

Chapter 7

Elder Abuse in Maharashtra: Extent, Forms, and Policy and Programmatic Implications

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Introduction

Elder abuse (the neglect and ill-treatment of persons aged over 60), though understood as one of the offshoots of inter-personal violence, is now gaining prominence and is an important public health concern and a developmental issue. Prevalence studies concerning elder abuse have so far been conducted in few developed nations and there has been no systematic collection of statistics in the developing countries. However, crime records, journalistic reports, social welfare records and small-scale studies do provide evidence that abuse, neglect, and financial exploitation of elders are widely prevalent. Elder abuse occurs in a variety of settings and can take different forms: physical, sexual, psychological, financial, neglect and abandonment (Gupta 2016). It is important to highlight that it is both under-recognized and under-reported. Many factors contribute to elder abuse and neglect. There are numerous, generally unacknowledged ways in which gender and gender relations enter into the maltreatment and neglect of older people. Women are more commonly victims of almost every type of abuse than men, and people age 80 or older are at greatest risk of being neglected. Neglect is more commonly perpetrated by women, but men are more often responsible for all other types of abuse. Most cases of elder abuse involve family members in a care-giver role. There is a greater risk of abuse in families with a history of conflict, especially if an adult is taking care of an elderly parent who was abusive to him/her as a child. Other stresses in the care-giver's life, such as marital, financial, or work-related problems,

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Mala Kapur Shankardass and S. Irudaya Rajan (eds.), *Abuse and Neglect of the Elderly in India*, https://doi.org/10.1007/978-981-10-6116-5_7

increase the risk of abuse. Use of drugs or alcohol by the care-giver also contributes. The risk of abuse increases as the elderly person becomes more frail and dependent, requiring more intensive care and placing more stress on the care-giver. Finally, there is a heightened risk if the care-giver lacks care-giving skills (Hoban and Kearney 2000).

The growth of the elderly population provides a compelling need for interventions with individual elderly and familial problems, efforts involving both institutional and societal change. There are a number of interventions in society but overall, they were deemed inadequate given the magnitude of elder abuse. It is strongly recommended that further research be undertaken so as to enable better understanding of the problem and planning for interventions (WHO and the International Network for the Prevention of Elder Abuse [INPEA] 2001).

India: Earlier Evidence

In Indian society, the situation of older persons is imagined to be safe and secure considering the value system of filial piety, conservative culture and the still sustaining joint family and co-residence with their offspring. However, the demographic trends and changing social values ushered in during the twentieth century have given rise to challenges and concerns for the older population in developing countries including India. The size of the older population (i.e. persons age over 60) was 8% of the total population in 2011, with elderly women comprising 8.4% and elderly men 7.7% (Registrar General of India 2011). Demographic transitions such as the rise in absolute numbers of older persons in comparison to other age-groups, increasing life expectancy and the onset of widowhood among women will have economic and social implications (Saxena 2006; Visaria 2001).

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) and are increasingly seen as burdensome by the younger population (Bhat and Dhruvarajan 2001; Rajan 2004; Siva Raju 2000, 2002a, 2011). The differing values and attitudes among the young due to socio-cultural change (weakening of family bonds, modern lifestyle, increased mobility), embracing of liberal values (individualism, increased entry of women into paid employment), lowered filial obligation (young people seeking independence from older ones) have raised serious questions on who is really responsible for care of the elderly (Gore 1968). Unlike in the West, in India 75% of elderly people reside in the villages. The rural–urban differences therefore have important implications for human ageing in terms of quality of life, support systems, morbidity, and attitudes towards old age (Kumar 1997).

Attitudinal studies indicate that the younger generations do not have tolerant/favourable views either towards older persons or old age (Rao et al. 2000). Thus, in the existing scenario, families are unable to adopt newer mechanisms in

order to care for the elderly in the family, and due to financial limitations the government cannot provide a safety net (Shah 1999). In the light of the increasing number of families where only one or two children are available to share the responsibility of caring for the adult parents for long periods, and the paucity of resources to meet their varied needs, the likelihood of neglect and abuse towards older persons may be greater (Latha 2008). Neglect, is more commonly perpetrated by women (being care-givers), but men are more often responsible for all other types of abuse (Hoban and Kearney 2000; Siva Raju 2013).

A review of the few studies that have focused on elder abuse in the Indian context indicates that the most likely victim of elder abuse is a widowed female of very advanced age, role-less, functionally impaired, with no financial assets, lonely and living at home with someone, usually their adult child, spouse or other relatives (American Psychological Association 2012; Chokkanathan and Lee 2005; Devi Prasad and Vijaya Lakshmi 2008; Gupta 2016; Shah et al. 1995). Studies in India (Siva Raju 2000, 2002b) indicate that more women than men complain of maltreatment in terms of both physical and verbal abuse. The health profile of the elderly victims indicates that a person suffering from physical or mental impairment and dependent on the care-givers for most daily needs is likely to be the victim of abuse/neglect. It is evident that as age increases the chances of abuse/neglect also increase (Gupta 2016). Though a large section of victims of elder abuse are less educated and have no income of their own, old people with high educational background and sufficient income are also found to be subject to abuse. However, if the older person is educated up to high school level or more, the chances of being abused or neglected are almost half those of the elderly who are illiterate or with a school education below primary level (Sebastian and Sekher 2011).

