER – 3
OLDER PERSONS: PROBLEMS AND PERCEPTIONS

A man’s life is normally divided into five main stages namely infancy, childhood, adolescence, adulthood and old age. In each of these stages, an individual finds himself in different situations and face different problems. The 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.¹

Though fulfilment of basic needs is essential for the survival of mankind yet man as a social being, does not live by bread alone. He wants to live in society where he gets the feeling of belongingness. Such associations give meaning to his life. He occupies certain position, enjoys some privileges and performs useful functions for society. In the traditional Indian society, the aged persons were revered and enjoyed position of authority. In return, they used to provide guidance to the younger generation because age was equated with knowledge and experience. Displacement of folk knowledge with the scientific knowledge in the modern society has lowered their status to such an extent that economically inactive and old persons are treated as a burden on the limited resources of the family. Such a situation has created the feeling of neglect, dependency, loneliness, powerlessness, and meaninglessness among the poor old persons.²

Since time immemorial the joint family has been one of the salient features of the Indian society. But the 20th century brought enormous changes in the family system. Changes in the traditional family system have been so enormous that it is steadily on the wane from the urban scene. There is absolutely no chance of reversal of this trend. In villages, the size of joint family has been substantially reduced or is found in its fragmented form. Some have split into several nuclear families, while others have taken the form of extended or stem families. Extended family is, in fact, in a transitory phase between joint and nuclear family system.

The joint family or extended family in rural areas is surviving in its skeleton or nominal form as a kinship group. The adults have migrated to cities either to pursue higher education or to secure more lucrative jobs or to eke out their living outside their traditional callings, ensuing the availability of better opportunities elsewhere as
well as the rising pressure of population on the limited land base. The emergence of financially independent, career-oriented men and women, who are confident of taking their own decisions and crave to have a sense of individual achievement, has greatly contributed to the disintegration of joint family. Disintegration of joint family has led to closer bonds between spouses, but the reverse is also true in certain cases. For many, nuclear family is a safer matrimonial home to a woman. In bygone days people generally lived in joint families, yet familial discord never escalated into extreme physical violence or death, as we so often come across such instances in our day-to-day life and also get to know through national dailies, both electronic and print media.

With a view to absolving themselves of responsibility, now parents cleverly encourage their educated sons and daughters-in-law to take independent decision in a joint and extended family situation, leave aside urban areas, the similar situation has started to emerge in rural areas too. This is not unusual when sons and daughters tend to possess a higher level of education and a greater degree of exposure of the world outside the family than ever before. Now boys and girls, contrary to the old practice, are beginning to assert their wishes in mate selection. Parental decisions are no more supreme. Changes concerning erosion of authority of old guards, particularly in matters of mate selection, are on gradual decline in rural areas too.

3.1 Problems of Older Persons

Health Problems

There are different kinds of health problems which older persons face such as vision problem, loss of sharper night vision, glaucoma, muscular degeneration, short breathing problem, pneumonia, bronchitis, emphysema, asthma, diarrhoea, gastric problems, stomach ulcer, angina, chest pain, cardiac problem, high blood pressure, low blood pressure, tuberculosis, arthritis, back pain, disc problem and migraine problems. Some of diseases are discussed below:

Ageing and Skin

Common skin conditions in the elderly are as given:

- **Wrinkles**: Wrinkles are the most visible sign of ageing. Smokers tend to have more wrinkles than non-smokers.
• **Facial movement lines:** These lines (often known as "laugh lines" and "worry lines") become more visible as the skin loses its elasticity (in your 40's or 50's). The lines may be horizontal on the forehead, vertical above the nose, or curved on the temples, upper cheeks, and around the mouth and eyes.

• **Dry and itching skin:** Dry, flaking skin is a common problem among adults, especially the elderly. The loss of oil glands (which help to keep the skin soft) is the main cause of dry skin. Rarely, dry, itchy skin may be a sign of diabetes, kidney disease, or liver disease.

• **Skin cancer:** Sun exposure (UV radiation) is the most common cause of precancers and skin cancer, either basal cell carcinoma or squamous cell carcinoma. Many Americans (a million each year) develops skin cancer by the age of 65.

• **Age spots:** "Age spots" are brown patches that appear on sun-exposed parts of the body (face, hands, and forearms), usually during the adult years.

