

## **Vulnerability of the Aged in India and their Rights**

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*The aged constitute a vulnerable section of society, since they lose authority, live alone losing their spouses, often materially dependent, ailing and no more physically active. Frail health, ailments, loss of spouse, dispersal of family members, loss of economic independence and authority make the elderly "dependent", "burden" and insecure. Atrocities, in the form of ill-treatment, cheating, robbing of property, infringement of rights, physical and mental harm, murder, and other forms of crime against the elderly by the family members and kin and by the larger society is common all over the world; India is no exception. When the families are smaller in size and the younger members disperse because of professional compulsions the elderly are left alone as the family support system grows weaker. The atrocities against the elderly, whose contribution to the society can hardly be overstated, and are rich in human resources, are being documented and reported in the "texts". The global and national bodies, the academia and policy makers, are coming out with innovative ideas to address these problems. Drawing from the available studies I have, in the present paper, highlighted the nature of atrocities that are done to the elderly members in India and have reviewed the policies that have been put in place to address their problems and protect their rights. What matters in the present-day context is to give them their due and to protect their rights.*

**Keywords:** elderly, atrocities, rights, loneliness, depression, ailments, NGOs, old-age homes.

### ***Introduction***

Following the global trend, the population of older persons in India is always increasing; 19.8 million in 1951, 76 million in 2001 and 96 million in 2011 (Ganapathi 2011: 1). The aged (or elderly) men and women are perceived as a vulnerable section of population in India and all over the world since they are subjected to atrocities/abuse by their close relations, often by their family members, neighbours and unknown strangers. The International

Network for the Prevention of Elder Abuse (INPEA) takes serious note of the 'neglect, violation of human, legal and medical rights and deprivation of the elderly' (cf. Ganapathi 2011: 1). The violence is not just physical but also mental, psychological and economic. Despite greater vigilance by the media and government agencies a very few cases of violation of the rights and atrocities against them are reported in the media. Soneja (n. d.) of HelpAge India observes that the atrocities against the aged remain '... grossly underreported and un-discussed as the older people themselves do not want to discuss it, and the relatives and neighbours who are aware of this do not want to get involved' (n. d.: 13). A careful examination of whatever reports and writings come out would reveal the cruel, inhuman face of the close kin, neighbours and "interested" members of the society to whom the elderly look for support, care and security.

"Loneliness" that often engulfs the elderly, impacts upon their health, psyche, and desire to remain active. Hannah Devlin of *The Times*, London, reports, citing experts, that 'loneliness in old age is twice as bad for your health as obesity, scientists have warned'. Prof. John Cacioppo, a neuroscientist at the University of Chicago, has rightly observed 'that feeling isolated or rejected can have profound negative effects on health, ranging from blood pressure to sleep patterns' (Devlin 2014). Scientific studies in the USA confirm that more and more aged people now feel lonely and that the loneliest 'individuals were twice as likely to die as those who were most sociable'. Scientists have found that 'loneliness can lead to larger morning rise of the "stress" hormone cortisol, which increases the risk of heart attacks and strokes. There is also evidence that being isolated can make people more fearful of perceived threats. Loneliness is also linked to loss of purpose in life, loss of happiness and a risk factor for depression. As a solution, scientists are emphasizing on maintaining close supportive social relations. According to Prof. Cacioppo, 'maintaining close relationships was as important as finding an idyllic backdrop, warm weather and good food, when planning for retirement'. Caroline Abrahams, charity director at Age UK, has said: 'being lonely not only makes life miserable for older people, it is also really bad for their health, making them more vulnerable to illness' (Devlin 2014). As a way out, Prof. Abrahams suggests: 'We need to do more to support older people to stay socially connected'.

People who feel isolated often feel they are to blame, which deepens feelings of being stigmatized and disconnected from society'.

The sufferings of the aged, linked to ageing and loneliness, are not typical of the USA, UK or other Western countries; similar problems are reported from within India as well. A general observation is that depression and dementia are becoming a common problem for the elderly in different parts of India, particularly in urban areas. PKB Nayar, chairman, Centre for Gerontological Studies, Thiruvananthapuram, observes: 'Depression is becoming a common problem among the elderly. Most families may treat their old for diabetes, eye ailments or heart conditions but not for dementia' (Verma 2014), because of lack of awareness.

The rate of suicide among the elderly in India is reportedly on the rise. According to the National Crime Records Bureau, in 2013, 19.6 per cent of the 8,646 people who committed suicide in Kerala were above 60 (Verma 2014).

Mukhopadhyay in an article titled 'Bardhyaker Ashuk' (2013: 6) has observed that the aged can easily be the victims of different forms of psychotic disorders, namely, schizophrenia, dementia, Alzheimer, visual hallucination, delusion and so on. Prolonged ill-treatment and neglect at the hands of the family members make them feel isolated, marginalized and they can also develop a sense of mistrust about the family members. The elderly often apprehend that their property will be appropriated and their rights would be infringed upon by the family members and close kin. A part solution, according to doctor Mukhopadhyay, is family and social support to the elderly so that they feel cared and secure.