Elder abuse comprises various dimensions such as physical abuse, physical neglect, sexual abuse, verbal assault, neglect of the environment and violation of rights and material abuse. Certain frequently cited explanations for elder abuse are: its cyclical nature, inter-generational transmission of violence, dependence because of physical/mental impairments, intra-individual dynamics, stress, negative attitudes towards the elderly and social isolation, family situations, care-giver issues, and cultural aspects. It is likely that abuse may occur due to the interplay of several of these factors (American Psychological Association 2012). The review of studies on elder abuse in the Indian cultural context suggests that a host of factors operate such as perceived powerlessness, social isolation, drug or alcoholic addiction, anti-social behaviour of the abuser, frailty and degree of dependency, financial status of the elderly, lack of space in the house, temperament and perception of care-givers (Prakash 2001). Regarding the profile of the abuser mentioned by the elderly respondents, they were mostly the adult children, sons and daughters-in-law together, daughter-in-law and spouse (Gupta 2016; Siva Raju 2000; Kumar 1991). Spouses were found to be the most likely abusers. In some studies daughters, grandchildren, and other relatives were identified as perpetrators of abuse. Others included servants, home nurses and care-givers. Incidences of crime against the elderly have been increasing over the years. These crimes include inflicting pain, robbery, murder, and even sexual assault.

The prevalent patterns and forms of elder abuse include mainly psychological abuse in terms of verbal assaults, threats and fear of isolation, physical violence, and financial exploitation. A study in Andhra Pradesh by Srinivas and Vijayalakshmi (2001) found that about 80% of the respondents experienced verbal abuse, 17% some sort of physical abuse, and 37% felt that their family members neglected them. In the study by Bagga and Sakurkar (2011), 25% of women above the age of 60 self-reported being abused or neglected. More than half of them complained of emotional or psychological abuse (53%), another 11% physical violence, and 6% reported experiencing abuse, violence and economic abuse and these 'environmental disturbances' seemed to affect their mental health. It was also found that 25% of perpetrators were their own family members. The study carried out in rural Kerala in India (Sebastian and Sekher 2011) identified that neglect and verbal abuse (39%) were the most common forms of mistreatment as stated by the elderly, followed by physical abuse (13%).

A recent study (Patel 2010) based on content analysis of reports published in two leading newspapers between 2004 and 2008 shows that most of the crimes against the elderly remain unreported. Female victims outnumber male ones and more crimes against the elderly were reported from urban areas as than rural ones (78 and 22% respectively). Surprisingly, 60% of the crimes were committed indoors and most of them during the day. A recent study in the USA (National Center on Elder Abuse 2003) revealed that about 16% of all elderly persons aged over 60 were abused in their families. However, it was argued that this was only the 'tip of the iceberg' and that the actual incidence was higher.

A few Indian studies give strong indications of maltreatment of elderly people in the family context (Devi Prasad 2000; Srinivas and Vijayalakshmi 2001; Usha 1997). However, there is a need to undertake studies to elicit the incidence and prevalence of elder abuse from community (non-institutional) settings in the Indian context. In India, past research has involved small samples and weak measurement of the phenomenon, and none has explored the association between elder abuse and variables such as economic status, age, health status, living arrangements, mental well-being, and so on. Similarly, no empirical evidence is available to relate how the non-abused elderly differ from the abused on these variables. Among the few studies on elder abuse in India, the HelpAge survey conducted in 20 cities where the organization is operating Elder Helplines, by interviewing 5600 seniors in 2012 shows a high incidence of elder abuse to the extent of 31% (29.46% in Maharashtra state alone).

In a study conducted in suburban Mumbai, it was observed that elder abuse has serious implications on all the dimensions of the quality of life of elderly women (Gupta 2015). The study also highlighted that elderly women who experience abuse had poor physical and psychological health and social relations as compared to older women who had never experienced abuse. It was further noted that this phenomenon was true across economic class groups. A study by UNFPA (2012) in seven states of India showed the prevalence of elder abuse is 11.4% with wide differentials across states, ranging from 1.8% in Tamil Nadu to as high as 35% in Maharashtra.

Elder Abuse in Maharashtra

Given the high prevalence of elder abuse reported in the state of Maharashtra (UNFPA 2012), the present chapter explored the phenomenon of elder abuse here to prepare a profile of elderly people who experience abuse, its forms, extent, and the role of perpetrators. Based on the study findings, a few policy and programmatic implications that will help to minimize abuse of elderly people have been made.