• **Bedsores:** Bedsores (also known as pressure ulcers) are skin ulcers that develop from pressure when people lie in bed or sit in a chair for long periods of time. Bedsores are a fairly common problem in elderly people who have difficulty in moving on their own. People with diabetes are more prone to bedsores because of their poor blood circulation. Frequent repositioning helps to prevent bedsores.4

### 3.2 Central Nervous System

The **Central Nervous System (CNS)** is the part of the nervous system that integrates the information that it receives from, and coordinates the activity of, all parts of the body. It contains the majority of the nervous system and consists of the brain and the spinal cord. After a certain age (60+) which varies from person to person, brain function declines. Different aspects of brain function are affected at different times:

• Short-term memory and the ability to learn new material tend to be affected relatively early.

• Verbal abilities, including vocabulary and word usage, may begin to decline at about the age of 70.
• Intellectual performance—the ability to process information (regardless of speed)—is usually maintained until about the age of 80 if no neurologic disorders are present.

• Reaction time and performance of tasks may become slower because the brain processes nerve impulses more slowly.²

Special Senses

Hearing and seeing are very important parts of the central nervous system. These parts start getting affected after the age of 60. These leads to the presbyopia (long sight) and presbyacusis (deafness within normal sound, difficulty in sound localisation and sometimes tinnitus). The feeling of taste and smell may also be somewhat gets affected.

Endocrine Glands

Endocrine glands are glands of the endocrine system that secrete their products, hormones, directly into the blood rather than through a duct. The main endocrine glands include the pituitary gland, pancreas, ovaries, testes, thyroid gland, and adrenal glands.² In the old age, the sex hormones show decline in females at the time of menopause and oestrogen, for instance, shows decline after the age of 60. The male sex hormones, on the other hand, show a gradual diminution from the time of maturity onwards.

Atherosclerosis

Hardening of the arteries, also called atherosclerosis, is a common disorder. It occurs when fat, cholesterol, and other substances build up in the walls of arteries and form hard structures called plaques. Over time, these plaques can block the arteries and cause problems throughout the body. Hardening of the arteries is a process that often occurs with ageing. As one grows older, plaque build-up narrows ones’ arteries and make them stiffer. These changes make it harder for blood to flow through them. Clots may form in these narrowed arteries and block blood flow. Pieces of plaque can also break off and move to smaller blood vessels, thus, blocking them. Either way, the
blockage starves tissues of blood and oxygen, which can result in damage or tissue death. This is a common cause of heart attack and stroke.  

**The Joints**

The bones attach to each other at a joint, where strong tissues called tendons and ligaments help connect the bones. On the ends of each bone is a lining of smooth, protective cartilage and soft tissues (synovial membranes) that produce a liquid (synovial fluid). Due to the cartilage and synovial membranes, human bones are cushioned and lubricated so that they will not rub against each other. Joints are beautifully designed to let a person move his/her body and support weight as he/she goes through his/her life. But, as one gets older, ones’ cartilage may start to deteriorate from the normal wear and tear of the passing years. The protective membranes and fluids in ones’ joints begin to dry up. These changes may allow the bones to rub against each other painfully. One may also notice that some joints have changed shape—especially in one fingers or toes. You may feel stiff in the morning, or have aches and pains in some joints that never bothered you before. The joint may even become swollen and warm to the touch. These problems are common in older people. Usually, they are minor annoyances, but sometimes joint pain and deformities can make it very hard to function, and eventually one may need to have surgery or have the joint replaced.

### 3.3 Psychological Problems

The psychological problems faced by the aged are rooted in old age. These are loneliness, dementia, senility, depression, anxiety and worry. The loss of husband or wife or a close family member is the single most stressful event in an elderly person’s life. Death of a spouse can hit an older person extra hard because of the sheer length of relationship involved. There is no easy way to deal with the loss of loved one especially of life-time partner. Depression is common condition among the elderly. Its symptoms include loss of appetite, fitful sleep, early morning awakening, weight loss, lack of energy and motivation, sometimes even suicides. Mental problems refer to any severe mental disturbance like sever worry, crippling mental inefficiency or feeling of loneliness. There are various problems like feeling of guilt, behaviour adjustment, easily upset, angry, tension, fear of dependence, irritation, inabilities to adjust with
changed health conditions, feeling of lack of affection, fear of uselessness, feeling of neglect by family members, loss of social relations, loss of social security, loss of self-confidence feeling of lack of care etc.  

