

Family Spirit To The Spirit Of The Family

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Abstract: Ageing is a global phenomenon. India is no exception to this demographic transition. The problems and issues of its greying population occupy the back seat. The current need is to conduct research and explore new directions in research on population ageing. Multi-disciplinary approaches to geriatric care can be fostered by collaborative training among medical, paramedical and other professionals. Future care giving for the elderly will also require models of both formal and informal care and systems for supporting caregivers. Community based geriatric services should be envisioned with active participation of all stake holders and players of social, economic and political leadership from the grass root level to the national level. Collaborations between the government, care providers, insurers and patients are a precursor to any significant change involving elderly care. Appropriate policies to address health care challenges of ageing population is crucial for India if it has to simultaneously meet the health care needs of the elderly.

Advancements, expertise in medical sector brought increase in life expectancy of the people. There is a relationship between the health status of older persons and familial care provided by children of older persons. The study was conducted among the Punjabis settled in Pune. Data was collected through structured interviews. Through this research one understands that there is a significant impact of care and attention from children or other family members on the health of older persons. The researcher had two types of respondents. First one having proper care and attention from children and second group is without such kind of care and attention. Statistical data shows that respondents with care are less vulnerable to chronic diseases. On the other hand, the respondents with no social care from children shows are suffering from chronic diseases. India should prepare to meet the growing challenge of caring for its elderly population. This article points to the fact that ageing should be one of the most important issues that need to be addressed in India.

Keywords: Elderly, Ageing, social and familial care

I. INTRODUCTION

Ageing is a global phenomenon. The world's population is ageing due to increasing life spans and decreasing birth rates. India is no exception to this demographic transition. The ageing population will present a major challenge for the public health care system in near future. India today is confronted with the enormous challenge of preparing to meet the demands of an ageing population. The problems and issues of its greying population occupy the back seat.

Elderly care in India is fast emerging as a critical element of both the public and private concern. The traditional ancient culture with joint families and common land holding never posed a problem for elderly care. But in the last few decades due to modernization the elderly today do not enjoy the same

status as they enjoyed in past. The fast pace of social change is affecting traditional care giving mechanisms for the elderly. Hence, there is need for a dynamic action plan to utilize the resources of the elderly and enhance their social status in the community. Geriatrics is relatively new in India. Negative attitudes and limited awareness, knowledge or acceptance of geriatrics as a legitimate discipline contributes to inaccessible and poor quality care for India's old. Migration of younger generation, lack of proper care in the family, insufficient housing, economic hardship and break-up of joint family have made the old age homes seem more relevant even in the Indian context. To add to the woes of elderly, geriatric care is conspicuously missing from the medical education curriculum. Similarly, the nursing and other paramedical staff members are not formally trained in providing care for elderly patients.

There is no specialized training in geriatrics in most medical schools in India

Medical Anthropology is the key discipline which addresses the boundaries of medication, culture, healthiness and comprising cultural perceptions into clinical situations and community health projects. Health specialists need to understand the culture and cross-cultural associated skills because health facilities are more effective when receptive to cultural necessities. Cultural understanding is also important for work in communal locales, such as collaborating with different group of people and organizations to develop culturally appropriate public health programs.

According to research done by Walker, the elderly who are residing with spouse, mate or members of his/her family, are optimistic and endorse individual positivity in their life. A good amount of communication with people of society is significant and helps in maintaining a sound quality of life. But it is the standard and mass of interaction which matters, not the frequency. Senior citizens with plenty of buddies and quality of associations, endorse a reasonable life. Decent amount of communication with family members, especially younger generation adds to their smiles in life. It was noted that elders with good health and care by family, had greater sense of belongingness. With the increasing age, the elderly need for informal support and social care by their friends and family members rise. It is observed that participation in social nets is greatly favorable and associated with old age which is comfy, safe and fruitful. This contribution, to the magnitude that it means feeling of being respected and cherished, is considered as a significant element of health. Social-support seemed to be the utmost important protecting function for older adults, they often observed a decline in their supportive social nets as a consequence of their retirement or increasing fragility. Hadley and Hatch stated that members of family, especially life partner/spouse, children, are most important in the delivery of informal-care to older family members.