The study draws data for Maharashtra from the survey 'Building a, -Base on Population Ageing in India' by UNFPA (2012) conducted in the seven selected states of India. The sample survey covered a total of 1435 elderly men and women from 1198 households across the state of Maharashtra with almost equal numbers of households selected from rural (608) and urban (590) areas. To understand the profile of seniors experiencing abuse and the relation of abuse to the victims' background characteristics, bi-variate analysis was conducted by using various socio-demographic, economic, and health-related variables. Experience of abuse was considered as the dependent variable and variables like age, marital status, caste, education, work participation, land ownership, household size, and participation in social activities, health, disability, and activities of daily living (ADL) were considered as independent variables. Chi-square was used to elicit the relationship between the dependent variable and the independent variables. A few case studies were collected to substantiate various types of elder abuse and its implications for the quality of life of the older persons.

Findings

There are over 11 million elderly people in Maharashtra, who comprise about 10% of the total population of the state (Census 2011). The elderly population (60 years and above) in Maharashtra has increased by 31% and the number of the oldest old (i.e. 80 years and above) grew by 52% between 2001 and 2011. By 2026, the elderly population in the state is expected to grow to over 17 million, which would comprise 13% of the total population. Some 63% of all elderly people live in rural areas. The sex ratio among seniors in Maharashtra is 1114 women per 1000 men, which is higher than the sex ratio of the elderly population in India at aggregate level (1033 women per 1000 men). There were 5.8 million elderly women and 5.2 million elderly men in Maharashtra recorded by the 2011 Census, clearly reflecting feminization of ageing, which is progressing at a faster pace in this state than at the national level.

Profile of the Elderly

The average family size in households with at least one elderly person was 5.5, compared to 4.5 in households without an elderly person. Some 20% of the households belong to the Scheduled Castes (SC) (as determined by the caste status

of the head of the household), 8% belong to the Scheduled Tribes (ST), 35% are from other backward classes (OBC), and the remainder (37%) belong to other castes.

Prevalence of Elder Abuse

More than one-third (35%) of seniors experienced abuse in Maharashtra, with a significantly higher prevalence of elder abuse reported by elder women (38.2%) than by elder men (31.5%). The prevalence of elder abuse among seniors living in urban areas (28.4%) was lesser than those living in rural ones (38.2%), and the rural–urban differences were found to be statistically significant (Table 7.1). Older women living in rural areas showed the highest prevalence of abuse, with 42.2% reporting experience of abuse, while older men living in urban areas reporting its prevalence least (26.3%).

Types of Elder Abuse: Elderly people reported experience of multiple forms of abuse. Of those who experienced abuse, the majority (91.2%) experienced verbal abuse, 69.9% reported experience of ‘disrespect’. Some 64.4% experienced economic abuse and more than half of those who experienced any abuse reported experiencing ‘neglect’ and ‘physical abuse’ (55.7 and 51.4% respectively). The prevalence of all forms of elder abuse was observed to be higher in rural areas than in urban ones, and women were more likely to experience abuse than men (see Table 7.2).

Perpetrators of Abuse: On exploring the main perpetrators of abuse, it was observed that 30% of seniors reported abuse by neighbours, followed by sons (22.2%), relatives (19.9%) and daughters-in-law (16.4%) (Table 7.3).

Table 7.1 Percentage of older persons experiencing abuse according to place of residence and sex (Maharashtra, 2011)

	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Experienced abuse	33.9 (114)	42.2 (152)	38.2 (266)	26.3 (80)	30.2 (102)	28.4 (182)	31.5 (194)	38.2 (245)	35.0 (448)
Total elderly (N)	366	395	761	315	359	674	681	754	1435
Chi square abuse* gender	7.064**			0.890			7.061**		
Chi square abuse* place of residence	13.441***								

Note The table has been prepared by authors after analysis of data from the UNFPA survey (2011)

*Statistical significance

** $p < 0.01$

*** $p < 0.001$

Table 7.2 Percentage of elderly people who experienced abuse by type of abuse, place of residence, and gender

Type of abuse	Place of residence		Gender		Total
	Rural	Urban	Male	Female	
Physical abuse	74.4	25.6	45.3	54.7	51.4
Verbal abuse	73.2	26.8	42.3	57.7	91.2
Economic abuse	76.0	24.0	42.6	57.4	64.4
Showing disrespect	74.9	25.1	41.9	58.1	69.9
Neglect	75.1	24.9	37.9	62.1	55.7
Other abuse	59.4	40.6	39.4	60.6	4.9

Note the table has been prepared by authors after analysis of data from the UNFPA survey (2011)

Table 7.3 Perpetrators of elder abuse

Perpetrator of elder abuse	Percentage
Spouse	1.6
Son	22.2
Daughter	2
Daughter-in-law	16.4
Grandchildren	5.7
Relatives	19.9
Neighbours	28.9
Other	3.3

Note the table has been prepared by authors after analysis of data from the UNFPA survey (2011)

Correlates of Abuse

The socio-demographic, economic, and health-related indicators were studied in order to identify the vulnerable sections of the elderly population and the relationship between their background and experience of abuse (Table 7.4).

