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NEGLECT AND ABUSE AGAINST ELDERLY: STUDY OF CARE GIVERS PERSPECTIVE IN KASHMIR

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Abstract:

Old age is a problem that has resulted due to the longevity and breaking of traditional Family structure. There are various problems associated with the elderly like that of lacking decision power at home, widening of generation gaps, digital divide and lack of care towards elderly at home. The care givers of elderly have their own problems and narratives in terms of inflation, modern way of life, unemployment, unawareness of Government intervention of ageing etc. This study is going to explore the various perspectives of care giver of elderly in Kashmir which is responsible for neglect and abuse against elderly. The method of enquiry is qualitative and the tool of research is semi structured interview guide. The responses have been taken from care givers of the elderly from 100 families keeping in mind the gender, income profile and relationship of care givers with the elderly. At last, the responses were generalized through different findings of the study and ultimately concluded.

Key Words: Care giver, elderly, neglect, Abuse, family.

Introduction:

The concept of family and care towards different members of the family is as old as perhaps the human civilization itself. Also, the problem of ageing can be traced back to the times of old civilized societies where the elderly people generally enjoyed a high status. This status was assured because the experience and the knowledge of the aged helped the family and the society; they were needed for the socialization of the new generation for their counsel and advice to procure basic necessities and to maintain harmony within the community (Lourdes et al; 2018). The joint family system prevailed wherein the properties and assets were owned by the elderly, and the elderly persons by virtue of their experience and wisdom could command respect and obedience in the joint family in order to work smoothly and settle disputes, needed a central authority that could take a dispassionate view and reconcile the interests of individual members. But with industrialization and modernization weakening of

family system has put emphasis on materialistic values and the situation of the elderly has been highly changed.

We know that industrialization pushed living standards upward, advances medical technology and thus increases human life expectancy. But although industrialization adds to the quantity of life, it can harm the quality of life for old people. Contrary to the practice in traditional societies, industrial societies give little power and prestige to the elderly. The reason is that with industrialization, the prime source of well shifts from land typically controlled by the oldest members of the society to business and other goods (often owned and managed by younger people). Consider the low income nations, the share of people over age 65 in the labour force is 76% men and 44% of women. In high income countries, these percentages drop dramatically to 23% of men and 16% of women. The figures help us to explain why the peak earning years among US workers, on average occur around age 50; often that earning decline (Help Age India, 2008).

Modern living also physically separates the generations as younger people move away to pursue their careers, depending less on their parents and more on their own earning power, furthermore, because industrial urban societies change rapidly, the skill traditions and life experiences that served the old are not relevant to the young. Finally, the tremendous productivity of industrial nations means that all members of a society need to work, so most of the very old and the very young play non-productive role.

The long term effect of all these factors transforms elders (a word with positive connotations) into the elderly (a term commanding far less prestige). In post-industrial societies such as the United States and Canada, economic and political leaders are usually middle aged people who combine seasonal experience and up to date skills. However in rapidly changed sectors of the economy, especially the high-tech fields, many key executives are considerably younger, sometimes barely out of college. Industrial societies often give older people only marginal participation in the economy because they lack the knowledge and training demanded in a fast changing market place (Klein et al; 1999).

Old age has in fact been important area of sociological research that a whole new field of specialization called gerontology has come into existence. Gerontology includes in its scope many aspects (viz. Biological, psychological, economic and social) of the ageing process. Of these first is taken care by medical gerontology, the second by psychology, third and fourth being an area which belongs to the realm of sociology and social work.

The theory of age stratification outlined by Riley Johnson and Aune Fonner considers age as centrally important characteristics like class, sex or ethnicity, influencing individual behaviour

and social structure(Johnson et al.,2003). The theory assumes that age located individuals or groups of people are in the social structure. Each age stratum is composed of people similar in life who tend to share capacities, abilities and motivations to age. Age is thus a basis for structured social inequality. There is interdependence- continuing interplay between ageing and social change. This interdependence is inevitable since society and individuals are inseparable. The ageing process among the senior citizens of today should not be viewed as of biological and medical concern alone but of social, economic, psychological and demographical importance as well in a coordinated manner, which is the main concern of the sociological perspective approach(Astri Syse et al.,2022). Further financial problem seems to be urgent, but the social psychological adjustments also need to be looked into. The problems of the old are steadily increasing in their magnitude and are generally the outcome of physical, social, economic, cultural and psychological factors, hence the right approach to handle the ageing problem is coordinated, integrated and a comprehensive base which is the unique feature of the sociological perspective approach to the ageing problems in the present study.