II. RESEARCH METHODOLOGY

Health-care system in India needs to address ageism. Care for the elderly is fast emerging as a critical element of both the public and private concern. The current need is to conduct research and explore new directions in research on population ageing. Questionnaire was administered on the types of problems older persons face in their later life. It inquires the demographic, social, financial, health and psychological issues of senior citizens. The study was conducted in urban area of Pune city. A sample of 250 older persons between ages of sixty to ninety years was drawn

Research shows a comparison between two groups of older persons, first one is having the care and social support from their children and second group of respondent not having the care and social support from their children. There is a huge difference of disease prevalence status among both groups. Older persons under the care of their family and children having comparatively better health than older persons not getting the care and attention from their grown sons and daughters. There are some chronic diseases recorded among older persons of the Pune city. These diseases are

hypertension, hepatitis, heart problem, hypertension, diabetes, asthma and arthritis.

Health is the complete physical and mental wellbeing of human body. Health, wellbeing and social care are attached with each other. In India, majority of the older persons living with their families, so they got attention and care from their family members. But there are so many factors of modern life which are weakening the family ties and nuclear family is part and parcel of urban life style. Nuclear family system has added to the problem of ageing in our country. The elderly face so many problems such as financial, social and psychological being alone especially when they need assistance.

It is witnessed that elderly with social ties, family care and protection have relatively good life than older persons with no family care and protection. Researchers have established that positive social collaborations between older people and their family members, kin, associates and neighbors protect against increasing difficulties with physical functions in later life. Older persons have to struggle to meet the needs of proper diet, clothing, housing and medical treatments. Almost all married older people have children, but children don't have time for their old parents. Sometimes matter of elderly care create some kind of disputes in family, in that case family members try to get rid of their elder family members or they start to neglect their needs. As a result, older persons suffer a lot, mental and physical stress adds to their woe which is harmful for their health status in old age. On the other hand it was clearly indicated that when family members are not financially strong, child-care, and job pressure, generating a situation of caregiver problem leads to clashes with the families.

When children are economically independent and their financial position is quiet strong, they take care their parents himself. They provide them all types of care and support. Many children provide all types of care, related to health, social companionship and housework assistance, for immobilized older parents who continue to living self-reliantly. There is another aspect which is important in sustaining good health in the presence of care and social bond with children, that is quality of care and social relationship between parents and young adults. If the quality of care and social relationship is not better then it will also affect physical and psychological health of the older persons. In today's industrialized world, the choice to start giving informal care to elderly parents is not a matter thought of. The result of care and social interaction depends on the ongoing quality of social interactions between parents and children.

Economic battle played a vital role in weakening of the extended family system. Younger people migrate to urban areas or different cities to achieve higher education and in search of better economic opportunities and life style. With the passage of time younger people get married and settle in those cities. In this whole process, older persons remain alone in their old house, sometimes in poor living condition and in social isolation. The traditional norms and values of Indian society also laid stress on showing respect and providing care for the elderly, but modernization has led to change in the values and traditions of our society

III. CONCLUSION

Elderly are facing socio-economic, physiological and psychological issues due absence of social care. But due to urbanization and economic battle, family ties are weakening. Extended family system is almost vanished in urban areas. A large number of older adults are living on their own. They are facing the problems of poor living conditions, poor diet and no social support and their economic status is very weak. So the absence of care and social support make the older people vulnerable to the chronic diseases. Healthy aging is a complex and comprehensive issue. The years ahead will continue to be characterized by a comprehensive pursuit of successful social, health, and economic policies towards healthy ageing and disease prevention in all stages of life. Effectively addressing elderly care requires collaborative action between government and private sector. Collaborations between the government, care providers, insurers and patients are a precursor to any significant change involving elderly care. Appropriate policies to address health care challenges of ageing population is crucial for India if it has to simultaneously meet the health care needs of the elderly.

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