

# Development, Elder Abuse and Quality of Life: Older women in Urban India

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**Abstract.** Often, 'development' is simplistically equated to economic growth, however, philosophically it has a deeper meaning that points towards improvement of humankind. The implicit meaning entailed in 'improvement of mankind' is 'increasing the lifespan' as well as 'quality of life' of people. With economic development and technological advancements, life expectancy at birth in India has almost doubled in the last five decades and continues to increase. However, with the changing socio-cultural context and weakening inter-generational bonds, the value system of filial piety is rapidly fading. These changes have led to increased incidence of elder abuse and neglect, especially within the family, that adversely affects the quality of lives of older persons, more so, for older women. Older women are more vulnerable due to inadequate access to resources, and dependence on their spouse and family to meet their basic needs during their life course. This paper highlights the types of abuse experienced by older women in an urban context in India, and its influence on various dimensions and overall quality of their life. The data from a cross-sectional survey conducted in suburbs of Mumbai, India, has been used to meet the objectives of this study in addition to review from other empirical studies in Indian context. The findings show a high incidence of elder abuse and family members being the main perpetrators. Elder abuse had a significantly negative impact on all dimensions of quality of life of older women reflecting an urgent need for change in social attitude coupled with policy and programmatic interventions.

**Keywords:** elder abuse, quality of life, older women in India, physical and psychological health of older women, development and ageing.

## Introduction

Development is a highly contested concept and there are various perspectives of conceptualising 'development' which depend on the context in which it is being studied. Officially, 'development' is understood as economic growth, whereas philosophically it is

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understood as the improvement of humankind (McMichael, 2012). So, we can say that the pursuit of economic development is 'improvement of humankind' - that is, to improve the life of humans, more specifically their longevity, and the quality of their life.

In India, the life expectancy at birth has almost doubled in the last six decades - that is, the post-independence period - suggesting that there has been a substantial increase in the life span of population in the country (Ministry of Statistics and Programme Implementation, 2016). This improvement in life expectancy at birth can be attributed to the developments in science and technology which led to significant improvements in the field of medicine, health and nutrition of the population. These developments have consequently led to a rapid increase in the proportion of older population in India, in the last two decades. The Indian society, like various other Asian societies, is undergoing transition. The joint family system is withering due to rapid urbanisation, changing socio-cultural contexts and weakening of intergenerational bonds (Siva Raju, 2011a). Due to these changes in the socio-cultural contexts and the changing institution of 'family', the situation of older persons that was imagined to be safer and secure considering the value system of filial piety, is also changing rapidly.

The size of the older population, i.e. persons above the age of 60 years, in India is over 100 million (Census of India, 2011), which is projected to triple between 2011 and 2050 to over 323 million older persons (United Nations, 2015). This demographic transition and the increasing life expectancy coupled with changing socio-cultural contexts especially the institution of family, has economic and social implications. The majority of older persons are being marginalized from mainstream life (nuclear family, migration of the young to towns and cities, acceptance of small family norm), becoming dependent (as their living and health costs are to be met for an extended time) are increasingly seen as burdensome by the younger population (Rajan, 2006; Siva Raju, 2011, Bhat & Dhruvarajan, 2001). The differing values and attitudes among the young due to socio-cultural change, embracing of liberal values (individualism, increased entry of women into paid employment), lowered filial obligation (seeking independence among the young and older persons) and expectations of care of older persons from their children is contributing to the likelihood of neglect and abuse toward the older persons. Women are more commonly victims of almost every type of abuse than men, and people aged 80 years and above are at greatest risk for neglect. Neglect is more commonly perpetrated by women, being caregivers, but men are more often responsible for all other types of abuse (Siva Raju, 2013; Hoban & Kearney, 2000).