**Mental Problems**

The majority of the old people with symptoms of mental disorders are suffering from the types of mental illness that afflict younger people and are not slipping into senility. There is a belief that a lot of the mental deterioration that afflicts the older people is not simply the result of physical changes in the brain rather because of disuse atrophy. If a muscle is not used it wastes and some believe that some sort of things happens to the brain.

**Dementia**

Dementia (taken from Latin, originally meaning "madness", from de- "without" + ment, the root of mens "mind") is a serious loss of global cognitive ability in a previously unimpaired person, beyond what might be expected from normal ageing. It may be static, the result of a unique global brain injury, or progressive, resulting in long-term decline due to damage or disease in the body. Although dementia is far more common in the geriatric population, it can occur before the age of 65, in which case it is termed "early onset dementia".

Dementia is not a single disease, but a non-specific syndrome (i.e., set of signs and symptoms). Affected cognitive areas can be memory, attention, language, and problem solving. Normally, symptoms must be present for at least six months to support a diagnosis. Cognitive dysfunction of shorter duration is called delirium.

Dementia is the decline in a person's mental ability. This disorder affects thinking, memory, concentration, problem solving, behaviour and perception. Most of the types of dementia, like Alzheimer's disease, tend to get worse as time goes by or they are degenerative. There are other types of dementia, like vascular dementia, which are non-degenerative or do not get worse as time goes by.

For the people affected with dementia, they become easily confused, restless and perform repetitive actions. The patients can become irritable, agitated and tearful. This scenario is stressing for both the patient and his family. Because of the
frustration patients feel bad about their condition, become depressed and can also develop aggressive and improper sexual behaviour, disturbed sleep and incontinence. There are one out of twenty people over the age of sixty-five who can develop dementia. When the elderly is over the age of 85, there is a higher risk of developing dementia: one out of four elderly can develop the disorder. People who have been diagnosed with dementia before the age of 65 are very rare cases. This type of dementia is called pre-senile or early onset dementia. Dementia is caused by the damage of the neurons or due to damaged areas in the brain that are responsible for functioning and thought processes. Alzheimer's disease is the most common form of dementia. How Alzheimer's disease is triggered is not exactly known but scientists have suggested that ageing could be a risk factor. The multi-infarct or the vascular dementia is the next common type of dementia. This type is caused by a series of strokes that are responsible in constricting the blood and oxygen flow to the brain.

**Depression**

People with depression display a variety of moods which can interfere with their everyday lives and normal activities. People with severe depression experience symptoms like feeling down, losing interest in the activities they once liked, feeling of guilt or feel worthless. Depression affects everyone regardless of age and culture but the elderly have a higher risk of developing it than anyone else. It should be noted that elderly people do not become depressed just because they are getting older.

Depression often occurs after a stroke, and getting it treated may be critical to restoring normal abilities. Depression is much more common in the years after retirement, when people may struggle to adjust to a new role and routine in life. It is less likely for the next decade until people are in their mid-70s, when factors such as chronic illness, frequent loss of peers and friends, and increasing restrictions on mobility may be factors. Depression has different patterns of symptoms in older people compared to the young.

Anxiety is particularly common, as is the slowing of thought and activity. Older people also tend to have more bodily symptoms, although it can be difficult to work out whether these are signs of depression or part of the ageing process. Older people are more likely to battle with weakness, for example, as well as headaches,
palpitations, loss of interest in sex, abdominal or back pain, shortness of breath and constipation. Imaginary illness and hallucinations are also more common.

**Causes of Depression**

- Divorced, widowed, or retired
- Taking wrong of medications
- Neurobiological changes related to ageing
- Physical impairment and having other diseases
- Isolation and loneliness
- Genetic susceptibility that agrees with the patient's age.

There are self-help plans to prevent depression:

- Seek support from friends and family in case of losing a loved one
- Follow regular exercise routine
- Plan for critical life transitions like retirement
- Ensure that the patient pursues a variety of interests in later life.\(^\text{11}\)

Depression may result from isolation but it can vice-versa i.e. isolation may be result of depression. Loneliness and being alone are not same, nor are loneliness and depression. Depression may have many causes including bereavement. The provisions of voluntary visitors or the ability to attend a club or day care centre may be one factor which will contribute towards reducing the problem of depression.\(^\text{12}\)

**Anxiety**

Anxiety (also called angst or worry) is a psychological and physiological state characterized by somatic, emotional, cognitive and behavioral components. It is the displeasing feeling of fear and concern. The root meaning of the word anxiety is 'to vex or trouble'; in either presence or absence of psychological stress, anxiety can create feelings of fear, worry, uneasiness, and dread. It is also associated with feelings of restlessness, fatigue, concentration problems, and muscle tension. However, anxiety should not be confused with fear, which is more of a dreaded feeling about
something which appears intimidating and can overcome an individual. Anxiety is considered to be a normal reaction to a stressed person. It may help an individual to deal with a demanding situation by prompting them to cope with it. However, when anxiety becomes overwhelming, it may fall under the classification of an anxiety disorder. 