Using secondary sources, I have, in this paper, drawn an account of the ways the elderly in India are subjected to attacks, ill-treatment by different social forces, an account of the nature of their vulnerability and insecurity, an account of their rights guaranteed by the State and international agencies, and the responses of the elderly to all these.

### *Nature of atrocities*

Scholars in the field of social gerontology agree that the 'cases of crimes against the elderly are on the rise across the country' (Mishra and Patel 2013: 14). The aged, who are often victims of hurt, murder and various forms of abuse, live in isolation in a state of perpetual fear. The culprits are often the family members, close kin, domestic help, neighbours and strangers. The National Crime Records Bureau report (2010) has recorded 32496 incidents of murder of the elderly and 5836 cases of different other forms of assault and kidnapping in India between 2001 and 2010.

With some risk of generalization, Ganapathi (2011) observes that about 28 per cent of the elderly live in urban area and many of them face fear, neglect, isolation and economic insecurity. Urbanization makes the elderly vulnerable to atrocities of different forms; they are the soft targets of the criminals. Crimes against the elderly come under (1) "violent crimes", which include murder, sexual assault and burglary; (2) "financial crimes", such as property disputes and fraud; and (3) "elder abuse" at both physical and emotional levels. Murder is the most common crime against the elderly and very often than not it is the domestic help, the watchman or the driver, or a person known to the old persons who is the culprit (Ganapathi 2011).

Based on a study covering 12 major cities, HelpAge India (2011) has found that the elderly are abused verbally (60 per cent), physically (48 per cent), emotionally (37 per cent) and economically (35 per cent). Such exclusive categorization of the forms of abuse can be misleading since one person may be subjected to various forms of abuse. However, 20 per cent of the elderly feel that they are neglected in the family as well as in the larger society. HelpAge India (2011) reveals that almost 52 per cent of the aged in Delhi face harassment over property. Also, crime against the elderly people in Delhi is four times more than that in Mumbai and double than that of Bangalore, according to the NGO. A study by Pune-based NGO International Longevity Centre (ILC), which helps the Pune crime branch run its 24-hour helpline, reports that about 60 per cent of the crimes against senior citizens in Pune are property-related whereas in Mumbai 95 percent of the cases arise out of property disputes (Ganapathi 2011: 2).

Emotional abuse is another very prominent form of violence against the elderly. It could include denial of food and medicines to the old persons, verbal abuse or withdrawal of means of communication to the outside world, forcing them to do certain chores, or even locking them up at home. A recent study by HelpAge India reports that most elders are ill-treated by their own family members like children, who constitute the largest group of perpetrators at 47.3 per cent, the spouses are estimated to be 19.3 per cent, while other relatives and grandchildren constitute 8.8 per cent and 8.6 per cent respectively. A spokesperson for the Social Counselling Cell (SCC) of Mumbai Police informs that among 1,200 complaints about domestic disputes, 40 per cent of the cases involve the abuse of elderly persons at the hands of their sons and daughters.

The major types of atrocities are in the form of burglary, molestations and other criminal acts. The Group for Economic and Social Studies (2009), in its study of four metropolises, has classified the crimes against the aged as 'crime against the body (murder, attempt to murder, hurt and kidnapping etc.), crime against the property (robbery, burglary and theft) and economic crime (cheating, criminal breach of trust etc.).

The growing crimes against the elderly persons place them in a perpetual state of fear. Ferraro and LaGrange (1987) have defined "fear of crime" as 'an emotional response of dread or anxiety to crime a person associates with'. The social situations that make the aged vulnerable to atrocities by the criminals leave them scared, terrorized. Thus, Ward (1990) has defined fear of crime as 'a lack of a sense of security and feeling of vulnerability'. The state of fear of crime, according to Ward, has three important dimensions: '(a) the individual's cognitive perception of being threatened, (b) a corresponding affective experience and (c) an appropriate motive or action tendency' (cited in Mishra and Patel 2013: 14).

Mishra and Patel (2013) have done "content analysis" of the reports on crimes against the elderly drawing from some daily newspapers in Delhi, Kanpur, Lucknow, Meerut, Roorkee and Unnao from April 2012 to September 2012. They have found that 170 cases of crimes against the aged were reported during this period; 76 cases of murder, eight cases of attempt to murder, 11

cases of cheating, 15 cases of robbery and six cases of kidnapping, seven cases of theft, 14 cases of hurt, nine cases of mistreatment and 11 cases of chain snatching. In the remaining 13 cases, there were accidents (8) and suicides (5). The study found that a significantly high number of crimes (43 per cent of the cases) are committed by 'family members, relatives and even neighbours'. Sharing of property and wealth defines the motive. Some other studies also have found that family members, relatives and neighbours pose serious threat to physical and mental and financial wellbeing of the elderly (Patel 2010; Rufus and Shekhar 2011). Patel (2010) has found that 25 per cent crimes against elderly are committed by their own family members, particularly by sons, daughters-in-law, relatives, neighbours and servants. She has found that the causes responsible for crime against the elderly are property and land disputes, caste rivalries, living alone, lack of attention from police and rural factionalism.