### **Elder Abuse**

Elder Abuse is a problem that exists in both developing and developed countries, and yet, it goes seriously underreported. One of the way to define 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. Elder abuse can take various forms such as physical, psychological or emotional, verbal, sexual and financial abuse. It can also be the result of intentional or unintentional neglect" (World Health Organization, 2016). Although the extent of elder abuse is unknown, its social and moral

significance is obvious. Estimates of its prevalence rates exist only in selected developed countries - ranging from 1 per cent to 10 per cent (WHO, 2008) and in India, the prevalence of elder abuse is 11.4 per cent with wide differentials across states which ranges between 1.8 per cent in Tamil Nadu and as high as 35 per cent in Maharashtra (United Nations Population Fund, 2012). With demographic transition coupled with changing cultural and social values in India, the abuse and neglect of the older people in the family context is emerging as a significant social as well as public health concern which is affecting the overall quality of the older people.

The issue of abuse and neglect of older people especially older women in India, is still under recognized and insufficiently acknowledged, though recent empirical evidence clearly suggests that a very high proportion of older people especially older women experience abuse and neglect. In India, about one-third (31 per cent) of urban older persons have experienced abuse and one-fourth of older persons face abuse daily. Frequency and duration of experiencing abuse is higher amongst older women as compared to older men (Helpage India, 2012). Another study revealed that more than one-third of older people from Maharashtra, India reported to experience abuse (United Nations Population Fund, 2012) and 30.2 per cent older women living in urban regions of Maharashtra reported experience of abuse after age of 60 years.

Elder Abuse holds serious consequences for the elder longevity, shorter life spans, higher risk of death as compare to those who have not been mistreated (Schroeder, 2013). In addition, older persons who experience, physical abuse suffer more psychological and other health problems - such as depression, history of depression/suicide attempts - and other overall health problems (Gupta, 2015). Victimized persons are also put at a higher risk for additional disability and recurrent abuse (Anisko, 2009). It has been identified that domestic violence is the most common form of abuse against older women, and many women who suffer at the hands of their partners when they are young continue to be abused in their old age (Kaur & Garg, 2008).

Due to rapid feminisation of ageing, and given the vulnerability of older women, it is important to understand the extent, forms of abuse experienced by older women and its impact on their quality of life.

### **Objectives and Methodology**

The main objective of this paper is to explore the incidence and forms of abuse experienced by older women and elicit its influence on the quality of life and wellbeing of older women in India. The paper also attempts to throw light on research, policy and programmatic implications of abuse experienced by older women in India.

This study drew data from a cross-sectional survey conducted in suburbs of Mumbai (Gupta, 2014) to understand quality of life of older women across different socio-economic class groups in addition to critical analysis of empirical evidences from India. In this survey, a sample of 450 older women (60 years and above) was drawn randomly using

disproportionate stratified sampling from three socio-economic classes - that is, poor, middle-income-group (MIG), and well-to-do (WTD) - based on housing criteria. Information about the socio-demographic and economic characteristics was obtained using a questionnaire designed for this study. The WHOQOL-BREF (World Health Organization, 1996) and WHOQOL-OLD (ibid., 2006) were used to assess their quality of life (QOL).

Bi-variate analysis was performed to present the distribution of older women experiencing abuse by various background characteristics. In addition, independent-sample t-tests, was performed to explain the significance of differentials in quality of life and its dimension among older women who reported to have experience abuse and older women who have never experienced abuse. A few quotes from the interviews have also been presented to illustrate life situations of older women as described by them.

In this study, all the research participants were asked if they have experienced any abuse (or neglect), since they grew old (since they turned 60 years). Further information about the forms of abuse and if they experienced abuse since one month from survey was collected from respondents who reported to have ever-faced abuse. Older women, who have faced abuse, were probed to get details on their relationship with perpetrator and if they experienced any health problems due to abuse. As it was a sensitive question, proper care was taken to be polite and sensitive to responses from the respondents. Abuse was operationalized as any neglect, disrespect or violence faced by older persons in any form or intensity. As in most of the quantitative studies on abuse faced by older persons, a similar phenomenon of underreporting of experience of abuse and neglect was observed in this study as well.

