CHAPTER SEVEN

SUMMARY, FINDINGS, SUGGESTIONS AND INTERVENTION STRATEGIES

The research study has served a very useful purpose as it has convinced the researcher beyond the shadow of a doubt that it is high time that the society realized that old age is not merely a personal matter to be left to an individual or a family to find solutions to the numerous problems attendant on it, but a cardinal issue which should be tackled through the concerted efforts of all those who constitute a nation and if possible on a global basis, with an indomitable will and firm determination, on a par with poverty. The reason is that the well-being of one is inextricably connected with the welfare of everyone else since the world has reached a stage of development where no man or no country can live in isolation, cut off from the rest of the world. Unlike joy, which is doubled when shared, sorrow is lightened when shared with other people. The many physiological, economic, emotional and interpersonal facets of ageing influence the social functioning and well-being of individuals in different ways. Changing traditional values, mobility of the younger generation, changes in family structure and role of women have contributed to a ‘crisis in caring’ for the elderly (Prakash, 2004). Many facets of the generation gap contribute to marginalization of older persons and their wisdom by the younger generation, leading to conflicts, lack of respect and decline of authority, neglect and sometimes even exploitation or abuse. Given the rate of population ageing that developing countries

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like India are experiencing, there is a need to focus on ageing issues and to take effective measures for improvement in the quality of life of elderly in general and elderly women in particular (Siva Raju, 20011).²

7.1.0 Summary

The concept of active ageing is an important new perspective in gerontology. It is the process of optimizing opportunities for health, participation, and security in order to enhance quality of life as people age (WHO, 2002).³ The multidisciplinary nature of gerontology means that there are a number of sub-fields, as well as associated fields such as psychology and sociology that overlap with gerontology. Gerontologists view ageing in terms of four distinct processes, chronological ageing, biological ageing, psychological ageing, and social ageing. Chronological ageing is the definition of ageing based on a person’s years lived from birth. Biological ageing refers to the physical changes that reduce the efficiency of organ systems. Psychological ageing includes the changes that occur in sensory and perceptual processes, cognitive abilities, adaptive capacity, and personality. Social ageing refers to an individual’s changing roles and relationships with family, friends, and other informal supports, productive roles and within organizations (Hooyman, 2011).⁴

The twentieth century has seen a gradual decline in fertility and the growth rate of population but it also a substantial increase in life expectancy. As a result, the society has to grapple with

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longevity issues. Though worldwide demographic revolution is a social achievement, yet the consequences of longevity inter alia a larger number and proportion of older people call for a heavy outlay to finance and adequate health care. The growing number and proportion of elderly above the increasing demands. They make on Public Health System including the medical and social services. Most of the older people have been found to suffer from at least one chronic disorder and some from multiple disorders. Their quality of life as a result falls low and the burden on their family and caregivers become formidable. The aggravating factors of illness and death among the aged people consist mainly of respiratory problems, heart diseases, cancer and stroke. Chronic inflammatory and degenerative conditions such as arthritis, diabetes, osteoporosis, Alzheimer’s disease, depression, psychiatric disorders, Parkinson’s disease and urinary incontinence diminishes the quality of life. (National Workshop on Ayurvedha, 2008).

Although the risk of developing diseases rises with advancing age, it is not an inevitable consequence of ageing. Prevention and management of health problems could help the elderly to improve the quality of life. The World population of the elderly is fast increasing and by the year 2050, people above 65 years will account for 1/5th of the global population. In India 3.8% of the population have surpassed 65 years of age. According to an estimate, the likely number of elderly people in India by 2016 will be around 113 million. However, the twenty-first century is witnessing a gradual decline in fertility, a marked increase in life expectancy is neutralising the gain, necessitating an even harder fight against the issues of longevity. The cause of morbidity and mortality the world

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over is shifting from communicable diseases to non-communicable diseases.

It has been identified that the significant causes of morbidity among this group are chronic inflammatory and degenerative conditions such as Arthritis, Diabetes, Osteoporosis, Alzheimer’s disease, Depression, Psychiatric disorders, Parkinson’s disease and age related urinary problems. (Help Age India, 2004) Two third of the 7% of the elderly population of India live in villages and nearly a half of them in miserable conditions. The work of taking the care of the elderly is a tough task. The breaking up of the joint family system, the rise of dual-career families, a shocking fall in filial piety values, the increasing life expectancy bringing in a prolonged old age, characterized by poverty, degeneration, unwelcome empty-nest years, and dependency, have all added to the rigour of the problem and made the elderly more susceptible than ever to abusive treatment. This study proposes to examine these issues with special emphasis on the issue of elder abuse in light of the available data and to suggest some feasible strategies to meet the problem. Also discussed are the problems of the aged people, dementia patient’s stresses, and strains experienced by the family care-givers of the demented. A greater role is envisaged for Non-Governmental Organizations (NGOs) than that vested in the state in the care of the elderly, particularly in providing support services to family care-givers.

