Elder abuse, depression, relationships and attachments: Determinants of mental health in later life.

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Abstract. The purpose of this research was to explore the issue of elder abuse and depression among older persons. In addition, relationship and attachment with relevant others, and its effect on positive mental health of older persons were also examined. Data was collected from 200 older persons living either with their families or in care homes for older persons. Schedules of social support, socialization, depression and elder abuse were used. Immediate support system, relationship with relevant others, mental health and abuse were assessed, using both quantitative and qualitative methods. The study revealed that depression was prevalent among both groups, with incidents of elder abuse least admitted by people living with their families. People living in care homes for older persons affirmed experiencing abuses of several types. Lack of social support and socialization were found to be the key factors behind abuse and depression.

Keywords: elder abuse, depression, India, mental health, attachments.

Introduction

Population ageing is a world phenomenon that is progressing fastest in the developing countries (United Nations Population Fund & HelpAge International, 2012). Although ageing is a clear indicator of advancements in health care, improved nutrition, better socio-economic and educational opportunities, it also has its unique challenges depending on the age, socio-economic status, health, and living arrangements to mention some (Siva Raju, 2002; Alam, 2006). Older people, through their socio-economic contribution, caregiving and passage of traditions and cultural values, are an asset for the society. Nevertheless, old age in itself can often be a very vulnerable phase. As the physical and emotional health in later life declines, the increasing dependency on the caregivers, results in older persons being exposed to the risk of being mistreated, neglected and abused. According to the World Health Organization (2002 : 126), "elder abuse is as an act of commission or of omission (neglect) that may be intentional or unintentional, and that may be of a physical nature, psychological (involving

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emotional or verbal aggression), financial or material, inflicting unnecessary suffering, injury or pain". Older persons who face abuse often live in silent desperation, denial and avoid seeking assistance. They do not want to speak about such experiences because it threatens to shatter the honour of the family and self or they are ashamed at being subjected to violence and exploitation by their own children, relatives and people from the community. Older persons might also fear further retaliation from their abusers. Many remain silent to protect abusive family members from the legal consequences of their crimes. It is a sensitive and a taboo subject. Thus, it may take the courage of a caring family member, friend or caregiver to take action when the victim may be reluctant. Several theories exist to understand various causes of elder abuse, ranging from situational theory, exchange theory, psychopathology (mental and emotional of caregiver), social learning theory, feminist theory, to political economic theory. The tapestry of theoretical viewpoints presents the complexity of the issue of elder abuse. It is difficult to identify the dominance of one factor over the other. The causes of elder abuse change with the socio-economic, cultural and political scenario. Therefore, elder abuse is contextual and cannot be generalized. In India, the older population (aged 60 years or above) accounted for 7.4 per cent of total population in 2001. For males it was marginally lower at 7.1 per cent, while for females it was 7.8 per cent. The old-age dependency ratio climbed from 10.9 per cent in 1961 to 13.1 per cent in 2001 for India as a whole. For females and males the value of the ratio was 13.8 per cent and 12.5 per cent in 2001 respectively.

Different types of elder abuse

Elder abuse can take place at the victims own home and is termed *domestic elder abuse*. It refers to a maltreatment of an older person by someone who has a special relationship with the elder (e.g. spouse, sibling, child, friend, daughter-in-law and caregiver). It can also take place at professional care settings and is termed as *institutional elder abuse***,** that is, abuse that occurs in care homes for older persons (e.g. nursing homes, foster homes, group homes, board and care facilities), wherein abusers are persons who have legal or contractual obligation to provide elder victims with care and protection (e.g. staff, professionals, paid caregivers). Elder abuse can take place in various different forms. Familiar types of elder abuse include (Callaghan, 1998; Nerenberg, 2000):

- Physical - e.g. hitting, pushing, slapping, punching, restraining, pinching, force-feeding;
- Psychological - e.g. verbal aggression, intimidation, threats, humiliation;
- Sexual - e.g. any kind of non-consensual sexual contact;
- Material - e.g. theft of cash or personal property, forced contracts, misuse of income;
- Violation of rights - e.g. deprivation of rights such as voting, assembly, speech, privacy;
- Medical - e.g. withholding medication or overmedicating;
- Abandonment - e.g. desertion of an older person for whom one has agreed to care for
- Neglect - e.g. failure to provide necessary physical or mental care of an older person;
- Self-neglect - behavior that threatens one's own health or safety.