Age

On exploring the association between age and elder abuse, it was observed that those in the oldest old category were significantly more likely to experience abuse than the young old. About one-third in the young old category, 33.4% reported elder abuse, and in the oldest category 31.2% did so. Of the oldest old, 56.9% had experienced abuse. Disaggregation of this data by place of residence and gender

Table 7.4 Percentage of elderly people who have experienced abuse by place of residence, sex, and background characteristics, Maharashtra, 2011

	Rural			Urban			Total		
	Male (N = 114)	Female (N = 152)	Total (N = 266)	Male (N = 80)	Female (N = 102)	Total (N = 182)	Male (N = 194)	Female (N = 254)	Total (N = 448)
<i>Age***</i>									
60-69 years (young old)	33.8	42.8	38.6	23.4	24.6	24.0	30.2	36.1	33.4
70-79 years (old)	28.2	31.5	29.8	25.0	44.0	34.7	27.4	35.1	31.2
>80 years (oldest old)	50.0	68.2	58.7	60.0	50.0	54.1	52.4	62.1	56.9
Total	33.9	42.2	38.2	26.3	30.6	28.6	31.5	38.2	35.0
Chi-square	7.424*	18.098***	24.027***	9.517**	11.241***	16.959***	14.456***	17.635***	30.824***
<i>Marital status***</i>									
Currently married	34.6	35.0	34.7	25.7	23.4	24.9	31.8	31.3	31.6
Widowed	31.1	45.5	42.9	29.0	34.8	33.9	30.4	41.5	39.5
Other	0.0	78.6	64.7	0.0	33.3	33.3	0.0	70.6	60.0
Total	33.9	42.1	38.1	26.2	30.6	28.6	31.5	38.1	34.9
Chi-square	1.825	13.170***	11.376***	0.154	3.622	4.446	1.453	15.504***	14.673***
<i>Caste***</i>									
Forward caste	39.7	44.7	42.3	26.9	37.8	32.7	35.8	42.5	39.3
SC/ST	34.5	50.7	43.2	22.9	27.7	25.7	31.1	43.3	37.8
OBC	26.5	31.1	28.7	21.7	20.5	21.1	24.9	27.0	26.0
Total	33.6	41.9	37.9	23.9	28.8	26.5	30.6	37.5	34.2
Chi-square	6.732	12.818***	17.705***	0.640	6.564	5.995	7.101	17.584***	23.379***
<i>Education***</i>									
Illiterate	38.6	43.0	41.5	37.3	35.4	35.9	38.4	40.7	40.0

(continued)

Table 7.4 (continued)

	Rural			Urban			Total		
	Male (N = 114)	Female (N = 152)	Total (N = 266)	Male (N = 80)	Female (N = 102)	Total (N = 182)	Male (N = 194)	Female (N = 254)	Total (N = 448)
1-4 years	32.7	49.2	38.6	22.2	22.5	22.4	30.2	38.8	33.7
5-7 years	40.7	25.0	35.2	25.6	26.7	26.0	34.3	27.0	31.5
8+ years	20.0	33.3	22.2	21.8	15.4	20.5	20.8	22.7	21.2
Total	33.9	42.3	38.2	26.3	30.3	28.5	31.4	38.3	35.0
Chi-square	11.119*	5.834	14.753***	4.375	6.056	10.906	15.621***	9.306	28.401***
<i>Work</i>									
Never worked	50.0	43.8	43.9	0.0	30.6	30.6	50.0	37.2	37.3
Worked earlier	31.9	42.1	37.2	25.4	25.0	25.2	29.5	37	33.1
Currently working	35.4	41.3	37.6	27.5	39.6	31.9	33.1	40.9	36.0
Total	33.9	42.2	38.2	26.3	30.5	28.5	31.4	38.1	34.9
Chi-square	0.865	0.164	1.786	0.118	3.396	2.228	1.394	0.9	1.805
<i>Number of household member</i>									
One member	34.1	34.2	34.2	35.7	38.9	37.5	32.7	35.7	34.0
Two member	32.9	36.8	35.1	24.1	20.0	21.9	29.6	31.8	30.8
More than 3 member	34.4	44.6	39.6	26.0	31.5	29.0	31.6	39.8	35.9
Total	34.1	42.3	38.3	26.4	30.5	28.6	31.4	38.1	34.9
Chi-square	0.962	2.959	1.832	0.715	2.52	2.687	0.213	3.028	2.231
<i>Children alive</i>									
Less than or equal to 2	33.8	44.0	39.2	20.5	21.4	21.0	29.4	35.4	32.7
3-4 children alive	33.2	42.2	37.4	27.1	34.8	30.8	31.5	39.9	35.5

(continued)

Table 7.4 (continued)