Self-esteem in the elderly can be boasted by communicating respect and demonstrating caring behaviours, reinforcing health-promoting behaviours, encouraging activities of daily living that

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contribute to independence, and by avoiding a focus on self-care-deficits.

Many tools have been developed to measure physical and mental abilities. The most commonly used ones are the Activities of Daily living, or ADLs. The basic ADLs evaluate elementary skills of care such as walking, eating, bathing etc. The instrumental Activities of daily living, or IADLs, measure skills required to interact within one’s community, eg. Transportation, shopping, bill-pay, house keeping etc. The IADLs are often involves the most intimate aspects of people’s lives-what and when they eat, personal hygiene, getting dressed, using the bathroom (Messenger News Letter, 1999).  

It is crucial that care-givers be taught and supported in the practice of TLC

- T-Training in care techniques to meet the needs of senior citizens
- L-Learning to allow for respite and relaxation of self
- C-care of self such as adequate rest, relaxation, sleep and diet (Smith, 2000).

Age is an important determinant of mental disorders. Depressive disorder is common among elderly people. Studies show that 82% are cared for in the community and 18% of those who are cared for at the primary level, are suffering from depression. A recent study on a community sample of people over 65 years of age has found depression among 11.2% of this population (Newman et al. 1998).

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Another recent study, however, found the point prevalence of depressive disorders to be 4.4% for women and 2.7% for men, although the corresponding figures for lifetime prevalence were 20.4% and 9.6% depression is more common among older people with physically disabling disorders (Katona and Livingston, 1997).

Most of the people have good adaptation towards the physical changes and have a positive attitude towards ageing (The Hindu, September 2004). It is important, wherever possible, to involve the relatives in the planning and providing of care. Though at times difficulties will have to be faced when family members provide the care instead of encouraging self-care, they must continue with their teaching by assessing, directing and encouraging constantly (TNAI, 2003).

Community health workers can assist in the care of the aged by helping the family to provide safe housing, good diet, happy surrounding and some kind of recreational activities. The year 1982 has been declared as the year of the Age with the theme “Add life to years”. The major goal of the community health worker is to improve in all aspects of life of old especially the quality of life (Kasthuri Sundar Rao, 2004).

The joint family system is gradually breakdown, which leads to isolation, dependency, poverty and job opportunities. So the concern for the elder care is gradually being neglected. The future does appear promising; indeed the time has arrived for geriatric

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medicine to emerge in India and become recognized as a speciality (Natarajan, 2004).

Man is social by nature and he wants to associate himself and share his feelings, experiences, worries and joys with others. The main problem of the older people is the pang of isolation from one’s family. The present industrial society does not provide opportunities for social participation to the aged people. Pre-retirement occupation activity gives opportunities for social contact throughout the day and a sudden fall in the interaction due to retirement may create a feeling of isolation and loneliness in old people (Agarwal, 2004).

In Indian society, where the joint family system prevails old people continue to enjoy respect and power. The migration of the younger population tends to increase the problems of isolation and loneliness for these old people. In addition to this, the elderly find it difficult to adjust with their own sons and daughters because of generation gap and their varying perceptions.

Old people tend to feel that they are unwanted and that they are a burden to the family. It is important to involve them in the day-to-day transactions of the family. We need to understand that their health needs are different. In large cities, people are considering to live in special condominiums, built for older people. In metropolitan cities, housing projects with medical and recreational facilities are being promoted by construction companies. Integrated housing schemes where older people can live in their own apartments in a building complex now provide hospital; banking and other services, The South Indian states of

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Kerala and Tamilnadu have together 57% of all old age homes. These states have witnessed emigration of young people in large number to Middle Eastern and Gulf countries. The general observations are that people are more affluent but experience a feeling of desertion and neglect.

The Volunteer inter-faith Care-givers Programme launched with technical assistance and training to look after the needs of the aged living in their own homes and to help the persons who care for their elders in their homes. (The Hindu, 1999)\(^{16}\)

In recent years, in a nutshell, balanced diet, physical exercise, clean environment and nice sleep are key to a healthy long life of senior citizens (Uma Shashi, 2005).\(^{17}\) There is no getting away from ageing. All of you have to fact it. While some part of ageing is genetic, which is not under our control, simple life style changes can help us age gracefully (Reshmi, 2005).\(^{18}\) Rochette, et al. (2003), conducted a research in ‘Changes in participate level after spouses first stroke and relationship to burden and depression symptoms’. The participants were spouses recruited in first two week after admission with a first stroke to acute care.\(^{19}\)

Jonsson, A.C. and Lindgren, (2000) conducted a study ‘To determine the quality of life in stroke survivors and their informal care-givers’. Result shows informal care-givers had better quality of life than patients expect for the domain role, emotional and mental.