According to the HelpAge India (2014), the most common form of abuse nationally experienced by older persons was disrespect (79 per cent) followed by verbal abuse (76 per cent) and neglect (69 per cent), and a disturbing (39 per cent) older persons faced beating or

slapping. Among the cities, Madurai in Tamil Nadu recorded the highest incidence of elder abuse (63 per cent) followed by Kanpur in Uttar Pradesh where (60 per cent) of older persons reported experiencing abuse. About 20 per cent of older persons faced abuse in the national capital (Delhi). Almost all cases of elder abuse go unreported in Jammu, Kashmir and Rajasthan. Among the cases of elder abuse, a shocking 16.19 per cent in Rajasthan, and 13.67 per cent in Andhra Pradesh faced beating or slapping. This report, more than focusing on the number of elders who chose to come out and speak about their trauma, revealed how an astonishing number of such cases goes unreported every year (ibid.). On the other hand, Bhatia who chose to come out in the open with 70 per cent of the respondents admitting that they were abused but did not report the matter.

Methodology

The purpose of this research study was to understand the prevalence and the probable causes of elder abuse in Delhi. An attempt was also made to find out the possible ways to overcome the vastly increasing problem of elder abuse in our society. Therefore, the objectives included (i) to explore the relationship between ages, marital status, education and living arrangement on elder abuse and (ii) to explore the causes of elder abuse among older people living in Delhi.

Sample. A total sample of100 older persons from the community and 100 older persons residing in care homes participated in the study. People aged 60 years and above were included from all socioeconomic classes. People below the age of 60 years, older persons who came to Delhi to spend holidays with their children at the time of data collection and non- permanent residents of Delhi, were excluded from the study.

Variables. Variables were selected on the basis of the review of available literature. Independent variables included age, gender, education, marital status, living arrangement, depression and social support. The dependent variable was elder abuse.

Design. The study consisted in a cross-sectional study assessing elder abuse among residents of Delhi. Out of the total sample of 200, 100 participants were randomly selected from the community in the central and north-west regions of Delhi. Ten care homes were selected at random from a list of care homes for older persons provided by HelpAge India. Hundred participants were randomly selected from the 10 care homes previously selected. Permission for data collection and informed consent was taken from the care homes and from all the participants. In-depth interviews were conducted with 20 older people depending upon the severity of elder abuse and willingness to respond. Prevalence rates of elder abuse was calculated using descriptive statistics using the 11.0 version of the Statistical Package for the Social Sciences. Factors were compared between groups using independent samples t-test, and one way ANOVA wherever applicable. A simple linear regression analysis was used to determine association between elder abuse scores and the variable being studied. The in-depth interviews were analyzed using thematic analysis.

Tools used. Personal information schedule was used to collect the demographic information from the participants of the research. It included information such as name, gender, age,

address, phone number, name and address of the old age home, duration of stay in old age home, marital status, living arrangement, financial status, occupation and education. A tailor-made social support schedule, geriatric depression scale (Yesavage et al. 1982), elder abuse screening test (Hwalek & Sengstock, 1986) and an inventory for general assessment of elder abuse were used to assess state of mental health, elder abuse and socialization.

Analysis and discussion

Gender. Respondents comprised 35 and 65 per cent male and females, respectively. 24.4 per cent of respondents were in the 60-65 age-bracket, 24.4 per cent were in the 66-71 age bracket, 13.4 per cent were in the 72-77 age bracket and 23.4 per cent were aged 78-plus. Whilst 21.5 and 13.5 per cent of males were living in the community and in care homes respectively, 28.5 and 36.5 per cent of females were living in the community and residential homes respectively.

Marital Status. The study revealed that the percentage of respondents who were married and widowed was 43.5 and 56.5 per cent respectively. The percentage of respondents who were married and widowed and living in care homes was found to be 11.5 and 38.5 per cent respectively. Moreover, it was also found that care homes included a higher number of widowed females than widowed males and older family couples. Amongst those living in the community, 43.5 per cent were married, 46 per cent were widowed, 5 per cent were single and 2.5 per cent were divorced. In the case of care homes, 11.5 per cent were married, 29 per cent were widowed, 10 per cent were single, and 6 per cent 'never married'.