	Rural			Urban			Total		
	Male (N = 114)	Female (N = 152)	Total (N = 266)	Male (N = 80)	Female (N = 102)	Total (N = 182)	Male (N = 194)	Female (N = 254)	Total (N = 448)
5 + children alive	39.4	43.0	41.3	31.8	39.0	35.9	37.4	41.6	39.7
Total	34.6	43.0	38.9	25.8	30.3	28.2	32.0	38.6	35.4
Chi-square	1.176	0.127	0.865	1.966	6.873*	8.128*	2.582	1.957	3.975
<i>Ownership of land</i>									
No land	33.1	47.2	42.3	25.1	31.4	28.6	29.0	40.3	35.9
Yes	34.4	34.0	34.3	32.0	15.8	25.0	34.2	32.4	33.5
Total	34.0	42.2	38.2	25.9	30.2	28.2	31.5	38.1	35.0
Chi-square	0.08	8.314***	6.621**	0.543	2.022	0.251	2.165	4.029	0.808
<i>Wealth quintile***</i>									
Poorest	48.7	54.7	52.1	21.1	60.0	44.9	45.6	55.6	51.4
Poorer	33.1	35.1	34.1	32.4	40.0	36.9	33.0	35.9	34.5
Middle	20.5	25.4	22.5	31.0	19.7	25.0	24.8	22.4	23.7
Richer	20.8	45.7	33.0	23.2	23.6	23.4	22.3	31.6	27.3
Richest	13.3	14.3	13.8	22.0	26.3	23.9	20.0	23.1	21.4
Total	34.0	42.4	38.3	26.3	30.5	28.5	31.6	38.2	35.1
Chi-square	27.768***	27.971***	554.531***	2.337	20.016***	12.650**	26.579***	50.727***	77.730***
<i>General health***</i>									
Poor	32.8	47.9	41.0	29.5	36.0	33.2	31.7	43.8	38.3
Moderate	44.1	49.0	46.6	24.6	31.7	28.8	38.3	43.2	40.9
Good	25.2	25.4	25.3	22.5	18.0	20.5	24.4	23.0	23.8
Total	33.8	42.3	38.1	25.9	30.3	28.3	31.3	38.3	34.9
Chi-square	11.844***	20.705***	30.029***	1.081	6.151	6.342*	9.456**	25.204***	32.316***

(continued)

Table 7.4 (continued)

	Rural			Urban			Total		
	Male (N = 114)	Female (N = 152)	Total (N = 266)	Male (N = 80)	Female (N = 102)	Total (N = 182)	Male (N = 194)	Female (N = 254)	Total (N = 448)
<i>Disability***</i>									
No disability	25.0	31.3	28.1	22.0	19.7	20.8	24.1	27.5	25.8
At least one	33.5	40.0	36.9	23.8	26.4	25.1	29.9	35.2	32.6
Multiple disability	42.7	53.6	48.4	35.8	42.0	39.7	40.9	49.6	45.8
Total	34.0	42.3	38.3	26.3	30.2	28.4	31.5	38.1	35.0
Chi-square	9.952**	15.664***	25.918***	3.386	9.786**	13.379***	13.596***	24.694***	39.357***
<i>Word recall**</i>									
Less than or equal to two	29.3	57.5	47.4	26.7	36.0	32.5	28.1	52.0	43.2
Medium	35.0	40.9	38.1	25.4	31.0	28.7	32.1	37.5	35.1
High	33.0	32.3	32.7	26.9	25.6	26.4	30.6	28.6	29.8
Total	34.0	42.3	38.3	25.9	30.6	28.5	31.4	38.1	34.9
Chi-square	0.59	9.772**	6.148	0.056	0.869	0.565	0.448	12.117***	7.861**
<i>Frequency of participating in religious activities***</i>									
Never	34.8	44.3	39.8	24.9	30.0	27.7	31.8	39.6	36.0
Occasionally	34.2	33.3	34.0	36.4	41.2	38.5	35.0	35.5	35.2
Regularly	19	0.0	10.3	25.0	12.5	20.0	21.2	3.8	13.6
Total	34.0	42.3	38.3	26.0	30.2	28.3	31.5	38.2	35.0
Chi-square	2.207	14.409***	14.227***	1.354	2.165	2.728	1.976	13.668***	12.465***
<i>ADL***</i>									
No assistance	33.0	40.3	36.8	25.4	30.0	27.9	30.7	36.8	33.9
Partial assistance	40.0	75.0	55.6	66.7	33.3	50.0	42.9	57.1	50.0

(continued)

Table 7.4 (continued)

	Rural			Urban			Total		
	Male (N = 114)	Female (N = 152)	Total (N = 266)	Male (N = 80)	Female (N = 102)	Total (N = 182)	Male (N = 194)	Female (N = 254)	Total (N = 448)
Full assistance	56.2	100.0	77.4	40.0	40.0	40.0	52.4	85.0	68.3
Total	33.9	42.4	38.3	26.3	30.2	28.4	31.5	38.3	35.0
Chi-square	3.799	22.945***	22.098***	3.104	0.249	2.106	4.859	20.212***	22.102***

Note the table has been prepared by authors after analysis of data from the UNFPA survey (2011)

*** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$

shows that 68.2% of elderly women in the oldest old age group living in rural areas, and 60.0% of oldest old men living in urban areas experienced elder abuse. Hence, the age of the elderly showed a significant association with experience of abuse, as did gender and place of residence.