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\(^{16}\) The Hindu. (1999) Reporters Diary: October 4, p.3.
The care-giver’s most important determinants of quality of life were their own age and patient’s functional status.\(^{20}\)

Dennis M, et al. (1997), conducted a study on ‘Evaluation of stroke on family care-giver: result of a randomized controlled trial’. The study was on 417 patients and they could find that patients were more helpless, less well adjusted socially and more depressed whereas carers were less hassled and anxious. Both expressed significant satisfaction related to communication and support.\(^{21}\) (Choi-Kwon, and Kim, 1998) has conducted a study on “Factors affecting the burden on care-givers. The result was, on multivariate analyses, the most significant predictor for overall care-giver burden was care-givers anxiety, followed by patient MRS score. Care-giver depression, current employment status and patient depression were also factors related to their burden.\(^{22}\)

Forsberg-Warleby, (2004) conducted a study on “spouses of first-ever stroke patients; psychological well-being in the first phase after stroke. ”The study was conducted on 83 consecutively enrolled spouses of first-ever stroke patients less than 75 years old. They found significantly lower psychologically well-being compared with norm values except for the dimension general health.\(^{23}\)

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7.2.0 Major Findings:

7.2.1 Socio-Economic Problems of the Aged people

1. The study found that elderly population has more burdens of household responsibilities than those of the young population. Among these, male aged people’s burden is more than that of the female group.

2. The elderly can smoothen consumption in the old age by saving out their income in their middle age. But in the survey, it is found that approximately 58 percent of elders have no savings. Above all, nearly 50 percent of the sample householders reported that they find it difficult to make both ends meet. It shows the pathetic financial condition of the old age population in Kerala.

3. The elders suffered more from chronic diseases than from other ailments. In the present study it is found that as age increases, the expenditure on medicine and health care also increases. It will enhance the socio-economic problems of the elderly population.

4. The study has revealed that most of these aged people are not happy with the attitude of the family members towards them although they receive from them financial assistance for their sustenance.

5. The study has brought to light the fact that the problems of the elderly, both physical and mental, go on increasing as they advance in age. In their busy life, people do not have enough time for the care of the aged people.

6. Most of the aged people have a positive attitude towards attending social and religious gatherings. But as they advance in age they are unable to join such functions.

7. Analyzing the attention received by the elderly it has been found lower income groups are much happier than the higher income groups.
8. Irrespective of the difference in the income of the aged, the attitude of the new generation towards the old generation is the same.

9. From the various observations, it has been found that most of the aged people are ignorant about the various pension schemes provided by both the Central and the State Governments through the Panchayat.

7.2.2 Subjective Well-being of Family Care-givers

1. More than half of the respondents experience difficulties in securing a happy living

2. Gender-wise analysis shows that male family care-givers have significantly better subjective well-being than to female family care-givers.

3. There exist significant differences in the subjective well-being of family care-givers belonging to different age groups. Family care-givers belonging to 50-59 age group experience more difficulties than to those in 40-49 and 60-70 age groups.

4. Subjective well-being of the respondents is not influenced by their educational status.

5. Religion-wise differences exist in the subjective well-being of the family care-givers of dementia. Hindus experience more difficulties than to Christians and Muslims in the field of family care-giving

6. Income level of the family care-givers significantly influences the subjective well-being of the respondents. As the income decreases more difficulties are experienced in making a happy living.

7. Family care-givers living in Panchayat areas experience more difficulties compared to those living in Block and Corporation areas.

8. Increase in the number of family members negatively affects the subjective well-being of the respondents
9. Unemployed people experience more difficulties than those engaged in office work.

### 7.2.3 Burden of Family Care-givers

1. Average score for burden shows that the family care-givers of dementia patients are having moderate level of burden in their life.

2. Gender-wise comparison shows that there is no significant difference in the overall burden among males and females. However, the dimension-wise analysis shows that only the dimension of physical health makes any significant variation between males and females. Females experience more burden than males due to their inferior physical health.

3. Overall burden is not influenced by age, education, occupation, number of family members and income of the family care-givers.

4. Residential area significant criterion or determinant regarding the burden experienced by the respondents.

5. Financial burden increases with a decrease in the income level.

6. As the number of family member’s increases, the financial burden also increases proportionately.

### 7.2.4 Social Support Resources

1. Social support in providing care to the patients is not adequate. Financial and practical assistances are adversely affected by the interaction of other dimensions.