Living arrangement. Amongst those living in the community, 8 per cent were living with spouse, 23 per cent were in joint family households and 15.5 per cent lived alone. As far as married couples were concerned, 11.5 lived in residential homes and 38.5 per cent of widowed older persons were living in care homes.

Dependency ratio. The study revealed that 58.5 per cent were economically dependent on others for their livelihood, 24 per cent were partially dependent, and 17.5 per cent were independent. It was also found that 2.5 per cent of dependents lived with spouse, 5.5 per cent lived in joint family households, while 5.5 per cent lived alone. Most respondents were financially reliant.

Education. As much as 18.5 per cent of respondents were illiterate, whilst 7 per cent had five years of schooling, 44 per cent had 10 years of schooling, 10.5 per cent had 12.5 years of schooling, and 7.5 per cent had 17 years of schooling. Results indicated that the education levels of respondents living in care homes for older persons were as follows: 14 per cent illiterates, 12 per cent had 5 years of schooling, 19.5 per cent had 10 years of schooling, two per cent had 12 years of schooling, six per cent had 15 years of schooling, and three per cent had 17 years of schooling. It therefore resulted that people with lower levels of education are at higher risk of taking residence in care homes for older people.

Table 1 reveals that females and widowed participants are at more risk of experiencing elder abuse than their male peers. The same is for persons living in care homes who reported higher levels of abuse.

Table 1: T-test comparison on the basis of gender, marital status and living arrangement

Variables	Male (N=70) Mean (SD)	Females (N=130) Mean (SD)	Married (N=87) Mean (SD)	Widowed (N=113) Mean (SD)	Community (N=100) Mean (SD)	Care homes (N=100) Mean (SD)
Social Support	44.62 (±7.65)	42.81 (± 8.82)	45.74 (±7.62)	41.68 (±8.67)**	42.98 (±8.57)	43.92 (±8.36)
Geriatric Depression Scale	19.35 (±3.25)	22.25 (±3.70)**	20.78 (±3.66)	21.59 (±3.89)	20.90 (±4.21)	21.58 (±3.33)
Elder Abuse	18.62 (±3.47)	20.18 (±3.71)**	18.83 (±3.06)	20.25 (±4.03)**	18.57 (±3.66)	20.71 (±3.43)**
General assessment of elder abuse	24.85 (±15.09)	25.02 (±15.59)	20.79 (±10.89)	28.17 (±17.47)**	19.37 (±8.51)	30.56 (±18.43)**

Notes: The variable marked (*) indicate that the result is statistically significant through one way ANOVA, Bonferroni Post Hoc test, with $p<0.5$, and (**) when $p<0.1$.

Marital status and gender is significant in the context of care in old age as those who are married seems to fare better in all economic and social aspects than those who are single. Table 1 shows that older females tend to be depressed and at higher risk of elder abuse when compared with their male peers. Similarly, widowed respondents tend to profess lesser levels of social support and at higher risk to experience elder abuse, especially in terms of frequent fractures, burn marks, and cuts. The feminization of widowhood tends to make older females highly vulnerable to elder abuse in Indian society and by 2050 the population of older women will exceed 18.4 million compared to the male older population (Chakrabarti & Sarkar, 2011; Prakash, 1997). Indeed, a major concern relates to the increasing proportion of older women, especially widows in the population. Two reasons are given for the marked gender disparity in widowhood in India, namely (i) longer life span of women compared to men, (ii) the general tendency for women to marry men older than themselves (Gulati & Irudaya, 1999). Besides, widowers are more likely to remarry and thus restore their earlier status but same is not true for female older persons. Remarriage of female widows is not encouraged in Indian society. Though the relationship between the well-being of older persons and their marital status cannot be spelt out precisely, any change in the marital status of older persons deserves careful examination (Chadha et al, 2006). Loss of spouse is a major calamity in old age and widows deserve suitable and adequate social safety nets irrespective of gender (Sharma, 2013). Designing policies to protect older females, particularly widows, should form a major welfare programme in the country. Table 2 shows further comparisons indicating that that social support was significantly high among the age group of 72-77 years, so that elder abuse was significantly higher among the age group of 66-71 years. Young-old people found it difficult to cope up with the circumstantial changes occurs after retirement from work. It is the challenging phase of the life-cycle during which they have to deal with loss of job, loss of partner, loss of health and status. These losses can be traumatic, leading to emotional and relationship conflicts (Carter & McGoldrick, 1980; United Nations, 1987), and thus, further vulnerability to abuse.