Marital Status

Marital status of elderly people as yet another important variable that determines elder abuse emerged from a review of literature in developing countries. It was observed that 78.6% of those elderly people who had never married or were separated or divorced reported experience of abuse, with 78.6% of rural elderly women with this marital status reporting experience of abuse. Widowed elderly people also reported a high prevalence of abuse (39.5%). Gender disaggregation shows that widowed women from rural areas were the most vulnerable as over 45% of them reported experience abuse. In this study, a significant association was observed between marital status and elderly people's experience of abuse.

Caste

Caste is an important factor that influences the lives of people in India. It was observed that in this study, caste showed a strong association with experience of abuse. Some 39.3% from the forward caste reported experience of abuse, with elderly women from this caste reporting the highest (42.5%) incidence of abuse. Elderly people from other backward classes reported the least incidence (26.0%) of abuse among all caste groups. Some 50.7% of elderly women from scheduled castes and scheduled tribes living in rural areas reported experience of abuse.

Level of Education

Various studies have shown a negative association of abuse with level of education of elderly people, and the same was observed in this study. It was observed that seniors who were illiterate reported a higher incidence of abuse which reduced with increase in educational level. Although this association was significant at aggregate level, it wasn't statistically significant for elderly women in either rural or urban areas. Educational level of over 8 years among elderly halved (21.2%) the incidence of abuse as compared to illiterate elderly people (40.0%). Association between work participation and experience of abuse was studied and it was observed to be non-significant at aggregate level as well as by place of residence. Work participation did not show any significance by disaggregating data of elderly by gender.

Number of Children

Children provide a support system for senior people at one extreme and are the prime perpetrators of abuse at the other; hence, association between number of children alive and elder abuse was explored. It was observed that the incidence of abuse increased with the increase in number of children living, but this association was not significant at aggregate level. Some 32.7% of seniors who had up to two children alive reported experience of abuse, while two-fifths of those who had five or more children reported experience of abuse. However in urban areas, this association was observed to be statistically significant where having more children led to a greater proportion of seniors reporting abuse, especially elderly women.

Asset Ownership

Ownership of assets was also explored for its association with experience of elder abuse. It was observed that a higher percentage of elderly people who did not own land (35.9%) reported experience of abuse compared to those who did own land (33.5%). Though this association was not observed to be significant at aggregate level, it did show significance for elderly people living in rural areas. It was observed that 47.2% of elderly people living in rural areas without any ownership of land reported experience of abuse, while only a little over one-third of elderly people who owned land did so. Land ownership was observed to be significantly associated with experience of abuse by older women in rural areas.

Wealth Quintile

Wealth has been an important factor that has been shown to have a bearing on experience of abuse in Indian society. It was observed that the highest proportion of elderly people (51.4%) belonging to the poorest wealth quintile reported experience of abuse, while elderly people from the richest wealth quintile reported the lowest incidence (21.4%) of abuse. This association was observed to be statistically significant at aggregate level as well as by place of residence and across gender. This variation was especially evident in the rural areas, where 52.1% of total elderly people from the poorest quintile reported experience of abuse as compared to 13.3% of elderly people reporting experience of abuse.

Health and Disability

Health and disability levels of elderly people have an association with experience of abuse, in terms both of poor health status and disability leading to increased vulnerability to abuse and vice versa. In this study we explored this association, and observed that poor general health as significantly associated with experience of abuse among seniors. Some 38.3% of elderly people who reported poor health status reported experience of abuse while 23.8% of elderly people reporting good health reported abuse. This association was observed to be statistically significant at aggregate level, as well as by place of residence and gender. Similarly disability increases the dependence of elderly people, which increases their vulnerability to abuse. This phenomenon was clearly evident from the findings of this study: 25.8% of all elderly people without any disability experienced abuse while 45.8% with multiple disabilities reported did so. This phenomenon was observed to be statistically significant irrespective of gender and place of residence. Ability to perform ADL reflects elderly people's level of dependence, which may have an association with experience of abuse. Some 33.9% of elderly people who did not require any assistance to undertake their ADL reported experience of abuse compared to 68.3% of elderly people who were fully dependent on others for undertaking ADL reporting experience of abuse. This association was statistically significant at aggregate level as well as among rural elderly people. It is important to state that all elderly women (100.0%) from rural areas who required full assistance to undertake ADL and 75.0% of those who required partial assistance reported experience of abuse, and these associations were observed to be statistically significant.