2. Gender-wise analysis shows that only emotional support and socializing significantly differ between males and females.

3. Emotional support and socializing are significantly higher among those belonging to the age group of 60-70.

4. Practical assistance and financial assistances are significantly influenced by the educational level of the respondents and the area of their residence.
5. Support to the family care-givers is not influenced by religion, income, number of family members and occupation of the respondents.

7.2.5 Relation between subjective Well-being, Family Burden and Social support

1. Subjective well-being of the respondents are significantly correlated with emotional support, practical assistance, financial assistance, and guidance.

2. Subjective well-being of the family care-givers is significantly related with the burden they are experiencing.

7.3.0 Suggestions and Recommendations:

It should be clearly understood that the problems of tackling old age is not a simple one. It calls for a multi-dimensional approach that covers all the areas of human life-individual and social. Man does not live by bread alone. His emotional, mental and spiritual needs should be given due consideration in chalking out a policy to encounter the inevitable phase of old age and the entire disabilities attendant upon it. The responsibilities though formidable can be shared by all those who are concerned with the welfare of the old and the senile, which will necessarily lighten the burden, involved in this laborious task. Feasible solutions may be sought at the individual, familial, societal and Governmental levels.

7.3.1 Individual Level

The first and the foremost responsibility lie with the individual concerned. Planning for the evening phase of life, well in advance will go a long way in lightening the stress and strain associated with old age. Few people are born with silver spoons in their mouths. Most people build up their lives, with their own efforts and perseverance. Spending recklessly everything that comes ones way is a highly pernicious conduct. To develop the habits of
thrift and saving at an early age is to insure for old age and to ensure that dependence on others could be reduced to the minimum. Love for ones dear, near relations is a natural instinct and on unguarded moments one is apt to gift away everything one has earned during ones fruitful years. Such generosity is quite unwise and unwarranted. Prudence demands that enough should be set apart to meet the needs of difficult times. We should heed the wisdom embodied in the adage: Hope for the best but be prepared for the worst. The individual aged can render their services to society and derive satisfaction for helping the young generation, which will nurture a healthy and encouraging attitude and a peaceful life for the aged.

7.3.2 Familial Level

At the familial level one’s partner in life and children are the primary sources of support and succour during the imbecilities of ones senile phase of life. In the days gone by, the existence of the joint family system provided security to the older members of the family. Love and respect flowed to them spontaneously, which prevented them feeling useless and unwanted. But much water has flowed under the London Bridge since then. The familial scenario has undergone a drastic change. The micro-family concept now reigns supreme. To add insult to injury, large-scale migration of the young in search of avenues new, has aggravated the malady. Largely, the older ones are left alone in the house without any external support. The condition of the sick and the ailing among them is quite pitiable. In this swift running flow of life few people have time to think that these elders who have spent all their youthful energy and sacrificed their own comforts in the interest of the family are now helpless destitutes, who deserve utmost compassion and assistance. Even affluent children send their aged
parents to old age homes, most of which are ill-kept and dirty dungeons. One may hope that, if only they care to think of what is in store for them.

The family is the source to satisfy their socio-economic, psychological, health care and financial needs.

### 7.3.3 Societal Level

History testifies to the fact that the society played a significant role in making old age less miserable, even enjoyable and useful. People belonging to homogeneous groups, mixed closely with one another, showed genuine concern for the well-being of elderly people, who were given high respect and reverence at social gatherings, which were more frequent in olden times. It is a welcome sign that efforts are being made to revive the beneficial aspects of tradition in India in the form of what is known as the Panchayat Raj.

This shows that there is a growing awareness of the obligation of society to participate in programmes meant for the betterment of the old and the ageing. There is a steady increase in the formation of Senior Citizens Forums and Day Care Shelters in various parts of Kerala and it bodes well for the future of this segment of the population. Dementia is perhaps the most disturbing ailment that affects the senior citizens and it has manifold implications of personal, familial and societal dimensions. Adequate recreational facilities such as rural library, organizing programmes involving the aged and youth.

### District Level

- There is urgent need for developing specialized health services for older people at primary, secondary and tertiary care level.
There is a need to develop comprehensive preventive, curative and rehabilitative services at all levels of care.

Geriatric clinic, geriatric ward, facilities for laboratory investigations, providing training to the medical officers and referral services.

Conducting camps for geriatrics in primary health center and provision of medicines for geriatric medical and health problems.

**Primary Health Centre Level**

- The PHC Medical Officer will be in-charge for coordination, implementation and conducting health assessment for elderly persons.
- Public awareness during health and village sanitation.