Table 2: T- test comparison on the basis of Age

Variables	60-65 (N=72) Mean (SD)	66-71 (N=51) Mean (SD)	72-77 (N=28) Mean (SD)	78 and above (N=49) Mean (SD)
Social Support	43.98 (±8.76)	41.20 (±8.84)	48.00 (±6.39)*	41.98 (±7.63)
Geriatric Depression Scale	21.93 (±3.74)	21.39 (±4.23)	20.17 (±2.86)	20.67 (±3.78)
Elder Abuse	19.33 (±3.54)	20.56 (±4.72)*	17.62 (±1.80)	20.24 (±3.04)
Hygiene	27.94 (±18.55)	29.66 (±18.05)	20.35 (±6.24)	18.32 (±4.03)*

Notes: The variable marked (*) indicate that the result is statistically significant through one way ANOVA, Bonferroni Post Hoc test, with p<0.5, and (**) when p<0.1.

Table 3 shows that the number of years of education was found to have an impact on the well-being of older persons. The results indicated that the longer the length of education, the higher is the social support. Depression and elder abuse was found to be high among the illiterate group. This could be attributed to the fact that higher education can equip a person with more knowledge and awareness of the life-cycle changes, the challenges and entitlements. Thus, education plays an important role in providing a vision to an individual to plan his/her life and decide on the way in which s/he wants to spend it. Some five or 10 years of education can only make him/her capable of understanding the basics to read and write> However, longer years of education opens the gateway to creativity and innovation to handle the challenges of life (Sharma, 2014).

Table 3: T-test comparison on the basis of level of education

Variables	Illiterate (N=37) Mean (SD)	5 years of schooling (N=14) Mean (SD)	10 years of schooling (N=88) Mean (SD)	12 years of schooling (N=21) Mean (SD)	15 years of schooling (N=25) Mean (SD)	17 years of schooling (N=15) Mean (SD)
Social Support	38.00 (±5.78)	46.28 (±6.15)	45.37 (±8.70)	39.57 (±12.14)	44.48 (±5.30)	46.66 (±4.67)*
Geriatric Depression Scale	23.83 (±4.03)*	21.50 (±2.27)	20.75 (±3.58)	21.80 (±4.21)	20.56 (±3.29)	17.80 (±1.37)
Elder Abuse	21.35 (±4.44)*	21.14 (±2.65)	18.97 (±2.90)	20.38 (±4.96)	20.08 (±3.61)	16.13 (±0.35)
Hygiene	20.93 (±7.50)	24.78 (±6.87)	22.27 (±15.05)	21.85 (±8.87)	36.60 (±20.00)*	35.73 (±22.33)

Notes: The variable marked (*) indicate that the result is statistically significant through one way ANOVA, Bonferroni Post Hoc test, with p<0.5, and (**) when p<0.1.

Further analysis, as shown in Table 4, indicates that older people living alone had high depression and elder abuse. In addition, older persons who lived in care homes for older persons reported being abused as well. The term 'living arrangement' is used to refer to one's

household structure (Palloni, 2001). Irudaya, Mishra, & Sharma (1995) explained living arrangements in terms of the type of family in which older persons live, the headship they enjoy, the place they stay in and the people they stay with. The kind of relationship they maintain in living arrangements, family structure and mode of retirement affect older persons (D'Souza, 1989), influencing psychological wellbeing, depression, leisure time activity and life style. People who live in families, as compared to care homes for older people, were found to be more active when compared with those living alone (Sharma, 2014).

Table 4: T-test comparison on the basis of living arrangement

Variables	Spouse (N=16) Mean (SD)	Joint family (N=46) Mean (SD)	Alone (N=31) Mean (SD)	Care homes (N=107) Mean (SD)
Social Support	43.00 (±7.41)	44.87 (±8.29)	39.96 (±9.54)	43.91 (±8.18)
Geriatric Depression Scale	21.25 (±4.07)	20.86 (±4.06)	21.70 (±4.54)	21.26 (±3.44)
Elder Abuse	17.18 (±1.42)	18.15 (±2.82)	20.22 (±5.14)	20.47 (±3.44)*
Hygiene	15.50 (±0.89)	18.71 (±9.99)	21.87 (±8.52)	29.96 (±17.96)*

Notes: The variable marked (*) indicate that the result is statistically significant through one way ANOVA, Bonferroni Post Hoc test, with $p<0.5$, and (**) when $p<0.1$.