## **Findings and discussion**

### *Socio-demographic characteristics*

The average age of older women was 67 years and there was no significant difference in age of respondents by class. Over half of total older women (50.9 per cent) were widows. Older women from poor strata (61.3 per cent) were more likely to be widowed. Almost half of the total older women (46.4 per cent) had no formal education. Almost all (94 per cent) of the older women from poor group had no formal education. A little over a quarter (28.7 per cent) from MIG & about a fifth (16.7 per cent) of older women from well-to-do class, had no formal education. Although, almost half (50.9 per cent) of the respondents migrated from Mumbai, it was observed that majority (54.0 per cent) of respondents from poor strata migrated from rural areas of Maharashtra due to drought in their respective villages during 1970s, while respondents from upper strata migrated from Mumbai as this place offered them better living conditions.

On exploring the living space of older women it was observed that a majority of older women (78.0 per cent) from poor strata did not have a separate living space for themselves while in upper strata a majority (88 per cent in WTD and 61 per cent in MIG) of respondents had a separate room for themselves. About half of the respondents had participated in work

force. However, on disaggregating the data by class, it was observed that a majority of respondents from poor class (80.7 per cent) a little over one-third respondents (38.0 per cent) from MIG and over a quarter of respondents (28.7 per cent) from WTD had ever worked. About half of the respondents (49.6 per cent) had no income - hence were dependent of their family members for economic needs. The mean monthly income of older women (and spouse) from poor, MIG and well-to-do class, who reported to have some source of income, was about Rs. 4,302, Rs. 8,568 and Rs. 15,287 respectively.

### *Experience of abuse*

Table 1 shows that more than one in five older women (22.0 per cent) reported to have faced some form of abuse, which varied in intensity and forms. Over one-third of respondents from poorer strata (36.0 per cent) reported that they have faced abuse. A majority of the respondents who have faced abuse since they turned 60 years also reported to have faced it in last one month - that is 19.3 per cent of the total respondents from the survey, reported to have faced abuse in last one month. This suggests a high frequency of elder abuse and its consistent infliction. On disaggregating this data by economic class, it was observed that more than one-third of older women from poor class followed by one-fifth (20.7 percent) of older women from MIG and less than one-tenth (9.3 percent) of older women from WTD class. There is a significant relationship between the experience of abuse and the social class of older women ( $p < 0.001$ ). Older women from poor class reported significantly higher incidence of experience of abuse and this reduces as the socio economic status of older women improves. The reporting of abuse experienced by older women is quiet similar to the findings from Helpage India survey in Mumbai (Helpage India, 2012). Though abuse is mostly underreported, the reported fraction is clearly indicative of the ongoing violations faced by older women in urban settings across all economic classes.

**Table 1: Percentage distribution of older women experiencing abuse by economic class and background characteristics**

Background Characteristic	POOR	MIG	WTD	TOTAL
Age <sup>ns</sup>				
60-69 yrs	34.7	21.0	7.8	21.0
70 to 74 yrs	38.7	20.8	8.7	24.4
75 yrs and above	38.1	19.2	16.0	23.6
$\chi^2 (2, 450) = 0.537, p < 0.765$				
Caste***				
SC	40.3	20.8	0.0	35.3
ST	42.1	0.0	0.0	40.0