Methodology:

The study has involved 100 old aged persons in the kashmir selected through purposive sampling. Interview schedule was used as a tool of research and the technique of research is quantitative in which sample of 100 respondents were divided into many sub groups like that of literate male and female groups and illiterate male and female aged respondents. These respondents chosen through Social Welfare survey register and were rigorously interviewed. The interview Schedule consists of many questions like type of family, care rendered to the elderly respondents by the family members, affordability of care etc.

Review of Literature:

Insufficient social security systems make families primarily responsible for providing support to older adults in India. Increased mobility of adult children, fewer siblings and increased longevity of older adults are some of the demographic changes influencing care arrangements in Indian households (Gangopadhyay j et al, 2017).

The successful aging model marked by an emphasis on the self has dominated the gerontological tradition in a majority of the western industrialized countries. However, this narrative of active, socially engaged and consumer centric aging is not a contextually homogenized process as experienced by older adults elsewhere, where a “meaningful decline”

defines older adults' renegotiation with familial relationships, expectations, religion and death. Borrowing social-psychological and gerontological perspectives the current study examined the co-existence of these two contrary models-disengagement and successful aging- in two cities that are in transition Ahmedabad (Gujarat, India) and Saskatoon (Saskatchewan, Canada).

Due to a shortage of living space coupled with high the cost of living in urban areas, children often have no choice but to leave their parents behind in the place of origin. An increase in the older population will lead to an urgent need for elder care and support, at a time, in India particularly where traditional family-based care is becoming less the norm than in the past (Arokiasamy et al. 2012). With weak public pension and social security systems coupled with changing household structures, planning for the elderly especially in terms of living arrangements is critical. Added to this, is the fact that there are more elderly women surviving to older ages than their male counterparts (Davanzo et al. 2011). These women were married at a time when large spousal age gaps were the norm, as were low female literacy and labor force participation. Planning for this feminization of aging is thus very important, as is the need to understand experiences leading to vulnerability in old age- financial, familial, or health-related.

In India, the notion of kinship ties for support through the life course is central to everyday life. It stipulates that it is the duty of a child- particularly a male child- to provide parental support in their old age, traditionally in the form of coresidence. Demographic shifts currently underway will have a substantial impact on the Indian landscape, particularly that of the family (Krishnaswamy et al. 2008; Rajan and Kumar 2003). These shifts will be magnified in the year 2050, by which the United Nations projects that 20 per cent of Indians will be above the age of 60 (UN 2010). Three main shifts are noteworthy. First, mortality reductions and improvement in medical technology mean larger cohorts are surviving to older ages. Second, fertility reductions due to effective family planning and changing social norms indicate that in the long run, there will be fewer children to care for more elderly family members. Finally, migration for employment means children are leaving and will continue to leave residences shared with parents, resulting in elderly having to care for themselves or in the company of a caretaker.

Findings of the study

1. **Gender:** Each gender has its own priorities and selections as for as their choices and perceptions towards life is concerned. As for as the study is concerned there were diverse range of the respondents with diverse opinions in both the gender of males and

females. It was observed that gender plays an important role in handing over the elderly. In our cultural context as for daughters go to other homes and have meagre time to handle the affairs of the home. On the other hand, sons are liable to serve and are also culturally responsible for their parents. But due to the meagre source of income at the work place people are not present at home. They have to go far off places only to earn as the opportunities of employment are not available for the people and thus, they don't remain there. Unlike past when people used to have farms and cattle to attend home and were at their own discretion of remaining at home or not especially in rural setting. Also, at the hands of modernization there are working women who are very rarely (male can give one a chance to move or to go here and there) available at home. In whole of this context elderly remain alone at home and has nobody to attend. The research shows that women in case of daughters or daughter-in-law spend more time with the elderly. Of all the chosen respondents 49% daughters say that they take care of their parents among them 21% are unmarried while 08% are married in contrast to it, only 37% sons say that they take care of their ageing and ailing parents among them 20% are unmarried and 17% are married.

2. **Types of family living:** Family is one of the fundamental institutions of the society. It plays an important role giving strength to social structure in case of joint families, it is being said that unless and until joint families are not concerned, nuclear families have emerged. Gone are the days when elderly were living in joint families and there were many people to attend the elderly. In all the respondents, who were contacted 47% are living in nuclear families while 34% are living in joint families mostly from various far-flung areas of Budgam and Ganderbal like that of Surasyar, Brenwar, Nego, Buzgoo, Dalwan, Nagbal, Kultreh etc. 13% of the respondents say that they live in conjugal families with their parents, either of the one parent alive or with both of the parents. In such families there was sometimes only one care taker available. He or she is the only child or sometimes their siblings live in separate families. People have to attend their own families and they are least bothered about their elderly people at home. It has been observed that joint families are often supportive to elderly people. There remain many members in the family who can be well replaced during the time of crisis like that of hospitalization, attending social functions where somebody can remain with the elderly, deaths or festivals etc.

