

Elderly Care In Indian Cultural Context

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Abstract

According to the report, "Aging in the 21st Century: A Celebration and a Challenge" submitted by the United Nations Population Fund (UNFPA) and HelpAge International (October 2012), 80% of the world's older people will live in developing countries. It is important to note that in 2010 there were 23 aged economies; by 2040 there will be 89. The report further points out that over 1/3 of world's older persons will live in China and India, and India will be the home to 1 out of every 6 of the world's older persons by 2050. The elderly form 8% of India's population. This translates to over a 100 million people above the age of 60 years. The 2001 Census highlighted the feminisation of the elderly population in India. For women, being female has meant a lifetime of discrimination at home and elsewhere which continues even in old age. Approximately 66% of elderly women are fully dependent on others; 32% do not own any assets of their own. The WHO report further points out that "Aging is taking place alongside other broad social trends that will affect the lives of older people. Economies are globalizing, people are more likely to live in cities, and technology is evolving rapidly. Demographic and family changes mean there will be fewer older people with families to care for them. People today have fewer children, are less likely to be married, and are less likely to live with older generations. With declining support from families, society will need better information and tools to ensure the well-being of the world's growing number of older citizens." Therefore, it is of utmost importance to devise ways of taking care of the elderly citizens and situate the caregiving process in Indian context.

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Strengths of Indian Way of Elderly Caregiving

India has had a culture of caregiving to its elderly and the older generation is cared for by the younger generation of the family. The family unit is of utmost importance when we try to locate the caregiving force in Indian family context. Shared cultural beliefs indicate that individuals believe in "sewa" where it is believed that caring for the elderly members of the family will ensure a better life in the next birth, also the feeling of filial piety is a reason as to why individuals feel privileged to care of elderly parents or relatives.

In the joint family system, the elderly is placed at a special place, with authority and thus is given a lot of respect and care. Traditionally, Indians live in extended families where a son brings his new wife home to live with his parents. Children grow up with grandparents around. Not only does this solve the childcare issue while parents work, but it also brings

physical and mental benefits to both old and young.

Giving respect is an important aspect in treating our elderly. Respect is not just a vague word that connotes admiration. Throughout Asia, the elderly are the guardians of a great store of knowledge. They have lived longer and so know more. That means they can give precious advice – otherwise known as wisdom. And as we all should know by now, knowledge is power. Respect is shown through gestures. In India touching an older person's feet shows respect. Gestures and symbolism matter.

One of the ways in which elderly caregiving is facilitated is via pooling the finances in order to take care of the elderly individuals. India follows a joint family system, where the younger members of the family, who are working tend to contribute some amount of money so as to take care of the aging relatives in an effective manner

Although family members in a

multigenerational family system may contribute financially, they are also assisting the primary care giver with the care giving tasks that are required for the elderly, such as daily living tasks like bathing, feeding, and toileting. These and other instrumental activities of daily living, such as recreational and emotional care of the elderly, are the work of the primary care givers.

The Indian attitude towards death also plays a role in determining the kind of caregiving we do. In many advanced countries death is scary and confusing. This is evident in the euthanasia debate and our general discomfort with the ritual of death and its aftermath. In India, death is part of a natural cycle. While no one wants to die, the idea of reincarnation, where the life-death-life-death cycle continuities in perpetuity, provides at least a semblance of comfort because it offers the ego a chance to believe that it is not irrelevant (Rowe and Kahn, 1997).

Points To Focus On In Order To Improve Caregiving

An important aspect in Indian aging is that many times, the physical and mental deterioration of the elderly is not addressed or remedied as it is a social taboo to accept that the elderly members of the family might be suffering from some kind of an illness, for fear of bringing shame to the family. Most of the times, mental issues are dismissed as “hassles of aging” or a “part of the aging process” without attempting to find relief to this problem, thus elder's problems remain undiagnosed and untreated (Cosco et al, 2013).

Lack of infrastructure: With increasing longevity and debilitating chronic diseases, many elder citizens will need better access to physical infrastructure in the coming years. Lack of physical infrastructure is a major deterrent to providing comfort to the aged. Many elder citizens need better access to physical infrastructure, both in their own homes and in public spaces. Unattended chronic disease, unaffordable medicines and treatment and malnutrition are part of old age life in India

as there is no system of affordable health care. Emphasis on geriatrics in the public health system is limited with few dedicated geriatric services. The other issues of the public health system are lack of infrastructure, limited manpower, poor quality of care and overcrowding of facilities due to insufficient focus on elderly care

Changing family structure: The traditional Indian society with an age-old joint family system has been instrumental in safeguarding the social and economic security of the elderly people. The traditional norms and values of Indian society also laid stress on showing respect and providing care for the elderly. However with the emerging prevalence of nuclear family set-ups in recent years, the elderly are likely to be exposed to emotional, physical and financial insecurity in the years to come. There is an upward trend in the living arrangement pattern of elderly staying alone or with spouse only from 9.0% in 1992 to 18.7% in 2006 [5]. Family care of the elderly seems likely to decrease in the future with the economic development of the nation and modernization

Lack of social support: The elderly in India are much more vulnerable because of the less government spending on social security system. The elderly in urban area rely primarily on hired domestic help to meet their basic needs in an increasingly-chaotic and crowded city. Social isolation and loneliness has increased. Insurance cover that is elderly sensitive is virtually non-existent in India (Willigen and Chadha, 2003). In addition, the preexisting illnesses are usually not covered making insurance policies unviable for the elders. Pension and social security is also restricted to those who have worked in the public sector or the organized sector of industry. In a study by Lena et al., almost half of the respondents felt neglected and sad and felt that people had an indifferent attitude towards the elderly (Butt and Beiser, 1987). It was also found that 47% felt unhappy in life and 36.2% felt they were a burden to the family.

Availability, Accessibility and

Affordability of Health Care: Managing home care for the elderly is a massive challenge as multiple service providers – nursing agencies, physiotherapists and medical suppliers – are small, unorganized players who extend sub-optimal care. In India, health insurance coverage is essentially limited to hospitalization. The concept of geriatric care has remained a neglected area of medicine in the country. Despite an aging population, geriatric care is relatively new in many developing countries like India with many practicing physicians having little knowledge of the clinical and functional implications of aging. As pointed by Havighurst(1980), the key challenges to access and affordability for elderly population include reduced mobility, social and structural barriers, wage loss, familial dependencies, and declining social engagement. The stigma of aging is another social barrier to access of health in addition to the health and social conditions the elderly commonly face such as dementia, depression, incontinence and widowhood.

References:

- Butt, D. S., & Beiser, M. (1987). Successful aging: A theme for international psychology. *Psychology and Aging*, 2(1), 87-94.
- Cosco, T. D., Prina, A. M., Perales, J., Stephan, B. C. M., & Brayne, C. (2013). Lay perspectives of successful ageing: a systematic review and meta-ethnography. *BMJ Open*, 3 (6) , e 0 0 2 7 1 0 . <http://doi.org/10.1136/bmjopen-2013-002710>
- Havighurst, R. J. (1980) Life-span Developmental Psychology and Education. *Educational Researcher*.9(10). Pp:3-8
- Rowe J. W., Kahn R. L., (1997). Successful aging. *The Gerontologist*. 37. Pp: 433-440
- Willigen, John Van and N. K. Chadha (2003) Social Networks of Old People in India: Research and Policy. *Journal of Aging and Social Policy (USA)*, Vol. 15(2/3), 109-124.
- John van Willigen, N.K. Chadha., &Juliana McDonald (1999). Culture and Aging. *Social Change: Issues and Perspectives*, Vol. 29 (1&2), 21-31.