Background Characteristic	POOR	MIG	WTD	TOTAL
OBC	20.0	14.3	11.1	14.3
No Caste	28.6	22.1	9.3	17.1
$\chi^2 (4, 450) = 20.115, p < 0.001$				
<b>Marital Status <sup>n.s</sup></b>				
Currently Married	35.7	20.3	7.1	19.0
Others (widowed, deserted, never married)	36.2	21.0	12.3	24.6
$\chi^2 (1, 450) = 0.172, p = 0.097$				
<b>Educational Status<sup>***</sup></b>				
No education	37.6	16.3	4.0	29.2
Up to primary	14.3	25.0	28.0	25.0
Secondary /HSC	–	21.2	9.0	14.8
Graduation/PG	–	20.0	0.0	2.6
$\chi^2 (3, 450) = 19.016, p < 0.001$				
<b>Living Arrangement <sup>ns</sup></b>				
Living Alone	37.5	33.3	22.2	30.4
With Spouse	62.5	9.1	3.8	15.6
children or others	35.2	17.6	9.4	22.1
With Spouse and children	32.6	27.1	9.8	22.5
$\chi^2 (3, 450) = 2.067, p < 0.559$				
<b>TOTAL</b>	<b>36.0</b>	<b>20.7</b>	<b>9.3</b>	<b>22.0</b>
$\chi^2 (2, 450) = 31.31, p < 0.001$				
Experienced abuse in last ONE mth	56.3	31.0	12.6	19.3
Health problems due to abuse	57.1	44.4	63.6	54.0

Note: n.s. indicates not significant, \*\*\* indicates  $p < 0.001$

Caste is a vital component of socio-cultural context in India that determines the quality of life of people. The 'scheduled castes' (SCs) and 'scheduled tribes' (STs) and 'other backward

classes' (OBCs) are various officially designated groups of historically disadvantaged indigenous people in India. These terms are recognised in the Constitution of India and the various groups are designated in one or other of the categories. The rest were classified under open/no caste category (Karade, 2008). Two-fifth of the older women belonging to schedule tribes (ST) and more than one-third belonging to schedule caste (SC) reported experience of abuse, while less than one in six older women reported abuse in other backward classes (OBC) and those belonging to general caste. Lesser proportion (19 per cent) of currently married older women, tend to experience abuse as compared to those who were widowed/deserted or others (25 per cent), however this difference is not statistically significant. Older women who were illiterate were more likely to experience abuse and the likelihood of experiencing abuse reduced with improvement in educational status of older women, as less than 3 per cent of those who had completed graduation or higher studies, reported abuse as while one-third of those who had no formal education experienced abuse. These differentials in the experience of abuse and level of education were statistically significant ( $p < 0.001$ ). Living arrangement had no significant impact on the experience of abuse by older women, however, some differentials were observed. One-third of those who were living alone reported experience of abuse as compared to about 15 per cent reporting abuse if they were living with their spouse. However, there were significant class differentials with highest proportion (62.5 per cent) of older women from poor class living with spouse only reporting the abuse.

### **Forms of abuse**

Table 2 depicts that most of the respondents, (66.7 per cent) who reported experiencing abuse in last one month, experienced emotional abuse and about a quarter of total respondents (26.4 per cent) faced both physical as well as emotional abuse.

**Table 2: Per cent distribution of respondents according to class and type of abuse experienced in last one month**

Type of abuse experienced	Poor	MIG	Well-to-do	Total
Emotional abuse	65.3	74.1	54.5	66.7
Physical abuse	2.0	18.5	0.0	6.9
Both physical and emotional abuse	32.7	7.4	45.5	26.4

Very few respondents (6.9 per cent) who reported to have faced abuse in last one month reported experience of only physical abuse. About one-third (32.7 per cent) of older women from poor class reported to face both physical and emotional abuse. It is worth mentioning, that though the total proportion of older women from well-to-do class reporting abuse is lowest, the proportion of those facing both physical and emotional abuse is high (45.5 per

cent). Most of the respondents (74.1 per cent), who experienced any abuse in one month prior to survey, from MIG reported to experience emotional abuse.

The data clearly suggests that emotional abuse of older women is rampant across all class, in addition, a high proportion of older women from poor class as well as well-to-do reported experience of both emotional and physical abuse. On further exploration about the various forms of abuse faced by older persons, table 3 shows that a majority (80.5 per cent) of respondents experiencing abuse reported to face verbal abuse, over two-fifth (41.4 per cent) reported physical abuse, more than half (56.3 per cent, 55.2 per cent, 54.0 per cent) reported economic abuse, facing disrespect and neglect respectively. The majority of the respondents reporting experience of abuse reported to have faced multiple forms of abuse.