Cognitive Ability

Cognitive ability declines with age, which has been reported to be one of the factors that increases the vulnerability of elderly people to abuse. Word recall is an indicator which is usually used to assess cognitive ability of elderly people. In this study, it was observed that 43.2% of elderly whose word recall was less than two words experienced abuse as compared to 29.8% of elderly people who recalled all words. This association was observed to be significant at aggregate level as well as for elderly women in total and in rural areas.

Community Participation and Social Engagement

Community participation and social engagement have been observed to have an influence on elderly people's vulnerability to abuse. Frequency of participation in religious activities was studied to understand community participation of seniors in this study. It was observed that elderly people who regularly engaged in religious

activities at community level reported the lowest incidence of abuse (13.6%) as compared to those who participated occasionally (35.2%) or never participated (36.0%) in such activities. This association was statistically significant at aggregate level and for seniors living in rural areas. On disaggregating this data by gender it was observed that this association was significant for elderly women at aggregate level as well as for elderly women living in rural areas.

Case Study 1

Sheela (name changed) is a 75-year-old female widow from Kondhawale village where she lived until her marriage, when she shifted to Khechar village to her in-laws' place. Her husband owned a small piece of land where they both used to work, and her husband also had a daily-wage job as a carpenter, and they managed. After her husband died, she had no support from her family members or from the community. As her daughter at the time was very small, she found it difficult as she had to take care of her daughter and make a day-to-day living. Her in-laws took away her husband's property, harassed and insulted her when she asked for her share. She felt helpless as she did not get support from society, due to village traditions of sons having rights to the property, which she did not have. She worked as a labourer on a farm and there was no financial support on that end. Helpless, she decided to return to her mother's place in Kondhawale, where she took a daily wage job as an agricultural labourer. Within her limited income, she took care of her daughter but was unable to educate her. Her brother helped her in her bad days, financially supporting her, and with his help she conducted her daughter's marriage. Her daughter is happily married and her son-in-law takes good care of her, financially supports her, and visits her; and his brother also provides her with whatever money he gets from his religious prayers. She feels bad because her relatives never provided financial or emotional support to her. With age, she has lost her ability to work, cannot contribute and is often unable to cook. Due to poor health, her daughter moved to the village and her son-in-law also took a job in the village so that her daughter could take care of her. Her daughter is very supportive, taking care of the household work and hers as well, and the grandchildren respect her. She does feel lonely at home when all the family members are at work as she has no-one to speak to, as she sits idle all day at home due to bodily weakness. She feels good that her daughter is taking care of her, but is concerned about her own daughter's old age. She believes that the government should provide financial support to the elderly in the village and that the elderly who do not have male members at home should be provided with employment.

Case Study 2

Pournimabai (name changed) is 72-year-old widow who lives in Pune. However, she belongs to Jalgaon district. When she was younger, she had to drop out of school to take care of her brother (who had met with an accident) while helping at a

farm and doing housework. When she got married, her husband never used to work or take responsibility of the home, and he used to abuse Pournima verbally. But she never complained to her parents regarding the same. She worked on daily wages and had no son (they had one daughter). Her husband was an alcoholic, due to which they lost the land, and he used to abuse her both physically care of her daughter, but When her daughter shifted to Pune after marriage, she could not meet her due to lack of economic support. After her husband's death, she stayed with her daughter in Pune, and both her daughter and son-in-law took care of her. To financially assist them, she worked as a domestic help but she is less able to work due to age. She feels bad because she is not getting work because of old age, but cannot be dependent on her daughter's family, as they have limited income and are unable to meet her increasing medical expenses. She feels that if she had a son, the situation might have been different, but she prefers to stay with her daughter, or she has no wish to live, because her daughter's good deed.

These case studies illustrates how patriarchy pushes women in India into a state of deprivation, where they lose autonomy, power, status in the family and access to their own resources due to widowhood and the implicit abuse experienced. The case also depicts the hardships experienced by women during their life courses, and its implications for their health and quality of life. The case studies also reveal older women's expectations of government intervention to ensure social security under such circumstances.

Case Study 3

Ramdeen (name changed) is 70 years old, illiterate, and from a young age used to work as an agricultural labourer. After his wife passed away, he stayed with his nephew and nephew's wife. Due to old age and ill health, he became unable to work and hence had no income so was soon completely dependent on them. Since then his relatives (nephew and his wife) started ill-treating him, quarrelling with him and asking him to leave their house. As he has no savings or property, they continued to torture him physically and mentally until he decided to take shelter in a temple. He says, 'When I was physically active and was able to work there was no conflict in the family. Once I became physically weak and economically poor my relatives did not want me anymore. They are forgetting the fact that 1 day they are also going to become old like me'. He receives Rs. 200 as old-age pension, on which he is fully dependent and which he gets after a few months, and which is not sufficient to meet his basic needs. Age has led to increasing health problems and increased medical costs. People from the village provide him with food much of the time, and he often does not take a bath as the distance between the village and the source of water is very far. He knows that hygiene also impacts his health, but due to no support, he feels helpless. In addition, he mentioned that the lack of facilities in the village (such as proper transport) does not allow him to visit hospitals. He feels that if he had had children they might not have behaved like his nephew and

