International Conference on

"ELDER DIGNITY AND ABUSE"

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REPORT & RECOMMENDATIONS

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Introduction

To live and die with dignity is the fundamental right of any person. But with increasing instances of violence and abuse being reported against the elderly, this Constitutionally-assured fundamental right is increasingly sounding hollow. The aged population contributed towards the social and economic life of the nation in their prime. In their old age, it naturally becomes the duty of the state and society to provide them a dignified life; a life free from abuses. The state of affairs is such that society always attends to the need of the "productive" population and often overlooks the different forms of abuses that an elderly person (irrespective of gender) is subjected to and suffers in silence.

The international conference hosted by the Centre to discuss the issue of this innovative idea which is relatively unheard though widely experienced "Elder Dignity and Abuse" evoked immediate response from academicians, activists and researchers. 162 delegates from various parts of the world attended the conference and actively participated in the three-day deliberations with on a total of 92 papers including 2 symposiums, 2 panel discussions and a plenary and six parallel sessions to craft a society that give its senior citizens an abuse-free and dignified life. It would be most appropriate to place on record, at this juncture, the generous support that the CGS has received for the conduct of the three-day International Conference. Without the financial assistance offered by the United Nations Population Fund (UNFPA) and the Government of Kerala, this Conference would not have fructified.

This draft report includes a gist of the whole discussions taken place in the three day conferences with some of the important recommendations that were emerged. A detailed report will follow this within a short span of time.

Abuse:-

Abuse is one key word included in the title to highlight the cases of violence against elderly in our society. The abuse against elderly has multiple causes rooted in economic, social and cultural realms. At present elderly is not often considered as a valuable resource. Their expertise and experience is not being utilized. This assumes importance not just to give elderly a rightful place but for the large interest and wellbeing of society. Such a situation leads to the creation of an imagery of elderly as benevolence seeker if not a burden to the society. But for elderly the sufferings from abuse is much more painful than a chronic ailment. In recent years the culture of abusive language and behavior has emerged which led to the situation of increase in emotional abuse and physical violence. This is by and large a product of the change in family structure and values owing to the change in socio-economic conditions. Abuses could be triggered with reasons related to economic, personal rivalry or status of health. Socialization has a significant role in deciding everyday experience of abuse. As in majority of societies family continues to be an important source of social, economic and emotional security; socialisation of

younger generation is critical. With proper socialisation we could train younger generation for the care giving roles. Abuse in clinics is other area which requires urgent attention. Besides the shortage of trained geriatricians most of the doctors who attend the case of elderly are ill informed and unaware of the medical, social or psychological matters involved in the treatment of elders. Police and judicial systems who are responsible to check the abuse or violence against elderly are also yet to prepare its rules, regulations and manpower to manage the elderly population and their special needs. At present the statistics available with the police is notoriously unreliable. Moreover the ability to get a case registered in case of a violence is directly proportional the ability of the victim to influence the system.

The problems of elderly population are not homogenous but there is a significant difference between the problems and needs of the aged living in urban or rural context or elderly who are unfortunately destitute. The case of an adivasi elderly will be entirely different from those who are living in slums or their counter parts from middle class. The nature and degree of abuse faced by these different sections are different.

There are several cases of fall and related injuries and related issues. This has related to the spatial planning and other precautions required for this population. In some rural parts of the India and other countries killing of elderly using rudimentary methods are reported. Detailed studies are needed about such issues. The abuse of medicines is another thing which requires immediate attention especially when it is noted that medicines like sleeping pills are widely abused by the family members/care givers to manage the problems of elderly. Increasing rate of suicide among elderly is another area. For any democratic society it is a matter of shame in having its elder population, known for their wisdom and maturity are forced to commit suicide. Loneliness, insecurity and lose of dignity can be reasons for taking such extreme steps. Often the abusers are found to be the family members or care takers; this makes the situation more complicated. The dependency of elderly on the abusers is a reality in most of the cases and this leads to a situation of underreporting of the cases of abuse. Statistics shows that most of the crimes are done within the four walls of the homes. This shows that home – a place known for offering security and care is not so at least in the case of elderly.

Development projects sometimes create troubles to elderly whether in terms of its new design which are mostly not elder friendly or sometimes creates victims (such as displaced of development projects). In the case of design our new bus waiting sheds in some cities are best examples, it was a place where elder persons can take rest or sometimes have some social gathering but with its present design having only two steel bars offers no comforts to our elderly.