Anxiety as an illness or as an indication of sickness is much stronger than the normal anxiety that we all feel. The patient feels mentally tense. Anxiety also leads to an increase in palpitation and respiratory rate, aridity of mouth, sweat on the palms, a feeling of fault, shake, a tight feeling in the chest and the head, a sinking sensation in the abdomen, and a general feeling of sickness.

**Hysteria**

**Hysteria**, in its colloquial use, describes unmanageable emotional excesses. People who are "hysterical" often lose self-control due to an overwhelming fear that may be caused by multiple events in one's past that involved some sort of severe conflict. The fear can be centered on a body part or most commonly, on an imagined problem with that body part.

Paralysis, i.e. loss of use of an arm or leg, loss of feeling in the different parts of the body, loss of memory and odd uncontrolled spontaneous movement are some symptoms of hysteria.

Female hysteria was a once-common medical diagnosis, which is today no longer recognized by modern medical authorities as a medical disorder. Its diagnosis and treatment were routine for many hundreds of years in Western Europe. Women considered to be suffering from it exhibited a wide array of symptoms including faintness, nervousness, sexual desire, insomnia, fluid retention, heaviness in abdomen, muscle spasm, shortness of breath, irritability, loss of appetite for food or sex, and "a tendency to cause trouble."

**Isolation**

Social isolation and loneliness have long been identified as problems associated with old age. Social isolation refers to the objective state of having minimal contact with other people while loneliness refers to the subjective state of
negative feelings associated with perceived social isolation, a lower level of contact
than that desired or the absence of a specific desired companion.

Loneliness has been described as the main problem associated with old age. It
has been identified as a common problem in referrals to social services and a
significant correlate with entry to residential care. Social isolation and loneliness have
been identified as susceptible to therapeutic interventions and thus are important
targets for preventive strategies. The reduction of isolation and loneliness is seen as a
main aim by most personnel in the charitable groups which organise clubs for older
people and by similarly by statutory day care providers.16

3.4 Economic Problem

Economic needs are the most crucial problem of the poor aged. The problems
of the older persons engaged in unorganised sector particularly those with low or
irregular wage/ income are more acute because they are not able to allocate finances
for old age. When they were physically fit and were working, they lived hand to
mouth as such the question of saving did not arise.

Inspite of adverse economic and health conditions, they continue to work till
their physical strength allows them. When they failed to earn their livelihood, the
older persons perceive the informal network of kin (particularly children) as the most
appropriate source of socio-economic support. It is to this network that older persons
turn first. Only when assistance from informal network is unavailable or kin can no
longer provide support, the older persons’ turn to the formal organisations like
government old age pension schemes for support. In a modern industrial society, most
of older people are not employed and they are not supported by their children. Hence,
they must have a retirement income, which may come from their savings, or from
pension which they have earned during their life time of work.17

In many cases, income reduces considerably because of superannuation or
retirement from profession. For their living, they have to depend on their children.
They are not able to maintain themselves, even with the available pension.

Due to the lower literacy rate and widowhood, women are more likely to be
dependent on others. It is very difficult for those women who do not have their own
productive assets, savings income from investments made earlier, pension or retirement benefits.  