**Community Health Centre Level**

- It will be the first medical referral unit for patients.
- Geriatric clinic: CHC will arrange dedicated and specialized Clinics for the elderly twice a week. Physiotherapist/rehabilitation worker will be physiotherapy and medical rehabilitation.
- Domiscillory visits will be undertaken for bed-ridden elderly and counseling to family members.

**Sub Centre Level**

- Health education related to healthy ageing, environmental modifications, nutritional requirements, life styles and behavioural changes.
- They will give special attention to home-bound-bedridden elderly persons and provide supportive devices.

**7.3.4 Organizational Level**

There are many organizations that support people with dementia, their carers and family. This part of our website tells you
about the help lines, networks, support groups and other services available, as well as introduces you to a wide range of community care programs to which you can have easy access.

- The National Dementia Helpline
- Commonwealth Care link Program
- Dementia and Memory Community Centers (DMCC)
- Early intervention and support programs
- Non-clinical advice, counselling and professional support
- Education and training programs
- Awareness raising and information activities
- Support for special needs groups
- Dementia Behaviour Management Advisory Services (DBMAS)
- The Department of Veterans’ Affairs
- Alzheimer’s Australia
- Community care programs for people with dementia
- Home and Community Care (HACC) program
- Community Aged Care Packages (CACP)
- Extended Aged Care at Home (EACH)
- Extended Aged Care at Home Dementia (EACHD)
- Day Therapy Centers (Jamuna, D. 2004)

7.3.5 National Level

The rehabilitation of the aged is a task so complex and comprehensive that it can be accomplished only on a National level. All the resources at the disposal of the States and the country should be mobilised to meet the vast requirements of this ambitious mission. The primary duty of the Governments would be to function as the co-ordinator of the various agencies, functioning at present as well as those which would be set up to realize the
purpose, sought to be fulfilled. The main aim should be to utilize the potential of extensive experience in diverse areas of life, possessed by the older generation. This will serve a dual purpose. It will help the society as a whole in resolving the various issues, arising in the day-to-day lives better and more efficiently. At the same time, it will generate in the minds of the retired people an urge to live as their wisdom, acquired over a life time, is found appreciated and exploited. Consultancy services of various kinds can be set up to help those who are in need of help at affordable costs. Women, old but healthy, can be encouraged to constitute co-operatives in the field of preparing foods and producing household utensils. These ventures should be supported by providing with adequate subsidies and facilities for marketing their products. The Sarvodaya concept of Gandhiji, so zealously upheld by Jayaprakash Narayan, could be the best role model in implementing the programmes for such resource utilization. These could be achieved only through becoming legislation and proper execution of the laws so made. Indian Constitution expects that the law courts, headed by the Supreme Court, would act as guardians and see that all the enactments be implemented in their true spirit.

7.3.6 Media Level

Last but not least in importance is the role of the Fourth Estate, the Media. Today the media can play a vital role in shaping public opinion and in upholding the rights and requirements of the poorer sections of the population. They should take up the case of the senior citizens, who are vexed and oppressed with serious disabilities. Proper awareness should be created on a National level that they deserve to be treated compassionately and with profound gratitude since they have contributed not a little, in making the world what it is today. The important fact is that they deserve
preferential treatment in hospitals and public utility services. Well-equipped day care centers and old age homes could be used as a part of the rehabilitation process.

Involving mass media as well as traditional and non-formal communication channels on ageing issues to sensitize society, promote the concept of active ageing, and to identify emerging issues and areas of action. A fair deal for older persons will be feasible if there is collaborative participation by the legislature and the executive, and also by the individual, the family, the community, the market, non-Governmental organizations and other institutions of civil society. (Bose, A.B (2006)24

7.4.0 Ten Commandments for a Delightful Aged Life

1. Accept that one has become old and hence there ought to be certain changes.
2. Get involved in some sort of activities always
3. Make a regular medical check-up
4. Have deep faith in God
5. Through rest, sleep and good exercise, be the owner of a healthy body
6. Give up totally the habit of alcohol drinking, smoking, betel-chewing and pan-chewing
7. Diet should include fruits and leafy vegetables and Drink at least 10 glasses of water daily
8. Avoid being addicted to the melancholic sickness, that “I am alone”, “I am unwanted” but make the ‘glorious’ old age stage prayerful, joyful and cheerful, by one’s own effort.

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9. Organize a senior citizens’ group and meet as frequently as possible and share joys and sorrows and make life more glorious.

10. Despite the indifferent attitude of the family members, give them your love and concern so that peace and happiness reign in the family.