There exist several living patterns for older persons such as living with the spouse, living with children and living in care homes for older persons. Living alone or with the spouse is the most stable living arrangement for people who are not too old yet, whereas for the oldest-old, living with a child or grandchild is the most stable arrangement (Wilmoth, 1998). Researchers have put a lot of effort to investigate the determinants leading to a specific living arrangement. Living arrangements are influenced by a variety of factors including the number and availability of children and other relatives, kinship patterns of society, location of household, marital status, financial status, availability of services and physical and mental well-being of older persons (Kan, et al, 2001; Schafer, 1999). Attitude towards and perception about the living place is another important component that decides where they should live (Chen, 1998).

In Indian society, parents are majorly the responsibility of their son and not the daughter. Therefore, the sole responsibility of taking care of parents comes onto the shoulders of son and daughter-in-law (Jamuna, 1995). If they have loving bonds, then life becomes easier for the dependent parent. There is social stigma in Indian society against disclosing the internal family matters in public. That is why most of the time children take their parents for granted because they know that they will not say anything wrong about them in front of others. The changes in the traditional Indian norms related to the living arrangements and family constitution, wherein, older persons live with their children, specifically the son, has had an impact on the well-being of older persons. There is a general trend towards living in nuclear

families, whereby children live far away due to studies, work and personal preferences (Palloni, 2001). Besides living arrangements, housing conditions of older persons are a prominent research area, as everyday environment has a direct impact on the well-being of individuals (Knodel & Auh, 2002; Gaymu, 2003).

As can be seen in Table 5, older persons who were more dependent on others for their financial needs had low social support system and high prevalence of elder abuse. Siva Raju (2011) reported that since a major percentage of workforce in India is employed in an unorganised sector, most often than not, older people do not get the benefits of retirement in terms of a reasonable pension. As a result, in later life persons become increasingly dependent and poor, relying mostly on the support from their children. The situation can be harder for women due to higher life expectancy and cultural dependency on men (Chadha et al, 2006). Similar results were found in a Ministry of Statistics Report published by the National Sample Survey Organization in its 52nd round (July 1995-June 1996) (Government of India, 1998). According to this survey, the most vulnerable group consists of older females in urban areas; 64 per cent of them are dependent on others for food, clothing and health care.

Table 5: T-test comparison on the basis of financial dependency

Variables	Dependent (N=117) Mean (SD)	Partially dependent (N=48) Mean (SD)	Independent (N=35) Mean (SD)
So Support	42.64(±8.69)	41.52(±7.22)	48.80(±7.22)*
Depression	21.69(±3.75)	21.60(±3.90)	19.22(±3.25)
Elder Abuse	20.58(±3.74)*	19.35(±3.66)	16.85(±1.61)
Hygiene	27.10(±15.85)*	20.16(±11.18)	24.40(±17.47)

Notes: The variable marked (*) indicate that the result is statistically significant through one way ANOVA, Bonferroni Post Hoc test, with $p<0.5$, and (**) when $p<0.1$.

Linear regression analysis showed that social support is highly correlated with living arrangement (0.41), then financial condition (0.30) and then marital status (0.23) (Table 6). Depression is correlated with marital status (r=0.51), living arrangement (r=0.46), age (r= 0.44), education (r= 0.41) and gender (r=36). Results as shown in table 6 indicate that elder abuse is correlated with Financial dependence (r=0.36), Living arrangement (r=0.31), education (r=0.25). General assessment of elder abuse is correlated with living arrangement (r=0.35), Social profile (r=0.35), education (r=0.29).