**Table 3: Per cent distribution of respondents who experience abuse, according to form of abuse reported in last one month of survey**

Form of abuse	Poor	MIG	Well-to-do	Total
Physical abuse	46.7	27.6	53.8	41.4
Verbal abuse	84.4	72.4	84.6	80.5
Economic abuse	66.7	48.3	38.5	56.3
Showing disrespect	60.0	44.8	61.5	55.2
Neglect	48.9	55.2	69.2	54.0
Others	22.2	3.4	0.0	12.6

A majority of older women from poor, MIG and WTD class reported verbal abuse (84.4 per cent, 72.4 per cent, and 84.6 per cent respectively). Proportion of economic abuse reported by older women from poor class was highest among poor class (Poor: 66.7 per cent; MIG: 48.3 per cent; WTD: 38.5 per cent) clearly indicating loss of control over older women's own income and assets as they grow old. It is also worth mentioning that about 81 per cent of older women from poor strata work to earn a living, hence, it is all the more regressive for their emotional as well as psychological health to not have control over their income earned. This further pushes them to not have sufficient resources to meet their basic needs.

The data clearly suggests that though the frequency of respondents reporting each form of abuse was higher amongst older women from poor class, the proportion of respondents reporting physical abuse, verbal abuse, neglect and disrespect was higher among respondents from well-to-do class. It clearly suggests that abuse of older women is a phenomenon experienced across all classes, though the extent of underreporting may vary by class.

## Perpetrators of Abuse

In order to elicit the role of family in abuse and type of abuse experienced, the respondents reporting experience of abuse were asked if they experienced abuse from within family or outside family or both. Table 4 indicates that a majority of respondents (78.3 per cent) reported that they experienced abuse from within their family.

As reflected by the findings from this study, over three-fourth of the respondents (78.3 per cent) reported that they faced physical abuse from within family, an overwhelming proportion of respondents (83.0 per cent) reported verbal abuse from within family and almost all respondents reporting economic abuse reported to have experiences economic abuse from within family (87.5 per cent). Most of the respondents also reported to have experienced disrespect and neglect from their own family members (78.1 per cent and 82.8 per cent respectively).

**Table 4: Per cent distribution of respondents according to form of abuse and role of family in abuse, reported in last one month of survey**

Type of Abuse & inflicted from Within/outside family	Per cent
<b>Physical abuse</b>	
Within family	78.3
Outside family	10.9
Both within and outside	10.9
<b>Verbal abuse</b>	
Within family	83
Outside family	6.8
Both within and outside	10.2
<b>Economic abuse</b>	
Within family	87.5
Outside family	7.1
Both within and outside	5.4
<b>Showing disrespect</b>	
Within family	78.1

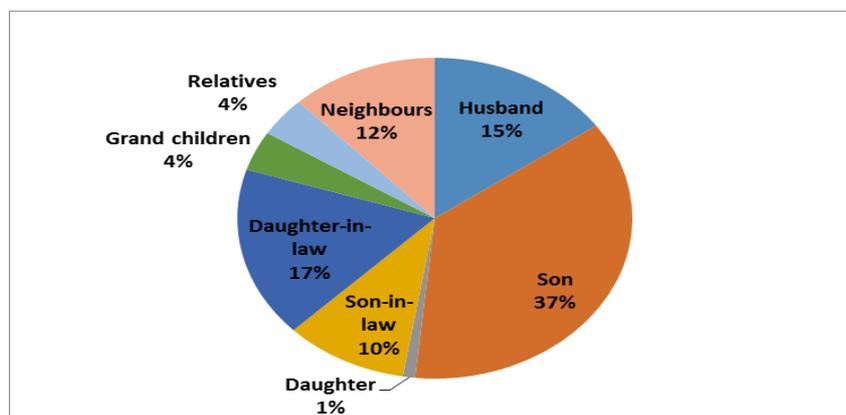
Type of Abuse & inflicted from Within/outside family	Per cent
Outside family	14.1
Both within and outside	7.8
Neglect	
Within family	82.8
Outside family	8.6
Both within and outside	8.6

The data clearly suggest that majority of older women reported abuse from within the family, irrespective of the type of abuse. It clearly reflects the eroding intergenerational binds and respect for older women in the family. This makes older women vulnerable and abuse has a direct impact on the overall quality of life of older women.

