

A Study on the Human Rights Violence against Elderly Person with Special Reference to Schedule Caste in Rural India

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Abstract: The Constitution prohibits discrimination on the basis of a person's age, race, sex, religion, place of birth, or social status and government authorities worked to enforce these provisions with varying degrees of success. Despite laws designed to prevent discrimination, social and cultural practices as well as other legislation had a profound discriminatory impact and discrimination against elderly, women, persons with disabilities, indigenous people, national, racial and ethnic minorities was a problem. In the present scenario although family ties in India are still living with their family members, the position of an increasing number of older persons is becoming vulnerable they cannot take it granted that their children will be able to look after them when they need care in the old age, keeping in view the longer life span which implies an extended period of dependency (Help Age India, 2002). It was argued that in Puducherry schedule caste rural elders have smaller number and narrower range of community based services available to support independent life. It is mostly because schedule caste population in Puducherry is characterized by young generation, eroding traditional family system and networks. Elderly in schedule caste areas have limited access to existing health care, social infrastructure and socioeconomic as well as environmental challenges. Also the dwellers of the schedule caste areas are basically are agriculture labours and engaged in informal sector where there is inadequate social security measure for the elderly. In Puducherry region there is no old age home facilities provide by Government of Puducherry. More over schedule caste people are illiterate and ignorant about any such policy and programmes that available for the social support of elderly. Therefore the present study will give an idea about impaired social support and improve for their health care and social security services for schedule caste elderly.

Keywords: Human Rights, Elderly, Schedule Caste, Rural

INTRODUCTION

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 (WHO) [1].

The present study focuses on to assess the Human Rights Violence against Elderly Person by their care givers and the characteristics of abusers and the abused in Puducherry

Old age is universal phenomenon. During the last few decades, particularly since the beginning of the present century have made the aged a socially more visible section of the population. Their roles are socially constructed. Ageing is usually considered to be a process rather than a sudden event. Elderly care has both qualitative and quantitative aspects where quantity refers to amount of time and quality refers to relationship or services [2]. The old age ailments like failing eyesight and hearing capacity, slow and faulty steps and declining energy make their life more

miserable with a feeling of unwanted and a sense of neglect, with the advancing age, when they lose many things including friends, spouse power, influence, income and health, they become intolerant, short-tempered and sentimental. As parents become old the roles are reverse and adult children become powerful and authoritative [3]. Family members normally give care for elderly people. Increasing longevity with attended disability in late life in contributing to a higher burden is experienced by caring family [4]. The natural and severity of the problems of the aged may differ from family to family, group to group and area to area.

EXPERIMENTAL

There have been many different types of abuse described under the general term 'abuse of older people' or 'elder abuse'. It can, however, be specifically defined as a 'pattern of behaviour by a person that results in physical or psychological harm to an older person' [5]. When referring to elder abuse, two broad types are distinguished: abuse and neglect. Abuse is commonly an act of commission, there is an active involvement or interaction on the part of the abuser. Neglect, by comparison, is used as a general label for acts of

omission, namely those with only a passive involvement of the abuser [5].

The human rights violence of older people can, in turn, take several different forms. These are: psychological, economic, physical and neglect. Psychological violence is the infliction of mental anguish. It includes actions which cause fear of violence, isolation or deprivation, feelings of shame, indignity and powerlessness. These actions include sexual harassment, name-calling and other forms of verbal assault, such as repeated threats and insults. It also includes actions that mean the older person, such as restriction of access to appropriate clothing, toileting or bathing, as well as actions that cause emotional distress by depriving older persons of the normal comforts of human existence, such as access to friendships and personal relationships, access to people who speak their own language, access to privacy and the right to be treated with respect.

Economic violence is the illegal or improper use of an older person's money, property or other assets by someone other than the owner. Examples of economic violence include misappropriation of money, valuables or property, forced changes to a will or other legal documents and denial of the right of access to, or control over, personal finances. Physical violence is the non-accidental use of physical force or coercion to inflict bodily harm. It includes assault, restricting of freedom, and sexual abuse. Neglect consists of the deprivation by a care giver of basic necessities, such as food, liquids, or medication, or services, especially services that are necessary for maintaining physical or mental health. Neglect may be active or passive. This distinction is needed to avoid some of the potential confusion between abuse and neglect [10].