Table 6: Regression: Dependent variable - Elder abuse

	R	R Square	Sig.
GDS	0.62	0.39	.00
Living arrangement	0.69	0.47	.00
Hygiene	0.71	0.51	.00
Age	0.73	0.54	.00
Financial Dependence	0.75	0.56	.00

Care homes

Out of the total list of 12 care homes obtained from the HelpAge India, most had adequate open spaces and staff quarters. Nearly half had a common room or dining hall and a medical room. Only two out of the entire list had a library and three had appropriate facilities for older persons with special needs. None of the care homes for older persons employed professionals like a yoga instructor, a counsellor, social worker, psychiatrist or a dietician. It is also important to note that there was a lack of recreational activities and essential professional support that could have a positive impact on the physical and mental well-being of older persons living in the care homes.

In order to develop a deeper understanding of the situation and experiences of older persons and to add richness to the data elicited, the themes obtained during the in-depth interviews are discussed in the following paragraphs. The purpose of the interviews was to explore the dynamics in later life and what leads to the decision of moving into an old age home. The study revealed that there are various socio-economic, cultural and situational factors which can influence older persons' decision to choose to live in an old age home. It was found that some of older persons chose to live in a care home because they had no children to rely on as they grew older and hence needed more support. In some cases, parents had only a daughter. Traditionally it is not appropriate to seek help and/or to live with a daughter. It was found that even if the daughter is caring, she is sometimes unable to stand for her parents as she succumbs to pressures and expectations of her in-laws and society at large in a patriarchal society. Other prominent reasons include property rows amongst family members and as a result older persons were left homeless. An ever increasing problem in the metropolitans today is the lack of space and tiny accommodations (Scommengna, 2012). Older persons are almost forced and sometimes choose to live in an old age home in order to get some personal space because of inadequate living space in their home or in their children's home. Some other reasons that emerged from the study were constant arguments between couples or between older persons and their family due to differences in expectations, attitudes and inability to adjust. However, some chose to maintain confidentiality and not discuss family matters. When asked about abuse, it was revealed that in most cases the perpetrators of abuse were mainly their son and/or daughter-in law (HelpAge India, 2014). The abuse could be intentional or unintentional.

It was also found that many older persons considered themselves responsible for having been abused by others. They felt that they had no capacity or skill to deal with or protect themselves from any form of abuse. A majority of them were unaware of any socio-legal help that was available and laws that could protect them. Only 14 per cent were aware of Maintenance and welfare of parents and senior citizens act 2007, a recent law introduced by the Union Cabinet in India aimed at serving older persons to maintain self-respect and live in peace. It includes provisions to guard India's senior citizens and it also would specifically include the State's role in taking care of them. The Bill also places a legal responsibility on children and relatives to maintain the senior citizen or parent in order to facilitate a good quality of life for older persons. This obligation applies to all Indian citizens, including those who live abroad. The offspring and relatives of seniors will be required to provide sufficient support for senior

citizens. This bill is a ray of hope for many senior citizens because in a country like India which has approximately 100 million populations of older people at present, institutionalization is not the answer to provide care and support to senior citizens. The mindset of senior citizens is such that they want to spend their old age in their home with their family and feel happy with them in all situations. In this context, the best solution for the wellbeing of senior citizens is that family should understand its role and responsibility towards older relatives by providing them love and care. Care homes become the option for senior citizens when no other option is left to them. They miss their grandchildren more than their children, becoming emotional in the memories of time they spent with their grandchildren.

The study revealed also, that depression is high among females. This is not related to increase in age and can effect a person in his/her 60s, 70s, 80s and 90s. Depression was found to be directly correlated with education levels, the higher the education level, the lower depression frequency. The data also indicated that depression was high among dependent people and among those living alone. Elder abuse was found to be high among females and the widowed. The study also elicited that abuse is experienced more by people living alone and by those residing in care homes, other than by older persons still living in the community with family (Sharma & Chadha, 2006). Incidences of abuse increases with age and decreases with education and independence. Increasingly, as a result of abuse, more number of people taking up residence in care homes (Government of India, 2007).