Our elderly's ability to tackle the new challenges in life and to develop cop-up mechanisms is also needs attention. Self-care ability of the elderly is important in preventing abuse against elderly.

Some aged related diseases like dementia and challenges related to it are yet to be addressed. The chances for violence and abuse against persons affected with such disease will be higher. At present 80% of the funding is for research and care giving facilities are goes to developed world while 80% dementia affected persons are in the developing world. This needs to be addressed. The awareness among people about dementia increases the risk of abuse. The disparity between the prevalence rate and rate of cases being reported in dementia indicates serious lack of awareness among the public.

In the context of increased life expectancy for women and widowhood abuse based on gender and age are coupled together along with lots of other cultural matters.

Role of media is very critical in ensuring a dignified life for elderly. Media is instrumental in propagating a negative image of old age and elderly. A positive image of elderly is inevitable in ensuring dignity and preventing abuse. Advertisement, films and other programmes are powerful in creating impressions and giving messages to the public.

Dignity:-

The concept of dignity could be understood as *a discourse that explains the quality of the state of being worthy and esteemed*. It is very much related to identity, human rights and autonomy of both individuals and community. It is also to be noted that there are both personal and social dimensions for dignity. Dignity and abuse are directly related as ensuring dignity will automatically lead to reduction of abuse or vice versa. Nuclearisation of family and individualization of social life are having direct implications to the status of elderly in family and their dignity. Lack of economic opportunities is a major reason for loss of dignity. Dignity may also have subjective and cultural variations. This is aspects needs to be keep in mind while framing policies and suggestions. Dignity should also be used as a tool to utilise the resources and ability of elderly which will bring qualitative changes in status and the feelings of the elder persons. Pseudo dignity is another dimension which we needs to be guard against. A shift of emphasis from institutional care to community care is critical not just to ensure an emotional well being but in offering dignified life.

RECOMMENDATIONS OF THE CONFERENCE

An adequate allocation should be made for elderly population. Besides separate allocation for elderly separate portion should be reserved under different segments (like health, infrastructure development etc.) to address special needs of the elderly in the respective areas. More research and enquiries are required in this field to generate concrete information that may help the policy makers and action groups to fix the immediate preferences. Universities and research institutions could be encouraged to take up projects related to issues of elderly.

Issues of elderly widows require special focus and special provisions should be made for them.

Community based care and scope for community interventions should be emphasised as institutional care is not a preferred option for many due to social and cultural reasons. The comfort and feeling of dignity is also affected in such institutional care context.

Vulnerability and challenges faced by elderly from different social groups like class, gender, rural, urban etc needs to be separately enlisted and programmes and provisions should be made accordingly

Participation of credible NGOs or community organisations can be invited to work along with government not just for care giving but in organizing various programmes which ensure an active and dignified life for people in later years. Some concrete models of action like

Nightingales Medical Trust, Bangalore or Heritage Hospitals, Hyderabad is worth mentioning in this occasion.

Old age homes should not be considered as a panacea for elder care. This does not implies a complete abandoning of this institution but a trend wherein old age homes are considered as a place to drop elderly to avoid the burden is actually aggravating the social tension and is blow to the dignity of the aged. This will only increase stigma or depression etc.

The community policing experiments undertaken in Kerala is worth mentioning. Especially in a society wherein there are large numbers of elderly living alone in houses. A close relationship with law enforcing agencies by elderly living alone is highly essential.

The violence against elderly are often under reported and police should be vigilant and should act pro-active in the cases of violence against elderly.

The judicial and criminal justice system also needs to be sensitive to the special needs of the elderly. The ambiance in court is not at all comfortable for elderly people. Adequate facilities should be ensured in court premises for elderly.

Our jails are still ill treating elderly convicts and this should be addressed and people at their late old age should not be kept in jail.

Government agencies or NGOGs can use the CSR funds set apart in mandatory terms under Govt. direction in India. This can be used as one of the potential source of mobilizing resource for elder care.

But governments should not give away their responsibility to demarcate resources for welfare of the people including elderly. The use of options like CSR should not be a reason for governments withdrawal from its responsibilities.

A comprehensive plan should be made in creating a Dementia Friendly Community (DFC). The model created in U.K in this regards should be carefully studies and a socially and culturally viable adaptation of the model could be think off in other societies.

A platform to bring together senior citizen forums, bureaucrats, politicians, planners and younger generation to interact each other for a better understanding of the issues and concerns of elderly could be created.