3.5 Social Problems  

Social integration: The term social integration is widely used by social gerontologists and sociologists of ageing to describe both the focus of empirical research and its presumed relevance or application to everyday situations. In scholarly practice, the term refers to the actual empirical study of the integration of the older person into the society in its many forms, and the ameliorative strategies designed to enhance and facilitate social integration i.e. the aged are perceived to be isolated if they have not had sufficient numbers of contacts in a specified period of time. Isolation is perceived as accurately describing aged people’ lives when “they have not been chosen by anyone as an associate in community activities or relations”. The deaths of friends or spouse and further restriction on mobility continually reduce opportunities for social integration. Even when the aged managed to overcome demographic, social and physical obstacles and establish new relationships, the quality of the new marriages, friendships, neighbourhood ties, and the like may not equal to those of the past. Institutionalisation is the factor that may push the aged towards social isolation. In nursing homes, long term care hospitals, homes for the aged, and the like, contacts and associations with others may be limited and fewer in number. Retirement and accompanying reduction in income also affect the nature and degree of social integration. In general, the aged finds themselves with fewer resources to exchange than working people. Consequently, the aged are unable to extend the aid they might have in the past, this reduce their social values and may result in diminished social contacts and involvement with others. Further, reduced income places limitations on mobility, contacts with others, and the kinds of leisure activities that might be pursued.

3.6 Housing Problem  

Elderly have more problematic situations rather than other age groups regarding housing problems. Migration of children to cities and towns makes elderly uneasy. It was noticed that domestic problems such as non-adjustable nature of the
daughter-in-law and non-caring attitude of the son are the significant reasons opting for institutional living. Many of the aged persons who have no son, facing such types of housing problems. In this situation they are reluctant to live with their married daughters.

3.7 Elder Abuse

The elderly are highly vulnerable to abuse, where a person is wilfully or inadvertently harmed, usually by someone who is part of the family or otherwise close to the victim. In general terms, elder abuse is a deliberate, neglectful act by family members or caretaker or another person who causes harm or a serious risk of harm to an elder person.

Kinds of Elder Abuse

a) **Physical abuse**: It can be inflicted by slapping, staining or restraining by physical or chemical means.

b) **Neglect**: The failure of warden or member of family to provide food, shelter and healthcare.

c) **Exploitation**: The illegal acquiring, misuse or concealment of funds, property or asset of a senior for someone else’s benefit.

d) **Emotional abuse**: Inflicting mental pain, anguish, or distress on an elder person through verbal and non-verbal acts e.g. humiliating, intimidating or threatening.

e) **Abandonment**: Desertion of vulnerable elders by anyone who has assumed the responsibility for care or custody of that person.

f) **Self-neglect**: Characterized as the failure of a person to perform essential, self-care tasks for his/her own health or safety.\(^{20}\)

Reasons For Abuse of Elderly

Following are the reasons for elderly abuse:

- Due to Property Issues.
• Lack of physical space within the house
• Lack of emotional Support
• Lack of basic necessities
• Over the issue of raising children
• Over the issue of managing the household
• Financial dependence
• Dependence on others due to disability
• Disrespect by negative attitude of own children

3.8 Case Study

Mrs Gurpreet a widow, suffering from diabetes and asthma was being physically abused by her elder son with the intention of usurping her commercial plot. At that time her younger son was also not there to protect her. When neighbours complained about it, the police were too reluctant to register case as it was a family problem. This thing happened again with her after two months of last episode. Hence, she decided to join old age home. So, this case is an example physical abuse.

Case Study

A 83 year old lady Rajwant Kaur having bruises on her face was neglected by his grandson’s wife. As she was not able to walk properly, she asked twice to her to help her to go washroom. She was beaten by her badly. She also reported that she was forced by her grandson’s wife to join old age home. This is the example of neglectance and physical abuse.

Case Study

Mrs Gurmail Kaur 93 years old lady was living with her younger daughter. She was a widow. She was living with her daughter from last three years. She never went back to her own place as she was afraid of her daughter in law. Due to unhealthy relationships with her daughter-in-law she decided to leave home and came to her daughter. But due to some cultural norms she decided to join old age home.
Case study

A 75 years old lady Mrs. Jeet Kaur living with her daughter-in-law. Her son was died 10 years back. The old lady had the habit of going market and Gurdwara with her old fellow friends residing nearby her place. Suddenly she stopped going with her friends. She made some fake reason of ill health to her friends. But after two weeks when she did not turned up then they went her place they found her in very bad condition, actually she was beaten up by her daughter-in-law. Then she decided to join old age home.

Case Studies

Brijeshwari, 79 years old widow is a resident of Hoshiarpur was beaten up by his younger son and daughter-in-law who refused to live with her. Her elder son to whom she reportedly gave away all her money abandoned her on a bus stand. She was left to die on the street by her two sons. In 2007, she was found in miserable condition at bus stand to HAI and was brought back to her own village since then she is residing in old age home Hoshiarpur.