Conclusion

It was found that a combination of individual, relational, community and culture based factors are responsible for occurrence and prevention of elder abuse. Old age is considered as an age for practicing nirvana. In Indian culture, it is supposed that an older person has lived his/her life, fulfilled all his/her duties and responsibilities and learnt a lot through life experiences. During this period, one was mostly busy with family responsibilities, friends and society at large. Old age is the time when one should move towards self-exploration, that which Maslow (1943, 1954) and many humanists called self-actualization. According to Indian mythology (Kriyananda, 1998; Rama, 1985), at this age, a person enters in *Vanaprastha Ashram* where one devotes most of one's energy and time in actualizing one's own potential, whilst trying to strengthen the pre-existing bond between the self and the Almighty. Therefore, in Indian society, older persons' needs and concerns are mostly ignored due to placing too much faith in wisdom of older persons themselves and in the beliefs of their sacrificing nature. That is, they do not need anything and are satisfied with whatever they have. It is believed that in old age people should limit their needs, wishes and desires as these limitations will bring about more life satisfaction and furthermore facilitates the connection with God (Kriyananda, 1998). Another reason for neglecting older people in the society is the excessive belief in the traditional family system, a belief which has been followed thousands of years in Indian society. Family is considered to be the largest institution or the sole main provider of older parents (Chadha & Sharma, 2006). As per traditional Indian value system, those who get the opportunity to take care of older parents are considered to be fortunate because they will be fulfilling *seva* (serve). It is believed that this will make up for their sins and holy deed and good karmas are added in their fortune, which will further help when faced with critical

situations throughout their life. Therefore, it is presumed by the society, that the care of older parents and grandparents is the sole responsibility of the family (Sharma & Chadha, 2006). It is considered shameful if the family fails to support its ageing members and the state has to intervene.

Lack of knowledge and information about one's rights, poor coping skills, emotional and psychological problems, financial dependence (of the older person on the caregiver and vice versa), inability to adapt, lack of social and formal support for older persons and sometimes for the caregivers as well, along with the cultural and traditional expectations, negative beliefs attached to ageing and a culture whereby people choose to silently endure suffering can all contribute to the prevalence of elder abuse (Irudya, Mishra, & Sarma, 1999). In addition, informal and formal caregivers, might benefit from specialized training regarding the needs of older persons. Untrained and unprepared caregivers, whether informal or formal, might feel overwhelmed. They may experience burnouts which in turn, would have negative impact on the vulnerable older persons being cared for. Therefore, having strong and secure relationships and attachments can help older persons to have good quality of life during later life. This is particularly true in the Indian context where the family system is considered as the primary source of support and care. A change in the attitude towards ageing in the wider population could be the key towards a smooth transition between the different phases of the life cycle. Ageing should be viewed as growing mature and wiser rather than a liability. This could be attained through regular sessions of moral education in schools, intergenerational programmes to sensitize young children and help them appreciate older people as a resource in their lives and in the society at large. Furthermore, stringent laws against elder abuse and prompt police intervention would facilitate protection of older persons from abuse in old age.

Policy recommendations and limitations

Contingent upon the results and analysis of data emerging from this research study, it arises that the following ten policy recommendations are highly warranted: (i) there should be special wards for treating older persons in general hospitals throughout the country; (ii) the health status of older persons is very poor in India therefore some definite health intervention measures are necessary to cater for specific diseases associated with old age - there is a need for the establishment of special geriatric wards within public sector health facilities and concessions in private hospitals through identity cards for poor older persons; (iii) most of India's older persons are economically dependent thus the cost of treatment is often a burden on the household - this results in many older persons ignoring their ailments until it becomes chronic and acute; hence, there is a great need for an appropriate insurance for older persons to meet their medical expenses; (iv) a greater coordination among agencies that work for older persons is needed to attain high efficacy; (v) trained professionals to support the needs of older persons should be available at the care homes, not only for the benefit of the social-psychological needs of older persons, but also to give support to the caregivers; (vi) training centres should offer courses to adult illiterate women so as to help them to join the skilled workforce if they wish; (vii) Awareness and education to all on the cultural mentality on remarriage of widowed women - a national campaign regarding this awareness should be promoted also by the media; (viii) a policy should be drafted and implemented by the

government to allow people into the work environment after retirement, if they wish to do so; (ix) educational programmes for all ages and awareness through the media on a national level should be embarked upon in order to change the traditional reserved and egoist images of males in an Indian society; and (x), awareness among the young generation to pursue higher education since this is positively correlated with independence and good psychological health.

Limitations of the research study included the fact that quantitative measurement does not help much in tapping elder abuse. Moreover, qualitative analysis is required on a larger sample size, and that separate investigations should be done on families recently migrated (10 years or less) from rural areas to Delhi and family settled in Delhi for the past 50-60 years.

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