#### *Prime perpetrators*

As reported from various studies on elder abuse in India (Helpage India, 2012), the prime perpetrators are from within the family. Most often, older women are abused by their sons as they are particularly dependant on their sons for support during old age due to the Indian cultural context. Figure 1 clearly illustrates a similar phenomenon, where a little less than two-fifth of respondents (36.4 per cent) experiencing abuse reported their sons to be prime perpetrators. This was followed by over nearly one-fifth reporting abuse from their daughter-in-law (17.2 per cent), followed by their husband (15.2 per cent). It is important to highlight that most of the older women experience abuse from more than one perpetrator who is most often from within the family, relatives or neighbours. Table 5 shows that in poorer strata, where reporting of experiencing abuse was highest in this study, the prime perpetrator was the son (38.9 per cent) followed by daughter-in-law (11.1 per cent) and husband (11.1 per cent).

**Figure 1: Per cent distribution of total respondents according to their reporting about prime perpetrators of abuse**



**Table 5: Per cent distribution of respondents who experienced abuse according to prime perpetrator of abuse and class**

Prime Perpetrator	Poor	MIG	Well-to-do	Total
Husband	11.1	25.8	7.1	15.2
Son	38.9	25.8	50.0	36.4
Daughter	0.0	3.2	0.0	1.0
Son-in-law	13.0	9.7	0.0	10.1
Daughter-in-law	11.1	19.4	35.7	17.2
Grand children	7.4	0.0	0.0	4.0
Relatives	5.6	0.0	7.1	4.0
Neighbours	13.0	16.1	0.0	12.1

These findings were also found in well-to-do class whereby most respondents (50.0 per cent) reported sons to be the prime perpetrator followed by their daughter-in-law (35.7 per cent). In MIG class, husband as well as son were reported as the prime perpetrators (25.8 per cent). The data suggests that sons are the prime perpetrators, followed by daughter-in-law and respondent's husband. As these family members are the primary care givers and older women face abuse from these people in the family, they have no other support system to seek help in instance of abuse. Due to these reasons, older women have to face abuse and cannot raise their voice against it, as they are dependent on these family members for fulfilling their basic economic and social needs.

#### *Multiple perpetrators*

About two-fifth of the respondents (59.6 per cent) reporting experience of abuse, reported that they experience abuse from more than one perpetrator. About one-third of the respondents (34.3 per cent) experiencing abuse reported that they experience abuse from at least two perpetrators. The extent, type and forms of abuse faced by older women across all class groups clearly suggests that they are very vulnerable and most respondents reporting abuse reported to face abuse from more than one perpetrator which is mostly a family member.

#### **Health Implications of abuse**

It is obvious that older women experiencing any form and intensity of abuse, will have health problems which may vary from physical, emotional and psychological and may also vary in intensity. All the respondents reporting experiencing abuse in last one month were

asked if they faced any health problems due to abuse. Table 1 shows that almost half of the respondents (54.0 per cent) who experienced abuse reported that they faced health problems as a consequence of abuse experienced. Class-wise disaggregation revealed that almost two-third (63.6 per cent) of the older women from WTD class and over half of respondents (57.1 per cent) from poor class experiencing abuse in last one month, reported health problems due to experience of abuse. This clearly reflects the impact of abuse on health of older women, which has a negative effect on their quality of life.