Case study

Dev Karan Singh, 83 years old father of two married sons and one married daughter living in. For 10 years he took care of his bedridden wife single handedly. Both the son and Daughter-in-laws left him when he repeatedly asked them to provide care to their mother. His daughter even refused to feed her mother. Earlier he was a rickshaw puller and used to medicated and feed his bedridden wife easily but with age now his body did not allow him to work more. His wife died two years back (in 2009). Now he was at the mercy of his younger son (worker in a mill). In the age of 79 he was not only lonely and neglected but also living in miserable conditions despite having three children.

Case study

Dayaram 73 years old, residing in Tarn Taran with his wife and only son (43 years) old and daughter-in-law. He is running a small shop and earns his livelihood. His wife and daughter-in-law are working in a factory. His son is unemployed and not interested in seeking employment. Dayaram and his wife were beaten several times by his son for money. He used to threaten his parents and wife if anybody refuses to give him money for his drinking and smoking.
Case study

Similarly, Mrs Tejinder Kaur, 72 years old a widow residing in urban area of Khanpur Village was beaten by her son for property. She lost her husband last year and became dependent on sons and daughter-in-laws for her daily tasks. Few months she got caring treatment but after that the son started arguing with mother on financial matters as she refused to give her property to them. Since then though they all were residing under the single roof but she didn’t even served a cup of tea by her daughter-in-laws. Despite of having children and grandchildren she was lonely and neglected. At last she decided to live in old age home.

Case study

Phoolwati, 78 years old female, residing in Ludhiana with her two sons. The younger son was verbally abusive and had hit her mother and elder brother of 45 years old several times. While talking to Phoolwati the facts came to lime light that the younger son was from her husband’s second wife. Her husband and his second wife left Phoolwati after few years of the birth of their son. Both of them take good care of younger one but still he refuses to accept them as mother and brother. The counselor tried to talk to the younger male many times but was of no use. On every visit the counselor was on his side. Gradually the counselor made his understand the facts that Phoolwati and her son were better than her mother who left her on mercy of others. So he should not abuse them and try to understand them as the situations of their life were because of his father not because of Phoolwati and her daughter. Though the boy still behaves in old manner with both the elder but it was reported by Phoolwati that he did not hit her anymore and the occurrence of fight between them were also less. The whole episode of real life took two years.

Case study

Lajjo Devi was a widow of 88 years having two sons and daughter-in-laws residing in ludhiana. She was a house maid till the age of 67 years. She was operated for cataract surgery for her right eye at the age of 65 years unfortunately she met with an accident and she lost her vision of the right eye. After her accident her health started deteriorating and she was unable to work more. But she had a faith on her two sons and daughter-in-laws for a safe and supportive last phase of her life. But suddenly the time changed for her, both the sons started abusing her, many times she
was also beaten up by them. These mental traumas lead her to lose hope in life and gradually she became bedridden and no one in the family was ready to provide care to the poor lady. After two years of her pathetic condition she was thrown on a cart parked outside their house. Now she was on the mercy of the others. The tragic condition of Lajjo Devi was reported to Help Age People by one of her neighbour in 2006. The team of the Help Age reached to her and provided her all necessary care. She was hospitalized for seven months but due to age factor she was unable to recover from severe distressed ailments. Thus was sent back to home. Help Age people tried to convince her to report the police but she didn’t agree for it. Moreover, she wished to live on cart only and it was her last wish. In March 2009 she was relieved of every pain of 14 long years. Her throbbing phase of life came to an end forever as she died on 17th of March, 2009. To give her tribute in 2010 Help Age Chandigarh initiated helpline service for the older persons in need of physical, emotion and medical help.

Case study

Satti Devi, 65 years old widow was abandoned by her two sons in 2002 after the death of his husband. Since then Help Age is providing care to the widow in terms of medical aid, food and shelter in the village Lambi, she was given six thousand rupees to start her own shop and earn her livelihood and lead an independent life. She has her own tea corner in the village and easily earns 3000/- rupees per month and living a healthy life full of dignity and pride.

