

**ELDER ABUSE AND SOCIAL WORK INTERVENTION METHODS:
A CROSS-SECTIONAL STUDY IN
BILASPUR DISTRICT OF CHHATTISGARH**

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Abstract

Background:

India is growing old! The stark reality of the ageing scenario in India is that there are 77 million older persons in India today, and the number is growing to grow to 177 million in another 25 years. With life expectancy having increased from 40 years in 1951 to 64 years today, a person today has 20 years more to live than he would have 50 years back. With this kind of an ageing scenario, there is pressure on all aspects of care for the older persons – be it financial, health or shelter.

Objectives:

1. To study the social and health problems of the elderly and their attitude towards life.
2. To create awareness regarding the problem and develop a strategy for its prevention.

Design and Model:

Descriptive study was carried out to explore the problem of elder people. A total of 120 elderly patients (60 years age and above) who attended the outreach clinics were interviewed using a pre-tested schedule. Findings were described in terms of proportions and percentages to study the socio-economic status of the samples and its correlation to social problems.

Focus group discussions and case work method were also held to gather data from the participants of the study.

Results:

Around 64% of the respondents belonged to the age group of 60-70 years old. 70% of the respondents were illiterate. 49% of the respondents felt that they are not happy in life. A majority of them had health problems such as hypertension followed by arthritis, diabetes, asthma,

cataract, and anaemia. About 62% of the patients said that the attitude of people towards the elderly was that of neglect.

Conclusions:

There is a growing need for social work interventions to ensure the health of this vulnerable group and to create a policy to meet the care and needs of the disabled elderly. The results of the study showed that there is a need for geriatric counselling centres that can take care of their physical and psychological needs. Counselling could prove to be an important tool of family therapy and the end result could be beneficial for both the younger as well as the elder generation.

Keywords: Abuse, attitude, elderly, social and health problems, interventions.

Introduction

There is no United Nations standard numerical criterion, but the UN agreed cut-off is 60+ years when referring to the elderly population. In India, the elderly account for 7% of the total population, of which two-thirds live in villages and nearly half of them in poor conditions. Urbanisation, nuclearisation of family, migration, and dual career families are making care of the elderly more and more of a personal and social problem in India.

With the decline in fertility and mortality rates accompanied by an improvement in child survival and increased life expectancy, a significant feature of demographic change is the progressive increase in the number of elderly persons. Increasing life span and poor health care add to the degree of disability among the elderly and compound the problems of care giving. In India, the life expectancy has steadily gone up from 32 years at the time of independence to over 63 in 2001. The elderly experience changes in different aspects of their lives. Old age is considered as a social problem and a major social concern worldwide. Many national and international organizations are working toward the welfare of the aged. The government has also launched various programmes and provided various facilities for the upliftment of this group.

The physiological decline in ageing refers to the physical changes an individual experiences because of the decline in the normal functioning of the body resulting in certain physiological functions, and various chronic conditions. Change in socio-economic status adversely affects the individual's way of life after retirement. The economic loss is due to a change from salary to pension or unemployment leading to economic dependency on children or relatives. A feeling of low self-worth may be felt due to the loss of earning power and social recognition. This state of mind is harmful. With the prospect of this situation worsening in the coming decades, ways and means of managing the stress effectively needs to be examined.

Social Work and Elder Abuse

Professional social workers have a special responsibility and unique task and contributions in relation to the prevention of, investigation and intervention into cases of physical, emotional and sexual abuse and neglect of older people.

“The primary focus of social Work is working with individuals, families and groups within their social context, through training, knowledge and skills which support a high standard of professionalism, the social work task is to facilitate and enable clients to identify options and make decisions for themselves so that they may develop strategies to effect improvement in the

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quality of their live. Social work also focuses on issues of public policy, social administration and social justice and the betterment of society as a whole.” (*Code of Ethics, Irish Association of Social Workers, 1995*).

A definition of elder abuse is: “a single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person or violates their human and civil rights.” (*Report of the Working Group on Elder Abuse, 2002*).

This study was thus conducted with the following objectives

1. To study the background and socio-economic status of the elderly
2. To study the social and health problems faced by the elderly and their attitude towards life.
3. To suggest the intervention methods of social work for its prevention.

Materials and Methods

The present study includes elderly men and women aged 60 years and above who belonged to the rural area of the Bilaspur district of Chhattisgarh.

The subjects for this study were the elderly patients attending the various community and public health centres clinics regularly for their various health problems. The questionnaire was developed by reviewing related Indian studies. This questionnaire was then pilot tested on ten elderly individuals and the necessary changes were made.

A total of 120 respondents were interviewed using this pre-tested questionnaire. The interview was carried out in the Hindi as well as in local language. The purpose of the study was explained to them and oral informed consent was obtained. Care was also taken to ensure privacy and confidentiality of the interview as part of the study. In order to avoid the interference and influence of other family members and neighbours, each respondent was called and interviewed privately where he/she could feel comfortable. The data collected was tabulated and analysed and the findings were described using proportions and percentages.