3. Sources of income: Due to the vulnerability of health in old age, most of the elderly are not able to carry out their routine jobs that could have fetch them wages working in the unorganized sector. They are highly in need of finance as they have no source of income. On the other hand, the young ones in the family who have reached to the age of earning are of shortage of jobs. They are not doing anything at the hands of prevalence of unemployment in this region. On the other hand, agencies both governmental as well as non-governmental are also not supporting the elderly, creating more dearth of financial resources as they are financially dependent. 36% of the care givers of the elderly say that they are not doing any job, while 15% are regularly employed, 49% of the respondents say that they are not in regular job. One of the important aspects that have come from participant observation while interviewing the elderly is of social security schemes through the schemes of IGNOAPS, ISSS is the only hope of ageing people here that shows the magnitude of income problems of the elderly. In the small cities like that of Srinagar unlike metropolitan cities, elderly people have utmost need of financial rehabilitation before social and cultural empowerment.

4. Relationship with the elderly: When one becomes old, his own close relatives start departing as elderly are spending role less life, becoming socially isolated. They are disengaged and disintegrating from the original families. In this study it has been seen that some of the close relatives are still living with the elderly. When contacted 41% respondents said that they are daughters while as 28 % are sons. 19% of the respondents are spouses among them 12% males and 7% females. 8% of the respondents say that they are daughter in law and 4% comprise of other relations. There are other middle-aged relatives as well like brothers and divorcee sisters living who stay with the elderly but due to their fragile health, they couldn't help ageing people comprising mostly brothers, sisters and other elderly at home. There are very few cases where grand children who stay with the ageing say that that they render help to the ageing. Because of new life style and increased screen timings they spent less time with the elderly.

5. Types of care provided

There are many types of care that one can render to the elderly:

- i. **Attending him at day time:** This includes attending the elderly in the day time, take care of his/her needs, go to market to buy the eatables and other households for the ageing necessary for the ageing etc. When asked only 24% of the

respondents say that they are attending the elderly, while as 76% of the respondents say that they are not attending the elderly in the home as they don't have the time to do so. Among those who are attending are only 04% males, rest 20% are females. This shows that females attend more to the elderly.

- ii. Caring at night, giving medicines: Elderly often are of need to be taken care at night, as some of them are diabetic needs to accompany them to the washroom. Some of them have dementia and Alzheimer like disorders and spend post stroke life being partially paralyzed and need utmost care in the night than the day. When asked 74% respondents say that they can't attend the elderly at night as they are already tired in the day while working in their respective occupations. While as 26% of the respondents say that they are attending the elderly at night. Most of them comprise females.
- iii. Accompanying: It includes accompanying the elderly to the hospital and other places like Govt offices, banks, Common Service centers etc. This is one of the strenuous tasks which most of them lack at the hands of modernization most of the care givers of the ageing are young persons who have their own priorities in life and are employed sometimes earning for their families. They have least time or are least bothered of their elderly parents at home, when asked 84% at all of elderly say that they don't get time to accompany their elderly to such places. Only 16% say that they are accompanying, while 07% of the respondents say that are continuously accompanying, rest 09% say that they are occasionally accompanying the elderly to any place.
- iv. Caring financially: Finance is one of the significant parts of elderly care. It is not only giving or spending for medicines of elderly but finance them of every day-to-day need, buying warm clothes for them especially in chilly winter of Kashmir giving them money for spending on their personal needs.
- v. Social and emotional care: Being human and tender with the elderly and caring for their emotional needs, attending them in their diseases, inviting them on the feasts, spending moments with them in festivals and rituals come under social and emotional needs of elderly and senior citizens that is our moral duty as they are also human beings, may be socially productive, powerful wisdom stores etc. When asked 84% respondents agree that they should give emotional care to the elderly while only 16% term their busy life as hindrance to care for the elderly.

Conclusion:

The breaking of family from joint to nuclear has rendered elderly disengaged and segregated from the rest of the family. Kashmir is witnessing the changing family structure to a greater extent. Conjugal family system is rapidly emerging in the valley of Kashmir. Only some decades earlier rural societies of Kashmir had vast network of joint family structure, but today one is not witnessing such type of family system even in rural societies now.