Elderly must be prepared to cope with the old age and adjustments to be made to fully enjoy the later years of life.

Social Care :

In communities opportunities to utilise the wisdom and experience of the aged can be created. Interaction with students or consultation with aged in the development activities in gramsabha could be some of the venues wherein this can be used.

Ensuring mental health and emotional security is very important. Venues for social and cultural gatherings should be made in communities which will be useful not just for aged but will help the community as a whole. Creating avenues for peer group gathering and intergenerational interaction and celebrations should also be encouraged and nurtured in society.

Festivals like Onam, Christmas Holly etc could be used as an avenue to organize special meetings of elderly. Possiblities of new age medias like Facebook, twitter, whatsapp could also be used for networking and sociation of elderly.

Media contents which portray elderly in an undignified way should be monitored and censored. Sensitisation programmes should be organized for media persons. Medias should be censored from propagating derogatory stereotypical images of elderly. At the same time socially committed celebrities could be invited to propagate positive images about elderly and to motivate society to take pro-active measures to its elderly.

A volunteer group should be nurtured with those who are interested to work in the areas of elderly. The organisations like National Service Scheme (NSS) can be used as a resource for the elder care. For eg. service of Medical students who are members of NSS (even otherwise) can be employed for elder care.

Elder people also needs to be sensitized how to cope with new situation and understand the situation of family members. They should be taught to self manage in possible matters and not to become so demanding. They also needs to be taught to engage with a young generation who are entirely different in values or orientations. A communication in both sides should be encouraged.

A culture which institutionalized abuse and violence against elderly needs to be checked. Service of media could be used for this.

Family counseling must be provided free of cost

Economic Security

Abandoning elderly after taking away their assets are found frequently. Safeguarding assets of the elderly and ensuring their right over assets till their death is highly essential.

Elderly are often preys of financial frauds. There should be some mechanisms that can safeguard elderly from such frauds.

The banking systems should be more pro-active to elderly's investments and special plans needs to be declared for them. The banking procedures and technologies should be more elderly friendly. Bank should make some arrangements to help the aged in banking affairs. Bank employees should also be vigilant while disbursing pension to the elderly to check fraud.

Some venues should be created where in old age can be considered as a second career opportunity. These avenues should be sensitive to the special needs of the old age.

Infrastructure and Spatial Planning

Infrastructure and public utilities should be made more elderly friendly. Technologies which can help elderly should be developed and disseminated. Roads, bus stations, railway stations, shops should be made more elderly friendly in its design and facilities.

Traffic points should be made more elderly friendly by being sensitive to the physical constraints of elderly. More time and assistance should be given to elderly to cross roads.

Some identification symbol can be think of on vehicles driven by elderly so that others on the road can take care of these vehicles.

Health and Wellbeing

Registration of elderly living alone should be made mandatory. Adequate care and attention should be given to such cases. Local Self Governments could be entrusted with responsibilities to take care registration and care of such elderly.

ASHA workers can be used an agent who connect the elderly with the local administrative units. The field data about the requirements and other details of elderly can be collected and maintained with the help of ASHA workers. But an additional payment should be given to ASHA workers for utilising their service for elder care. With a proper orientation ASHA workers could be made the watchdogs of the elder care.

Helpline numbers and care takers could be provided to elderly to help them in situations of urgency. Service of local police (including community police) can be used for this.

Instead of thinking about institutional mechanisms as the final solution for elder care a community care model should be nurtured. The family should be made responsible for looking after their elder members. The existing laws regarding this should be effectively implemented. At the same time misuse of existing Domestic Violence Act is needs to be closely studies and precautions should be taken.

Along with doctors paramedical staffs should also be trained to attend to the special needs of elderly.

More trained personnel in geriatric care should be developed as it is highly essential with the increasing number of elderly population in our society.

Studies shows that engagement with younger generation or new learning will reduce the risk of dementia, so avenues for such activities must be made.

To help elders with dementia set of codes and strategies should be developed and publicise it. For eg. Shirt printed with contact details could be given to the person affected with dementia.

Conclusion

Taking responsibility for the aged by the society is important in ensuring dignity for elderly. Institutional mechanisms are only partial solutions which cannot be considered as a permanent solution. Measures to de-stigmatise old age should be taken in economic, social and cultural realms. This can be achieved with the joint effort of government and non-government agencies along with the active support of the media. Any policy or planning should keep an elderly component in their respective plans. If society is not providing a quality life for our elders there is no point in having increased longevity.