It was argued that in Puducherry schedule caste elders have smaller number and narrower range of community based services available to support independent life. It is mostly because schedule caste population in Puducherry are characteristics by young generation, eroding traditional family system and networks, limited access to existing health and social infrastructure and socioeconomic and environmental challenges. Traditionally Indian society has looked after its elderly citizens through the family and community support system. The social and economic security of elder people bested in the hands of younger generation. Elderly care in the modern Indian context is recognized as a problem due to development like urbanization, modernization and migration which brought significance changes in the living arrangement of the elderly towards individualism [6] In the presents scenario although family ties in India are still living with their family members, the position of an increasing number of older persons is becoming vulnerable they cannot take it granted that their children will be able to look after them when they need care in the old age,

keeping in view the longer life span which implies an extended period of dependency[7].

There are many reasons why older people are facing violence. The most common include deteriorating family relationships, caregivers who have been abused themselves, social isolation, psychopathology of the abuser, and imbalance of power between abused and abuser. Caring for a sick, dependent elderly person is a challenge for even the most capable person. When caregivers to older people have little support from within the community they may suffer intolerable strain and this may lead to elder violence. Disturbed sleep and difficult behaviour often results in severe strain on the caregiver and may set the scene for violence. Many caregivers express feelings of frustration, despair, and worry and of not being cared for themselves. They often feel that the situation is beyond their control. Difficult situations are often compounded by strained family relationships where, for instance, a son or daughter feels a duty to care for a parent of whom they have never been particularly fond or who has treated them badly in the past. The abuser, of course, may be a spouse rather than a younger member of the family. The excessive personal use of alcohol or tranquillizing drugs by caregivers can have a disinheriting effect, which may lead to emotions being translated into physical actions. Physical abuse is the most commonly encountered form of elder abuse as it is the most easily recognized (WHO) [1].

As the twenty first century arrives, the growing security of older persons in India is very visible. With more older people living longer, the households are getting smaller and congested, causing stress in joint and extended families. Even where they are co residing marginalization, isolation and insecurity is felt among the older persons due to the generation gap and change in lifestyles. Increase in lifespan also results in chronic functional disabilities creating a need for assistance required by the older person to manage chores as simple as the activities of daily living. With the traditional system of the lady of the house looking after the older family members at home is slowly getting changed as the women at home are also participating in activities outside home and have their own career ambitions. There is growing realization among older persons that they are more often than not being perceived by their children as a burden.

RESULTS AND DISCUSSION

The present study has been carried out in the area Rural place of Puducherry covering there commune Nettapakkam, Manadipet and Bahoor. There are schedule caste villages were elderly are maximum residing. The dwellers of the areas are basically are agriculture labours and engaged in informal sector were there is no social security measure for the elderly. The area lacks basic amenities were employment an opportunity also lacking so it is seems that in some

cases the youngsters seems to in in-migrate leading to isolating condition of elderly. More over in cases the elderly are seen to reside with their younger generation. But somewhere they also are found to lack the social support and care to the maximum. The rural areas covered under the study do not have facilities to according good private hospitals were they only depend on Primary Health Centres during ill health. The Primary Health Centre also do not have special geriatric department for elderly. The facility of Government support for elderly like old age homes which are easily accessible to the urban elders. As mostly people in the rural areas are illiterate. They are ignorant of the elderly facilities provided by Government or Non-Government Organizations, policies and programmes that are particularly meant for elderly, leading them to wholly depend on there own generation for support. The first service of aid for them is family [8].

This present paper focuses on to understand the Human Rights Violence against elderly, to find out the family care giving level to elder with regard to physical, emotional and psychological and to examine elder violence in families. With a descriptive and explanatory design the present paper aims to describe the various issues faced by elders at their familial level. Taking a purposive sampling method, 256 respondents have been taken for this study.

FINDINGS

The socioeconomic profile of the respondents taken for the study shows that majority of the respondents (84.7 percent) are Hindus and remain respondents are Christian. All the respondents are schedule caste. Eight out of ten respondents (85 percent) have reported some health problems. Health problems are common for all especially in elderly people and the frequent problems are failing eyesight. Majority of the respondents' report (93.3 percent) health problems. A considerable proportion of son's (26.7 percent) bare the medical expenses of the elderly.