Results

Table 1

Demographic distribution of the respondents

	Males	Females	Total (n=120)
Age (years)			
60-70	32 (58.2)	45 (69.2)	77 (64.2)
71-80	20 (36.4)	18 (27.7)	38 (31.6)
Above 80	3 (5.4)	2 (3.1)	5 (4.2)
Marital Status			
Married	44 (80)	28 (43.1)	72 (60)

Separated	5 (9.1)	7 (10.8)	12 (10)
Widow/Widower	6 (10.9)	30 (46.1)	36 (30)
Education			
Illiterate	32 (58.2)	52 (80)	84 (70)
Just literate	14 (25.4)	10 (15.4)	24 (20)
Primary	6 (11)	2 (3.1)	8 (6.6)
Secondary	2 (3.6)	1 (1.5)	3 (2.5)
High school	1 (1.8)	0 (0)	1 (0.9)

Socio-demographic characteristics

Table 1 shows that a major fraction of the population was in the age group of 60-70 years old, while a small fraction (4.2%) were 80 years or above. Males and females formed an almost equal proportion of the study sample. A majority (94%) of the respondents were Hindus. This reflects the true picture of the population based on religion at the local and national level. A joint family system was seen to be the most common (68.7%) among the population interviewed followed by the nuclear family. Only 10.9% of the elderly men were widowed while 46.1% of the women were widows. Literacy was found to be low in the study population.

Table 2

Morbidity pattern of the respondents

Diseases	Males	Females	Total
Hypertension	32 (58.2)	38 (58.4)	70 (58.3)
Diabetes	8 (14.5)	7 (10.7)	15 (12.5)
Osteoarthritis	17 (30.9)	38 (58.4)	55 (45.8)
Bronchial asthma	7 (12.7)	5 (7.6)	12 (10)
Others	12 (21.8)	18 (27.6)	30 (25)

Health problems of the elderly

Table 2 shows that all the respondents had health problems, the most common being hypertension, osteoarthritis, diabetes, or bronchial asthma. Others included cataract, anemia, and skin problems. It is seen that most of the respondents had more than one health problem. Osteoarthritis was found to be more common among females while other health problems were almost similar among both the genders

Table 3

Attitude towards old age

	Males	Females	Total (n=120)
Old age affected daily life	54 (46.6)	62 (53.4)	116 (96.7)
Partially	49 (47.1)	55 (52.9)	104 (86.7)
Completely	5 (41.7)	7 (58.3)	12 (10)
Feel Neglected by family	27 (36)	48 (64)	75 (62.5)
Always	3 (37.5)	5 (62.5)	8 (6.6)
Sometimes	24 (35.8)	43 (64.2)	67 (5.8)
Feel burden for family	18 (45)	22 (55)	40 (33.3)
Not happy in life	28 (48.3)	30 (51.7)	58 (48.3)
Not loved by family	19 (43.2)	25 (56.8)	44 (36.6)

Attitudes towards old age

Table 3 shows that almost 96.7% of the respondents felt that old age had affected their day-to-day life. Among these, 86.7% felt that age had partially affected their daily activities. 62.5% of the people interviewed felt neglected by their family members, while 48.3% felt unhappy in life and 33.3% felt they were a burden to the family. An unfavourable attitude was observed to be more among females than males.

Table 4

Perceptions of elderly regarding economic and social security

Perception for security	Males	Females	Total
Deprived of finance	27 (41.5)	38 (58.5)	65 (54.2)
Deprived of			

companions	4 (40)	6 (60)	10 (8.3)
Feelings of insecurity	25 (48.1)	27 (51.9)	52 (43.3)

Table 4 shows that females had poor perception regarding economic and social security as compared with males. Approximately 43.3% of the respondents interviewed had feelings of insecurity while around 54.2% were deprived of financial security. Other reasons of insecurity included illness, not having issues or male children.

Table 5
Reasons for feeling sad

Reasons	Numbers (n=120)
Poverty	58 (48.3)
Illness	57 (47.5)
Neglected	22 (18.3)
Loss of spouse	16 (13.3)
Loneliness	06 (5)
Others	30 (25)
Daughter is not married	4 (3.3)
Alcoholic son	15 (12.5)
Illness of family members	5 (4.1)
Children staying away	6 (5)
Financial loss	4 (3.3)
Death of children	2 (1.6)
Not owing a house	2 (1.6)

Table 5 shows that 48.3% of the respondents felt sad mainly because of poverty followed by illness (47.5%). Other reasons for feeling sad were unwed daughters at home, alcoholic son/son-in-law, financial loss, illness of spouse, children staying away from them, death of children, or not owning a house.

It was also observed in the study that only 42.1% were aware of the government welfare schemes for the elderly and only 18.6% had utilized the geriatric welfare services in our study.