7.5.0 Ayurveda and Geriatric Care

There is a need to create knowledge and popularise indigenous medicine as the aged prefer siddha, ayurvedha and naturopathy which are cost effective and readily available in the rural area (Pappathi, K.2007). Ageing is a process of physical, psychological and social change in multidimensional aspects. Some dimensions of ageing grow and develop with time while others decline. The world population of the elderly is increasing rapidly, and by the year 2050, people above 65 years will comprise 1/5 th of the global population. In India 3.8% of the population are above 65 years age. According to an estimate, the number of elderly people in India by 2016 is likely to be around 113 millions.

The Ayurveda and Siddha traditional wholistic health sciences have high potential in the prevention of diseases through the promotion of health and the management of metabolic syndromes occurring in old age. The stupendous success of conventional medicine in the management of communicable disease especially in the west was due to the identification of a single cause in the form of a parasite/causative organism for all communicable disease and a systematic plan of action was derived to counter the cause, which then cured the disease. However, the biggest challenge with geriatric problem is that in most of the cases the condition cannot be

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attributed to a single cause or in certain conditions like neuro-psychiatric disorders (Senile dementia, Alzheimer’s depression), the structural cause is unknown. In such cases, the conventional medical therapy fails to come out with an effective management plan and hence is severely compromised. Another challenge with conventional medical therapy is that it does not have health promoting agents. Ayurveda, on the other hand, has interventions which enhance physiological processes that influence metabolic and immunological status (cyavanaprasha, triphala) and such interventions are significant in the context of geriatric care. Ayurveda has a focused branch of medicine called Rasayana (Rejuvenation) which exclusively deals with the problems related to aging and prescribes methods to counter the same. Geriatrics or Jara cikitsa or Rasayana in Ayurveda is a method to control / slow down / arrest the ageing process in the human being during the degenerative phase of life. (National Workshop on Ayurvedha, 2008)

Ayurvedha for dementia patients: Brahmi (*Bacopa monnieri*) in the management of Senile Dementia. Brahmi: Administration of 1gm. of powdered extract of Brahmi twice a day for 5 years has shown significant reduction in the progression of memory loss in persons suffering from senile dementia. (National workshop on Ayurvedha, 2008)

**7.6.0 Social Work Activities with the Aged:**

- Work with individuals (counseling)
- Work with group of Aged persons
- Therapeutic Groups (group discussions, Games, Music, excursions)

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Occupational Groups (individual interests, capabilities and talents)

Recreational groups (Group games, Music sessions, film shows, and religious activities)

Support Services (providing monitory help, tax relief, providing visiting nurses who could teach simple nursing care to relatives)

Foster Care (accommodation facilities)

Social work at promotional level — Paper work, nature Craft, wool work, Knitting, Making of soft toys, dolls etc., painting, flower making. Social advocacy (social security benefits, medical insurance, mobile dispensaries, old age sanatoriums)

The following are some of the measures suggested to improve the health status of the elderly in India:

- Health education of the elderly should form an important aspect of the health care so that they could learn certain do’s and don’ts related to the different diseases and inculcate these in their behavioral patterns through constant practice to prevent the occurrence of diseases or reduce the effects of illnesses.

- There is a necessity to train both indigenous and allopathic doctors to handle the specific illnesses associated with ageing.

- It is necessary to set up subsidized health care for the elderly with special units in hospitals and with free or highly subsidized medicines. Subsidized health care would also represent an indirect transfer of resources to the family.

- Creation of special geriatric wards in major hospitals and setting up of special counters and geriatric out-patients units in existing hospitals will greatly help the elderly.

- Social gerontology needs to form a part of the syllabus for medical professionals and paraprofessionals so that they
could integrate health education along with the health care provided to the elderly persons.

- A proper coordination between health care and welfare measures needs to be attempted, for, that would be most cost effective as well as more efficient.

- Majority of the elderly especially those among the poor are working on full time basis, irrespective of their health status, mainly to earn a living. There is a necessity to introduce community-based income generating schemes for the benefit of the poor elderly.

Among the poor strata of the elderly, the non-availability of food may be a major factor, responsible for reduced intake and consequent poor health. In view of this, supplementary nutrition programmes, targeting the needy elderly in the poor localities may be considered on a priority basis, which ultimately will help them in improving their health status. Use of appropriate aids, regular medical checkups, and intake of medicines among the poor elderly is almost absent, in spite of their requirement from the health point of view. Therefore, local NGOs working even on other issues of society may regularly interact with the elderly of their community and see that the benefits reach them in time. Community members have to be sensitized about the problems of the elderly so that a greater commitment and involvement could be ensured in order to include "care for the elderly" within the purview of Primary Health care.