Discussions with female groups indicated that the middle income group listed "economic" problems on priority. The second female group from the upper middle class prioritized "mental health problems" focusing more on lack of work, lack of facilities for utilization of leisure time and a general feeling of loneliness "talking to walls". The problem here did not seem to be lack of money but lack of time by the "others" for the older persons. Second to economic problem came "lack of emotional support" from family members and both the groups felt that they felt a need to talk to their family who did not seem to have time for them The Words were many ranging from "neglect" from family, "experience of loneliness in everything", "a sense of insecurity" and feeling of "burden", and "old age itself was a disease" A glaring problem faced by the females group was older couple being asked to live separately when they had more than one child i.e.

the older woman to stay with one child and the man to stay with another – according to the convenience of their support in whatever housework /outside work they could contribute to Health problems however took a back seat coming in at the third position and linked with lack of mobility and economic problems. Lack of accommodation was also a "problem" identified by the older persons who had houses of their own and were not staying in apartments.

In the lower group, the problem of women surfaced as the next major issue wherein there was a general consensus was women were the worst sufferers with no income of their own and dependent on spouses for everything. They also tended to underplay their health problems for the sole reason of causing inconvenience to the other family members by way of escorting them to the doctor and/or spending money by way of consultation fee and medicines. They further voiced that if the women were widows, the situation was even worse because the finances then came from children for their welfare and it was the sole discretion of children to "decide whether she needed medical assistance or not" even if she said she did. This problem however did not get priority in the upper middle level group.

Economic Hardships became very prominent in the women of the lower socioeconomic group while the higher socio economic category put loneliness as the primary problem affecting the older persons today. The lower socio economic group felt that if the woman has money, she had power or else she had to be dependent on children for financial support and also "ill-treatment", humiliation and complete neglect from family members. This mental agony also led to various mental health problems some of which could not even be described.

The finding have been divided into two categories one is elder abuse in daily activities in family another is elder abuse in general in family.

As per the elderly treatment of cruelty that they face in their daily activities it has been found from the study like matters like eating, dressing, cooking and bathing where it is seen that majority of the respondents (68.3 percent) are unable to cook and majority (48.3 percent) respondents are opinion that during the time of illness the elders depend on others as their unable to take bath on their own. Majority of respondents (51.7 percent) are unable to eat during the time of illness and depend on others. More than half of the respondents (51.7 percent) are found to unable to dress themselves independently during the time of illness. The respondents opinion regarding the involvement of kin's in assisting the elderly for daily activities has been found that highest number of the respondents (30 percent) depend on their spouse help where as 23.3 percent depend on daughter-in-law. Son and daughter

seem to provide assistance where 21 percent on daughter and 8.3 percent depend on son.

Respondent's satisfaction with living condition shows that 65 percent of the respondents are not satisfied with the quality of food given to them, 68 percent of the respondents are not provided separate room for their dwelling. Again more than half (60 percent) of respondents get poor form of entertainment. Highest number of respondents (75 percent) are not satisfied with the physical support that the elderly getting from youngsters. It has been found that the respondents frequently support in all the activities from the son which is 26 percent, from the daughter-in-law 20 percent whereas 15 percent and 13 percent from daughter and spouse respectively.

Regarding elder neglecting in family, the study has found out that 85 percent of the respondents suffer from ill health with inadequate health care where majority (39 percent) suffer from TB and Eye problem. And they are not provided with proper treatment. More than half (66 percent) of respondents are found to be dissatisfied with the economic support provided to them. Highest number of respondents (66.7 percent) of the respondents shows a general dependent on family where 30 percent on food, cloth and shelter, 27 percent are services and security, 10 percent on economic, 7 percent on emotional care. Physical torture of respondent shows 89 percent of females face physical torture basically for economic reason. Verbal abuses by gender show female 83 percent are facing verbally abuse.