In the advanced life style of youth in Kashmir, due to cultural lag, a certain inter generation gap has been seen. Digital divide has added more in the problem. Elderly are treated obsolete and their thinking is considered outdated. Younger family members may find it increasingly difficult to provide adequate care and attention to the elderly because of their own priorities, occupational commitments, and other responsibilities. The pressures of modern life and family obligations often leave them with insufficient time to attend to the needs of older family members. The quality and extent of care also vary considerably among different family members.

The problem of spending on the health and other needs of elderly is also becoming burden on the family members of the aged due to the meagre sources of income, unemployment of the youth, ignoring and compromising the needs of the elderly. So, the family members do not mind to invest in the health and needs of elderly. This has again added in the problems of the elderly in this region because in the late adulthood where health of an individual demands more to invest meagre investment in the health and treatment of diseases can be fatal for the elderly especially those who are terminally ill.

References:

- Alam Muneer. (2006). Ageing in India: Socio-economic and health issues; academic foundations new Delhi.
- Angelo Canty and B. D. Ripley (2015). R package version 1. 3-17.
- Baboons, S. J. (2009). The consistency of self-rated health in comparative perspective. Public Health, 123, 199-201.
- Bailis, D. S., Segall, A., & Chipperfield, J. G. (2003). Two views of self-rated general health status. Social Science and Medicine, 56, 203-217.
- Banerjee T. (2002). Senior citizen of india: Issues & challenges, Rajat publications New Delhi.
- Brose van Groene, M., and T. van Tilburg (2003). Network Size and Support in Old Age: Differentials by Socio-Economic Status in Childhood and Adulthood", Ageing and Society

23(5): 625-645.

Bytheway, B. (1987). Care in the Families of Redundant Welsh Steelworkers, in S. Di Gregorio (ed.), *Social Gerontology: New Directions*, London: Croom Helm: 177-187.

Cavan, R. et al. (1949). *Personal adjustment in old age*. Science research associates: Chicago

Chakraborti & Rajagopal. (2004). *The greying of India*. Sage publications: New Delhi. p.58

Cumming, Elaine, & William, E. Henry. (1961). *Growing old: the process of disengagement*, page 12-123 basic book, New York.

D` souza, A. (1982). *The social organization of ageing among the urban poor* Indian social science institute, New Delhi.

Gangopadhyay, J. (2017). Aging across worlds: Examining intergenerational relationships among older adults in two cities in transition. *Ageing International*, 42(4), 504-521.

Govt of India. (2016). *Elderly in India: Ministry of statistics and program implementation*. Central statistics office. Social statistics division www.mospi.gov.in

Govil Punita and Gupta Swati. (2016). Domestic Violence against Elderly People: A Case Study of India", *Advances in Aging Research*, Vol.05 No.05 (2016), Article ID: 70351, 12 pages.

Help age India: *Directory of old age homes in India*, new Delhi; research and development division, Help Age India, 1998. Kamudine Dandekar. (1966). *The elderly in India*. Sage publication: new Delhi p.19.

Kohli, A.A. (1996). *social situation of the aged in India*, Anmol publications, Pvt. ltd. New Delhi.

Klein Ikkink, K., T. van Tilburg, et al. (1999). "Perceived Instrumental Support Exchanges in Relationships between Elderly Parents and Their Adult Children: Normative and Structural Explanations", *Journal of Marriage and the Family* 61(4): 831-844.

Knijn, T. (2001). *Care Work: Innovations in the Netherlands*, in Daly M. (ed.), *Care Work. The Quest for Security*, Geneva: ILO: 159-174.

Knijn, T., and B. Da Roit. (2008). *Working and Caring for an Older Parent in the Netherlands*, Woups Project, Dutch National Report on the Qualitative Study, August 2008.

Kumar S, Sathyanarayana KM, Omer A. (2011). *Living Arrangements of Elderly in India: Trends and Differentials*. International Conference on Challenges of Population Aging in Asia, UNFPA, New Delhi, India.

Nasreen Asiya (2003). *Elderly and their counseling, social welfare*, vol.45,no.7, pp.37-39.

Nicholl, K. (2020, May). *A royal spark*. *Vanity Fair*, 62(5), 56–65, 100.

Nuegarten, Bernice I. dec (.1971) *Psychology today* vol 5; Grew old with me; the best/s yet to

be. pp 45-48 New York.

Pappathi k.(2007). Ageing: Scientific perspectives & social issues , 2007.

Pati, R.N &Jena B.(1989). Aged in India: Some aspects of ageing in India, Ashish publication new Delhi, p.20.

Randhawa Maninder and Bhatnagar.(1991). The rural and urban aged, national book organization, (new Delhi), page.123.