**In General**

- Younger generation should be made aware of the problems of the aged people
- Counseling service should be provided to the family members of the aged people and the younger generation in general on how to deal with the problems of the aged people
- Regular medical check-up should be given to the aged people through mobile health care services
Separate wards, units and rooms for the care and treatment of the aged people should be provided at each hospital and in order to ensure better medical care, geriatric departments, gerontologists, gerontological nurses should be started at each hospital.

There must be a permanent Governmental agency to analyze and evaluate periodically the conditions of the elderly in home and institutions.

Social and economic security and legal measures are to be initiated by the Government to look after the neglected and abandoned group of the elderly.

Medical and preventive measures and awareness programme must always be accompanied by social and medical counseling.

Geriatric club — conduct small sports and games such as chess, caroms and cards and prayer meetings to create a feeling of well-being and good social relationship among them.

Public and family member’s opinion about the elderly that they are useless should undergo change.

As a good lot of the aged people suffer from chronic diseases and they find it difficult to meet their health care expenditures, the Governments at the central and in the states should make arrangements to provide medical facilities to the senior citizens free of cost or at concessional rates.

As the children find no time to attend to the needs of the aged, the Government or non-governmental organizations should start old age homes where they get attention to their physical and psychological needs.

The new initiative in the form of day care of the aged by specially trained agencies can make the remaining life of the aged people happy.

The Government and non-governmental organizations can conscientize the people in their young age to save sufficient amounts to meet old age needs.
The researcher is convinced that there is much to be done for the subjective well-being of both the dementing patients and their family care-givers.

The same study can be replicated with larger sample size.

Instruction should be imparted to care-givers who should understand the nature of the illness and provide efficient management to the patient.

Particular attention should be paid to the social security and to the adverse circumstances of the elderly women; whose income is generally lower than men’s are and whose hard work to meet family responsibilities have ruined their health.

There is need for setting up daycare centers to improve the quality of life of the elderly, foster-care-services, and provide adult education related to geriatric care.

Geriatric Rehabilitation plays an important role as a preventive measure. Elderly people may be rehabilitated in some vocational activities so that they may feel more self-reliant.

The NGOs should have a clear understanding about the socio-economic and psycho-emotional problems faced by elderly people.

The National policy visualizes that the state would extend support in the form of financial security, health care, shelter, social welfare, provide protection against abuse and supply such services that would improve the quality of their lives.

Most of the care-givers have poor family interactions; which adversely affect their emotional stability and strength.

Dementia is an illness, which consumes a large amount of money, time, and energy of the family members in caring for the patient. This indirectly builds walls between the patient and his/her family members, which makes the condition of the former quite pathetic.

Regular counseling sessions are necessary for patients and family members
younger generations to the problems of the aged so that they may keep the family tradition in tact

Value education, advocacy on the rights of the aged has got to be given priority in all the programmes

Immediate strengthening of primary health centers and motivating the doctors to work in the primary health centers in rural India;

Retraining rural un-qualified doctors, who have been accepted by the rural socio economic system, in geriatric care and assigning them with the responsibility of elderly care;

Designing and developing occupation based social security programs for the workers in the Unorganized sector with individual contribution and along with employer contribution where ever there is an identifiable employer;

A rights based approach than an institutionalization of aged care should be thought of for mainstreaming the aged

Establishing district wise old age homes with community support; (As a lost resort for family care and mainstreaming is strongly recommended)

Raising the retirement age in public service to 65 so that the knowledge and skills of the aged can be fully utilized at the same time lessening the burden on pension systems to pay for longer unproductive years 13

Designing annuity linked defined contributing pension systems so as to lessen the burden on the defined benefit systems;

Encouraging micro medical insurance and occupation specific and gender specific micro medical insurance systems;

Giving training on retirement planning to the workers who are expected to retire within two years, covering socio-psychological and economic aspects of retired life.
7.7.0  **Recommendations (Dementia Report of India, 2010)**\(^{27}\)

- Make Dementia a national priority
- Increase funding for Dementia research
- Increase awareness about Dementia
- Improve dementia identification and care skills
- Develop community support
- Guarantee carer support packages
- Develop comprehensive Dementia care models
- Develop new National Policies and Legislation for PwD

7.8.0  **Therapeutic Interventions for Family Care-givers**

The aim of this to reduce the psychological distress of family care-givers and provide adequate education to them in dealing with every situation and any condition.

Psycho education about the patient’s illness, its causes, symptoms, course, and prognosis could be made more effectively by using the WHO manual “Help for Care-givers “(2000).\(^{28}\)

The following suggestions are made for the benefit of the family care-giver of the patient, which would help them to cope with the care-giving stress:

**Accepting help:**

It is important to accept help from other members of the family if they are available and not to try to carry the whole burden of caring on your own.