#### *Impact of Abuse on Quality of life of older women*

The data was further analysed to understand the impact of abuse on older women's quality of life and its dimensions. Five dimensions of their QOL namely Physical Health, Psychological Health, Social Relations, Environmental Domain and specific facets of old age were studied to understand the impact on QOL. In addition, the impact of abuse on overall of QOL of older women was also studied.

It was observed that all the dimensions of quality of life of older women were significantly affected by experience of abuse. Older women experiencing abuse had significantly low mean scores all the dimensions of QOL. Physical health of older women experiencing abuse (mean 12.3) was significantly lower than older women not experiencing abuse (mean 13.2). Highest differentials were observed in the mean scores of psychological health of the older women experiencing abuse (mean 11.4) and those not experiencing abuse (mean 13.1). Social relations of women experiencing abuse were considerably affected (mean 12.7).

**Table 6: Impact of experience of abuse on dimensions of quality of life of**

Dimensions of QOL (Mean scores)	Ever experienced abuse	Never experienced abuse	Total
Physical Health**	12.3	13.2	13.0
Psychological Health**	11.4	13.1	12.8
Social Relations*	12.7	13.5	13.3
Environmental domain**	12.8	14.4	14.1
Specific facets of old age**	13.5	14.6	14.4
Overall Quality of Life Index**	12.5	13.8	13.5

Note: \* indicates significant at  $p$ -value  $< 0.01$  and \*\* indicates significant at  $p$ -value  $< 0.001$

The mean scores for overall QOL of older women experiencing abuse was very low (mean 12.5) as compared to those who did not experience of any abuse (mean 13.8). The results clearly shows that older women experiencing any form of abuse have significantly lower

physical health, very low psychological health, hampered social relations, low mean scores for environmental domain, as well as poor overall quality of life as compared to those not experiencing any form of abuse. Some of the quotes from interviews of older women reflecting their feelings about quality of life in due to experience of abuse are as follows:

Jeene se behtar hai marna. Mere bahu saas ban gaye hai aur mein bahu.

*It's better to die than to live. My daughter-in-law has become my mother-in-law and I have become her daughter-in-law'.*

Me banjuti aahe, mehnun sab log torcher kartat.

*Because I am infertile, cannot bear children, everyone torchers me.*

Bete bahut sharab pite hain aur gali dete hain; mule roz daru pitat ani roz bhande kartat.

*Sons drink daily and verbally abuse me; as they drink daily, there is a quarrel in the house almost every day.*

Mera pati mujhe kisi se zyada baat nahi karne deta, shak karta hai. Pati kamata nahi, sharab pita hai, marta hai, ek beta tha who bhi guzar hgaya, mere jeene ka koi matlab nahi hai.

*My husband does not allow me to talk to anyone, he does not trust me. He does not earn money, drinks alcohol, physically and verbally abuses me, I had one son who has passed away. There is no reason for me to live.*

The above quotes give an idea about the extent of abuse faced by older women, the prime perpetrators as well as the impact abuse has on their overall quality of life. Abuse negatively affects the health as well as quality of life older women irrespective of economic class. These quotes also reveal that older women experience abuse irrespective of their class. The findings on abuse experienced by older women clearly reflects that a substantial proportion of older women reported abuse that significantly varies with class. Majority of those who experience abuse reported multiple forms of abuse and the prime perpetrators were sons and husband in majority of cases. This clearly reflects on the need to promote awareness about abuse and neglect in society and encourage a positive social attitude.