It was observed that 70.6% of the respondents had friends and social contacts outside the home. In case of a conflict with family members, nearly half of the respondents (48%) preferred to sleep in order to get over it, 34% preferred to discuss it with others, and 18% preferred to find a solution.

It was observed in our study that around 63% of the respondents felt that old age affected their role in the family. A total of 35% of the respondents felt they were not consulted by the family members for making decisions. They felt they were ignored by family members because of their physical illness and economic dependence. In spite of being unhappy due to these problems, they still preferred their home to an old age home for their residence.

Discussion

Almost more than half of the respondents who were interviewed were from joint families (53%), while 47% were from a nuclear family. The higher prevalence of joint families could be because of the rural study area.

It is indeed true that it is the marital status that determines ones position within the family as well as the status in society.

According to the NSS 52nd round, 63% of the elderly were illiterate in India. Our study showed that almost half of our respondents were illiterate and around 6.6% had education upto the primary level. It is observed in this study that illiteracy is higher among females (80%) than males (58.2%). The disparity in literacy status may be attributed to the area being rural. Educating females in those days was not considered as important as establishing a marriage at an early age.

In our study, approximately 22 % were still working as unskilled workers against those who were at home (78%).

Half of the interviewed subjects felt neglected by their family members.

In this study, 47.3% of the respondents said that they were not happy in life. A total of 70.6% of the respondents said they had friends and that they participated in social functions. More than half of them would visit their neighbors or relatives. 21.7% were not having any social contact outside the home. Almost half of the respondents felt neglected and sad and felt that people had an indifferent attitude towards the elderly. Some of the respondents thought that people don't respect them because they were aged and could not contribute to the family and society.

Around 48.3% of the respondents mentioned that they felt sad mainly because of poverty followed by illness (47.5%).

In our study, 63.6% of the respondents felt that old age affected their role in the family. It was observed in our study that even though the respondents were not very happy in life or did not have a good relationship with their children, they still preferred to stay at home or die rather than stay in old age home.

Social work Intervention for the prevention of elder abuse

Systems Theory

System theory of social work believes that the maladjustment with the client is not only attached with her/his wrong thinking and perception but by a breakdown in the interactions between the older person and any of these systems. The role of the Social Worker is to assess where the cause of the conflict arises and to mediate between the client and the resource system in question.

Strengths Perspective

The humanistic approach of social work is based on the concept of self regard and actualizing tendency alike the strengths model of practice with older people builds on the resilience that clients have developed from coping with previous adversity in the lives, and it strives to place self-determination as the central value. This approach recognizes and promotes the worth, dignity and uniqueness of older people in the face of social attitudes that can sometimes marginalize them.

Crisis Intervention

Often, the contact between Social Worker and client occurs at a stage of crisis which can be the onset of critical illness, sudden loss or other life transitions where the older person's coping abilities are no longer sufficient to manage the current situation. Crisis intervention theory is based on psychodynamic ego-psychology.

Task-Centred approach

Task-centred practice approach is a systematic and goal-directed framework where the Social Work intervention is time limited. The Social Worker looks for those factors that are contributing to maintaining the current problem. From a range of tasks, the Social Worker and older person collaboratively assess which would be the most useful employed for problem-solving. This approach encourages mastery over difficult situations and improves the person's ability to cope with future difficulties.

Brief Solution-Focused Therapy

A solution-focused approach has features in common with a task-centred approach. However, task-centred methods look at understanding problems and ways of resolving them, while solution-focused work focuses on solutions. With this approach the emphasis is on identifying the times when the problem is less acute and focusing on these problem-free times, i.e. exceptions to the problem.

Emancipatory Practice

Emancipatory practice refers to practice which seeks to tackle discrimination, inequality and exclusion. Older people can be the subject of some forms of discrimination and can internalise ageist values, so great care needs to be taken to ensure that Social Work interventions reduce or undermine discrimination rather than reinforce or exacerbate it.

Counselling

Theories of counselling in healthcare settings stress the interaction between disease, the individual, the family, health care providers and other systems. This derives from a biopsychosocial systems perspective. Older persons' coping can be enhanced by enabling informed decision-making and by helping people to view their situation from different perspectives.

Conclusions

The results of this study showed that a major proportion of the elderly were out of the work force, partially or totally dependent on others, and suffering from health problems with a sense of neglect by their family members. There is a growing need for interventions to ensure the health of this vulnerable group and to create a policy to meet the care and needs of the disabled elderly. Further research, especially qualitative research, is needed to explore the depth of the problems of the elderly. The specialised health needs of the older people require greater attention through the expansion and integration of geriatric and gerontological training in the medical curricula, mainstreaming of geriatric services in the Primary Health Centres and geriatric rehabilitation in the integrated Community Development programmes as an integral component of community based services would ensure that the full range of support services is accessible to older people in the health system.

At this age of their life, the senior citizens need to be taken care of and made to feel special. They are a treasure to our society. Their hard work has helped in the development of the nation. The youth of today can gain from their experience, in taking the nation to greater heights.

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