**Share your Problems:**

You need to share your feelings about your care-giving experiences with others. It may be more difficult for you to look after the person with dementia if you keep it to yourself.

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Try to accept the support when others offer it. It will be easier for you to cope. Try to think ahead and have someone to turn in an emergency.

**Make time for Yourself:**

It is essential to make time for yourself. This will allow you to spend time with others, enjoy your favourites hobbies and most important, enjoy yourself. If you need longer amount of time away, try to find someone to take over the caring for you so that you can have a rest.

**Don’t blame yourself:**

Do not blame yourself or the patients with dementia for the problems that you encounter. Remember, the disease is the cause. If you feel your relationship with friends and family are dwindling away, don’t blame them or yourself. Try to find what is causing the breakdown and discuss it with them.

**Problem Solving Skills:**

Family care-givers are given the following tips to deal with common challenges that they might face during the course of the illness in care of their demented relative, these are based on WHO manual - “Help for Care-givers” (2000)

Bathing and personal hygiene: The person with dementia may forget to have the bath or no longer recognize the need or may have forgotten what to do. In this situation it is important to respect the person’s dignity when offering to help.

Maintain the person’s former routine for washing as much as possible.

Try to make bathing a pleasant and relaxing occasion.

Simplify the task as much as possible.

If the patient refuses to take bath, try again a little later, when the mood may have changed.

Allow the person to do as much as possible without any help

If the person appears embarrassed, keeping other parts of the body covered while bathing may be helpful
If you have problems with helping this, get someone else to do it
If bathing always lead to conflict, a stand-up wash may be helpful

**Dressing**

Lay out clothes in the order they are to be put on
Avoid cloths with complicated fastenings
Encourage independence in dressing as far as possible.
Use repetition if necessary
Use non-skilled rubber soled shoes

**Toileting and incontinence**
Create a schedule for going to the toilet
Label the toilet door using bright colours and large letters
Leave the toilet door open so it is easy to find
Make sure clothing can be easily removed
Limit drinks within reason before bed time
Providing a chamber pot or commode by the bed side may be helpful

**Cooking**
Assess how well the person can do his or her own cooking
Enjoy cooking as a shared activity
Install safety devices
Remove sharp utensils
Provide meals and try seeing that enough nutrition food is given

**Eating**
Remind the person how to eat
Use finger food to make it easier
Cut up food in small pieces to prevent choking
Remind the person eat slowly
Be aware that person may not be able to sense hot or cold, and may burn their mouth on hot foods or liquids.
Serve one portion of food at a time.

**Difficulty in sleeping**
Try to discourage sleeping during the day
Try daily long walks and add more physical activity during the day
Try to make the person as comfortable as possible at bed time losing things and accusations of theft discover if the person has a favorite hiding place. Keep replacements of important items e.g. key
Check waste baskets before emptying it.
Respond to the person accusations gently.
Agree with the person that the item is lost and help find it.

**Wandering**
Make sure the person carries some form of identification like address card.
Make sure your home is secure and what the person is safe in you home and cannot leave without your knowing.
When the person is found, avoid showing anger – speak calmly with acceptance and love
It is helpful to keep up-to-date photograph in case the person gets lost and you must ask help from others
Depression and anxiety
Give more support and love to the person
Don’t expect the person to shape out of the depression immediately
Try to engage him in activities that bring pleasure to him
Conclusion

Age is a risk factor for dementia and the number of people with dementia in the state is higher than most other states. However, dementia is only one of the problems of the whole gamut of problems (Shyama Rajagopal, 2012). Help Age India is conducting a study on abuse and neglect of the elderly: A geriatric depression scale used to measure depression among the elderly showed that 27 percent of the elderly had mild depression and 38 had severe depression. It was higher among females and also increased with age with the oldest old (80 years and above) category experiencing more depression. (The Hindu, 2012).

The aged population in Kerala is more in rural than in urban areas. The significant feature of the aged population is that the number of the females is more than that of the males. Most of the aged live in a pitiable condition in rural India. The Indian traditional culture respects the aged, but the shift to the nuclear family pattern the aged individuals are neglected. The important issues pertaining to the aged are many of which the core problem is health and medical support. It should be recognized that family care-givers play a vital role in bringing succour to individuals, which in turn, contribute substantially to the welfare of the entire society. Therefore, the well-being of the care-givers is the primary responsibility of the society as a whole. No stone should be left unturned in bringing ease and comfort to their trial ridden and tiresome lives. In addition, they, on their part, must show utmost integrity to the profession they have chosen as a career, nay, as a vocation.

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29 Shyama Rajagopal, The Hindu, Saturday April 7, 2012
30 The Hindu, April 7th 2012.