### **Conclusions and recommendations**

The study clearly brought out that elder abuse negatively influences QOL of older women. It was observed that older women who experience any form of abuse had lower QOL across all economic class groups, however, there were significant class differentials with older women from the poor class being the most vulnerable. In addition, older women who had no formal education were more vulnerable to elder abuse. Family members who were the caregivers were the prime perpetrators of elder abuse, this clearly questions the filial piety in the changing socio-cultural context in India. All the dimensions of the quality of life i.e. physical health, psychological health, social relations, environmental domain and specific

facets of old age were compromised for older women experiencing abuse across all economic class groups (Gupta, 2015). This had a consequential impact on the overall quality of life of older women. These evidences clearly point towards questioning the sustainability of path of 'development' in India that is bringing demographic transition in a changing socio-cultural context that is unfavorable for people to enjoy the added years to their life. In order to alter this context and make it favorable for older people to cherish each and every moment added to their lives, there is an urgent need for bringing out change at various levels.

The first and foremost being at the family level by strengthening the inter-generational bonds because that is where majority of the older people want to live in their old age (UNFPA, 2012). Also, in a country like India where there are resource constraints and the quantum of ageing population due to high absolute numbers, we cannot look at the models of institutional care as adopted by developed countries. Hence, promoting ageing in place by *improving the social attitude and strengthening intergenerational bonds* provide a sustainable solution towards improving quality of lives of older persons. *Improving security* of older people by providing enabling environment and ensuring social environment to maintain older women's autonomy and integrity also emerged as an important predictor of overall QOL (Gupta, 2014). Abuse emerged as a significant predictor of overall QOL index of older women across all class groups, with its contribution to variance in QOL index ranging from 4.5 per cent to 2.4 per cent (Gupta, 2014). Therefore, policies to prevent abuse and neglect of older women - improving their decision-making in the household emerged as important factors that will help to improve older women's overall QOL index across all class groups. There is a need to promote social attitude and that we can take positive steps such as educating people about elder abuse, increasing the availability of respite care, promoting increased social contact and support for families with dependent older adults, and encouraging counselling and treatment to cope with personal and family problems that contribute to abuse. There is an urgent need to take this up at programmatic level and design strategies to check abuse experienced by older women. Various strategies that can be adopted to improve awareness about elder abuse and reduce its incidence are proposed:

- *Zero tolerance towards abuse at any age.* Education about abuse is the cornerstone to prevent it. The first and most important step toward preventing elder abuse is to recognize that no one, of whatever age, should be subjected to violent, abusive, humiliating or neglectful behaviour.
- *Social contact and support.* Programmes need to work on social relations by designing strategies to improve social mobility and participation of older women. This will help older women to be more vocal about the issues faced by them, improve their awareness on ways to curtail abuse and access counselling services to maintain their psychological wellbeing.
- *Improving social activities.* Isolation of elders increases the probability of abuse and it may even be a sign that abuse is occurring. Hence programmes should focus on improving social activities and mobility of older women as a strategy is one way to improve physical and psychological health in addition to reducing their vulnerability.

- *Counselling.* For behavioral or personal problems in the family or for the problems of older women can play a significant role in helping people change lifelong patterns of behaviour or find solutions to problems emerging from current stresses. Provision of accessible counselling services to help older women overcome stress in life as stress was found to hinder their overall QOL index.
- *Financial security:* This was observed to have positive and significant influence on physical and psychological health domains of quality of life, hence provision of universal financial schemes will greatly enhance the overall QOL of older women from all class groups.
- *Respite care.* Another important fact that is highlighted by various studies is that the caregivers are the prime perpetrators of abuse. This clearly suggests the need to create opportunities for respite care so that the care givers can be relieved and get respite from their care-giving roles periodically. Respite care is especially important for caregivers of people suffering from Alzheimer's disease or other forms of dementia or of older people who are severely disabled.

These strategies if implemented through adequate policy and programmes, will immensely help in preventing elder abuse and contribute towards improving the quality of lives of older persons in India. The study also has implications for future research work. There is a need to undertake studies that explore the dynamics of changing family relations, and reasons for silence of older women on experience of elder abuse. In the light that the majority of older persons want to live with their families and in the community rather than institutions (United Nations Population Fund, 2012), it will be useful to study the coping mechanisms of older persons and identify as well as study the communities that have been able to retain the value system of filial piety in the modernising socio-cultural context.

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