Case study

Similarly, Santhok Singh, 76 years old is running a grocery shop since 2000 with the help of funds provided by HAI Chandigarh in village Pabhat. The old man is living alone from last ten years with his grandson of 13 years old since 2000. He lost his wife, son and daughter-in-law in 1999 due to accidental death. Earlier his son used to run this shop but after his death the shop was closed for year as he doesn’t had enough money to pay the rent. In year 2000 he was located by HAI and was given 10,000 rupees to reopen the shop and earn his livelihood. His grandson is studying in government school and helps him after his school. Both are supporting each other in each and every manner.
Case study

Recently, a case came to light about the son forcefully occupying the space in his father's house. The case relates to former Chief Justice of Punjab and Haryana High Court Justice Shanti Swarup Dewan and his wife Romilla who were allegedly forced to live in 'animal existence' by their own son that too in their own house. The traumatised duo filed a petition before the High Court. Taking up justice Dewan’s petition, the Punjab and Haryana High Court has made it clear that their son was at the most entitled to 20 percent share. The observation of the Hon’ble High Court came after intervention by the eminent people failed to result in an amicable settlement. The development is significant as son Suvir Dewan is currently occupying the first floor and part of the ground floor of justice Dewan’s Sector eleven residence. The bench observed that “even if the house was a Hindu undivided family property, Suvirs Dewan’s share was 20 percent as per the current law”. The petitioners had initially moved the Court seeking protection and directions to the respondents to ensure the shifting out of their son from Sector 11 house to his own residence in Panchkula. In this case, directions has also been sought for the ‘creation of special cells for the aged and infirms left to fend for themselves in the twilight of their life by their progeny’.

Case study

A recent news report about Punjab mentions that people in the Punjab (Zirakpur) suffer on account of delay in the release of old age pension. Many of the elders complained about this to administration but to no avail. The aggrieved persons also asked for increasing the old age pension rate as the current old age pension rate is meagre, i.e. Rs. 250/-.  

3.9 Inferences drawn from the case studies

The above case studies show the adamant of the male attitude towards women who is facing it since her early age. At the end of her last phase of life she has become used to the facts and unwilling to report it to the others.

- Sometimes a woman who has been abused for many years may turn her rage on her husband when his health fails. If there has been a history of violence in the family an adult child may take the opportunity to turn the tables on the
abusing parent by withholding nourishment or by overmedicating the parent. But that does not have to be the case many adult children who were badly treated by their parents become attentive caregivers.

- Family stress is the factor that can trigger elder abuse. When a frail or disabled older parents move into the family members home, the lifetime adjustments and accommodations can be staggering.

- In some instances, the financial burden of paying for health care for an ageing parent or living in overcrowded quarters can lead to stress that can trigger elder abuse. Such a situation can be especially difficult when the adult child has no financial resources other than those of the ageing parents.

- Sometimes there may be marital stress between an older couple when they must share a home with their adult children, or the new living arrangements could cause tension between an adult child and his or her spouse. When problem and stress mount, the potential for abuse or neglect increases.

- Social isolation can provide a clue that a family may be in trouble, and it can also be a risk factor for abuse. Social isolation can be a strategy for keeping abuse secret, it can be result of the stresses of caring for a dependent older family members. Isolation is dangerous because it cuts off family members from outside help and support they need to cope with the stresses of care giving. Isolation also makes it harder for outsiders to see and intervene in a volatile or abusive situation to protect the older person and to offer help to the abusers.

- Financial vulnerability a large number of older person have had to save for their old age as there is no universal social security in old age in India. These people also becomes targets of their children, relatives and other unscrupulous people who through frauds and illegal ways have taken away their money and continue to pressurise them for moiré through physical and emotional means.

With the background, it is felt that there is a need to understand the issues of elder abuse its nature and extent prevalence across the nation.
3.10 Conclusion

There are different kinds of health problems which older person face such as economic problems, medical problems, social problems, psychological problems and many more. The basic reason behind these problems is the emergence of nuclear family system and break down of joint family systems in the society. Due to the industrialization young generation moves towards urban areas for the earning resources. This caused the negligence of care towards their old parents and the elderly felt alone. Economic needs are the most crucial problem of the poor aged. The problems of the older persons engaged in unorganised sector particularly those with low or irregular wage/ income are more acute because they are not able to allocate finances for old age. When they were physically fit and were working, they lived hand to mouth as such the question of saving did not arise. Migration of children to cities and towns makes elderly uneasy. It was noticed that domestic problems such as non-adjustable nature of the daughter-in-law and non-caring attitude of the son are the significant reasons opting for institutional living. Many of the aged persons who have no son, facing such types of housing problems. In this situation they are reluctant to live with their married daughters.
Reference

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