things might have been different. He attributes the abuse he receives to having no family or property. He says that he would be very happy if there were to be an old-age home in the village, as he would be cared for and food would be provided alongside other basic necessities. He felt sad because he was not aware of any welfare schemes for the elderly, but expressed his happiness to the interviewer as for the first time in his life someone was talking with him for a long time and showing concern towards him. He mentioned that the government should take care of helpless and vulnerable seniors, and fulfil their basic and medical needs under various schemes, while NGOs should create awareness about various schemes and policies that benefit the elderly people in every village. He expressed his anger at the Gram Sevak and Panchayat members for not allowing elderly persons to participate in the Gram Sabha, ignoring their views and opinions.

This case illustrates the plight of a widower who has no children of his own and is dependent on his relatives to take care of him and meet his basic needs. He experiences abuse from them, and perceives that lack of family members as well as any assets has made him dependent on his nephew and his family. He perceives that his dependence is the main cause of elder abuse, experienced by him. Though he receives some pension from government social-security schemes, it is infrequent and insufficient to meet his basic needs. Hence, he has no option but to continue to live with his nephew and continue to suffer from abuse and mistreatment.

Discussion and Recommendations

The findings clearly suggest that a high proportion of elderly people in Maharashtra experience mistreatment, neglect and violence, mainly from their own family members. Elderly women are more vulnerable than elderly men, and elderly people who are fully dependent on others for ADL or have multiple disabilities were observed to be most vulnerable. Very clearly, age of the elderly people was positively correlated with experience of abuse; hence the oldest old are more vulnerable to experience of abuse, probably due to their increased dependence on family members for undertaking ADL, financial dependence, and medical expenditure. Given these vulnerabilities, seniors look to the government to intervene to ensure social security as well their basic needs. As the life expectancy of those aged 60 is increasing gradually in India, this changing socio-cultural context and family relations and diminishing filial piety are the major drivers of the increase in the incidence of elder abuse in the state. This changing context and increasing elder abuse have serious implications for their quality of life which need to be addressed by adequate policy and programmatic measures.

Building Stronger Inter-generational Solidarity

As family is the unit for survival and well-being of old people, it is important that we draw from the strength of family ties and social networks, and provide services to support and enhance the care-giving role of family members. Efforts are necessary to promote value education among school-going children and training family care-givers in care of the elderly. There is a need to design welfare programmes in such a way that they reach the old people among the poor strata of our society. Media (print, audio, and visual) should highlight the mutual benefits of inter-generational bonding.

Promoting a Positive Social Attitude in the Community to Combat Ageism

People's attitude towards the old is one of the explanatory variables of elder abuse. The prevailing stereotypes about the role and status of elderly people in society have a strong bearing on how they are treated in the family and community. Therefore, it is important to develop positive attitudes about the elderly and their care among members of the family, especially the young ones. An important strategy to prevent elder abuse in society is to reduce old people's social isolation by socializing them with the outside community programmes.

Social Security Measures to Ensure Financial Independence of Seniors

Old widows, in view of their high dependency and large proportion among the total old population, are likely to be the largest group among the abused. Therefore, all widows (especially among the poorer sections of our society) have to be provided with widow pension benefits.

Strengthening Health-Care Systems

It is necessary to ensure that all health and social care workers are adequately trained to respond to the needs of both the abused and the abusers. The National Programme for Health Care of Elderly (NPHCE) provides preventive, curative, and rehabilitative services to elderly persons at various levels of the health-care delivery systems. This needs to be effectively implemented by prioritizing districts with higher proportions of elderly people in the population. Strengthening NPHCE will

go a long way in reducing the financial burden for treatment of acute and chronic morbidities and hospitalization among seniors. The Rashtriya Swasthya Bima Yojana scheme needs to be expanded to ensure coverage of all BPL elderly households. There is also a need to train health-care providers on the concept, scope and dynamics of elder sexual abuse and offer suggestions for appropriate responses that are applicable across a wide range of health and social services.

Capacity-Building and Respite for Care-Givers

If the dependency burden of caring for the young and elderly is shared equally between men and women, the problems of old people can be minimized to a great extent. However, in reality, it is usually the women who are the main care-givers for them and this imposes great constraints on the women. Therefore, efforts should be made to see that the dependency burden is equally shared between men and women. Government needs design programmes to provide respite to carers.

Effective Implementation of the Maintenance and Welfare of Parents and Senior Citizens Act (MWPSCA) (2007)

Though the MWPSCA was enacted in 2007, there are no effective mechanisms which encourage identification, reporting, and official intervention in cases of elder abuse. There is a need to improve and strengthen laws to offer greater protection to the elderly from abuse and neglect.

Expanding the Research to Explore the Phenomenon of Elder Abuse

Because elder abuse is a growing problem in our society, research on this must be to enable evidence-based decision making by policy makers and programme implementers.

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