Elderly women are relatively less satisfied with the existing financial support. It may be probably due to the patriarchal nature and the importance given to males in the culture due to their previous earning potential etc. Six out of ten respondents (60 percent) are satisfied with love and affection extended to them by family member the remaining (40 percent) of respondents are not satisfied. A little above two fifth of respondents (46.7 percent) are unhappy with the kind of respect given to them by their grandchildren which is also an indication of the change taking place. A little more than one half of the respondents (55 percent) feels that their family members consider them as a burden while the remaining does not feel so. A considerable proportion of female respondents (20 percent) are restricted by family members especially not to go anywhere and to sit simply at home and some report that they are not expressed to open their mouth and speck.

A greater proportion of respondents (66 percent) state that their family members do not consult them while taking important decision in family, that distribution of shows that elderly women are getting less importance. Nearly two third respondents (63.3 percent) have a feeling of isolation by family members

and more females express such kind of feeling. Regarding the support extended by elderly to family members, a considerable proportion provide economic support, take care of grandchildren (14.5 percent) help in decision making (18.1 percent) and extend services support.

Perceptions of the contexts in which elder abuse occurs, and its perceived causes

Virtually the entire community in all the focus groups believed that lack of value system and negative attitude of the younger generation was the most obvious cause of "maltreatment" in the present day scenario. Lack of adequate housing leading to a lack of physical and emotional space or basic necessities, which make the older parent shift to one corner of the house, was also perceived as another major cause. Dependence of the older parent due to extreme physical and mental impairments, requiring a constant support of a caregiver. The "burden" was perceived both in the capacity of time and money. Caregivers became none caring or not caring enough for the older parents and subjecting them to neglect. Lack of adjustment from the side of older persons. This point was emphasized by majority of groups pointing to the fact the growing realization that, to survive, they shall have to adjust with the younger generation.

Perceptions of what abuse is and what are different kinds shows that on explaining different types of abuse through vignettes, there was a general uneasiness among the groups and a genuine attempt was made to evade the issue. On being forceful about the specific issues of physical abuse and seasonal abuse, the groups denied the existence of such happenings in the community. Verbal abuse seemed to exist however; the older people were not very vocal about it. There seemed to be some talk about "some daughters-in-law" speaking very rudely" to their old in-laws. No major details were provided but a glaring fact was of a woman who talked about "someone she knew" who was constantly called a "bloody bitch" by her daughter in law, even while crossing her bed, or wherever she used to be sitting. The narrator had tears in her eyes, and within a matter of a few minutes after this was frankly crying.

Economic exploitation was acknowledged, especially by way of dispossession of property. This seemed also to be linked to neglect where the children took over the property while the older parent was alive and then confined them/him to one corner of the house. Old parents staying separately became yet another perception of what maltreatment was. One parent was made to stay with one child while the other stayed with the other child. This adjustment was made as one child could not take the burden of looking after both the parents. There were also cases of "rotation" wherein the parents stayed with one child for a particular period of

time and then moved over to the other child to stay with him for the same period of time.

In women especially, by way of financial dependency and no access to money whenever they required especially for health problems and buying of medicines. Even among the health care workers, physical cases of violence were the only ones that got acknowledged as abuse but they did not report physical violence as being seen by them. They however, did acknowledge symptoms of mental illness and frank pathological mental illness in older men and women who reported to have “family problems”.

CONCLUSION

This study has identified that the various violence faced by elderly in middle class families. It is also observed, the existing family conditions, pressure an nuclear families, natural ageing problems of the elderly etc. compared the problem. The existing also sacrifices care giving problems and hence orientation and support to caregivers is also mandatory.

The significance of the study is to examine elder violence and family care of the elder people. The problem of caring for an elderly population is complex and there is no immediate and easy answer. The government also cannot solve this problem. The socio-economic conditions, the practical implications of the ageing population are fear-reaching. The number of aged people is increasing is absolute term within limited resources. The response to such study analyses the elder’s standard of living, analyzing family how to give care for the older people and the position of care in qualitative and qualitative. The older persons face a number of problems ranging from absence of ensured and sufficient to support themselves and their dependent. Care of older people is a growing concern of

every individual. Action on elder abuse is the mistreatment of an older people, which results is suffering and distress. The nature of violence can be physical, psychological, financial and sexual. These paper findings need to be scientifically utilized in development suitable programmers addressing the human rights violence against elderly in the country.

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