Mishra and Patel (2013) have cited some case studies in support of their observations. In one case, the daughter-in-law and his grandson were accused of kidnapping the elderly in New Delhi (*Amar Ujala* 2012). The kidnapping took place in connection with grabbing of property. In another case, the son conspired in having his father kidnapped in Nagalsauti, a village near Meerut in Western Uttar Pradesh, for land (*Dainik Jagran* 4 September 2012). In yet another case, a girl accused that her cousins have murdered her father for his property in Malihabad, Lucknow. While the elderly being abused and killed by family members is a matter of serious concern, the number of murders of the elderly living alone or with spouse also speaks of extreme vulnerability of the elderly. For instance, six elderly women, in separate cases, were murdered after robbery in their homes at Lucknow in a span of six months (*Times of India* 21 March 2012). In all these cases, the victims were staying alone. The killers were found to be acquaintances in most of these incidents. In another case, an elderly couple was murdered after robbery at Roorkee in their house at night (*Daikin Jagran* 11 September 2012). Such cases reveal the risk for the elderly staying alone.

The study also shows that in 73 (42.94 per cent) cases the crime has been committed by unknown persons and criminals, and in 34 cases the neighbours had a hand in the crime. Such incidents

of crimes only add to the perception of insecurity. On-fung et al. (2009) rightly observe that once criminal cases appear in their locality, the older persons often experience an increased level of fear apprehending that they can also be the victims.

*Rediffmail News* (2016) reports that on the occasion of the United Nations World Elder Abuse Day on June 15, 2016 the Agewell Foundation, a NGO, interacted with over 3,400 old people in 323 districts across India through its network of volunteers to understand the cause and effect of elder abuse in their own houses and discussed the ways and means to take care of the needs and rights of old people. The exercise brought to light that 65 per cent of old people are poor with no source of known income. '35 per cent have money or properties, savings, investments, inheritance and or supportive children. Irrespective to their financial status, most old people face elder abuse in one form or the other'.

About 9 per cent of those surveyed said they had been physically harassed or assaulted, while 13 per cent said they were denied of their basic needs. Another 13 per cent quoted mental torture and 20 per cent cited restrictions on their social life. Misbehaviour and ill-treatment were cited by 37 per cent while 8 per cent cited other forms of harassment.

Denial of food, medicines, emotional blackmailing, threat, shouting, abuse and beating are common forms of atrocities. There can be more serious cases attached to physical disability of the elderly.

Subha Soneja (n. d.) of Help Age India has done a report for the WHO on the 'elder abuse in India' based on a target group study on 58 elderly men and women in New Delhi. The participants in the group discussion covered elderly men and women from lower, middle, upper middle and higher economic classes and a group of health care workers. The major findings of the study are as follows:

1. Not a single instance of physical abuse was reported. The participants were in agreement in saying that 'violence did not exist in their communities', except in abnormal cases (p. 11). A study by HelpAge India (cited in Soneja n. d.: 14) on

the elderly patients in the outpatient department of a tertiary care hospital reveals that 'about 85% of the older persons have felt "loved and wanted" by their family members while only about 10% felt they were being "tolerated", 4% had felt "the need to go to an old age home" while 1% made no comments on the issue'.

2. The lower and middle-income groups identified "economic problem" as their main problem. Financial abuse was linked largely with people of the lower-middle income group, especially women. The widows in this class seemed more vulnerable as their dependence on the male members was total.
3. The upper middleclass participants mentioned of "mental health problems, highlighting lack of work, lack of facilities for utilization of leisure time and a general feeling of loneliness. They had no financial problem but felt ignored by the other (younger) members of the family.
4. Both the low-income group and middle-income group mentioned about "lack of emotional support" and care from the other members of the family. They used expressions like "neglect", "verbal abuse", "experience of loneliness in everything", "a sense of insecurity" and a "feeling of being burden".
5. In some cases, the older couples complained that they are attached to different hearths of different sons, which they do not like.
6. Among other problems the elderly mentioned of "health problem", problem of living alone with disabilities and insufficient treatment, and "lack of adequate accommodation in the house" (Soneja n. d.: 6).
7. In the low-income group, the women came out to be the worst sufferers; they had no income of their own and were dependent on their spouses for everything (p. 7). They were in the habit of concealing their ailments for fear of being considered "burden" by their family members. The widows were solely dependent on their children who decide whether

the elderly need any medical treatment. This was however not the problem of the upper classes.

8. The members of the lower classes mentioned of "lack of caring attitude in daughters-in-law and "lack of space" in the existing house.
9. The participants in the discussion perceived "abuse" as behavior of extreme violence" and "neglect/abandonment" as unexpected and painful. The elderly acknowledged "disrespect" and undignified life as something they do not deserve. Verbal abuse by the daughter-in-law was a part of their life and they do not take it seriously. Economic abuse was primarily in the form of "dispossession of property".
10. The elderly members are treated as "burdens" by the younger members both in terms of money and time (P. 10). The younger members, who were supposed to be "care givers" have now become non-caring and subject the elderly to neglect. Lack of adjustment between the members of two generations was cited as a problem. Because of their dependence there is a growing realization among the elderly that in order to survive they will have to adjust with the younger generation (p. 10).
11. The participants mentioned frail health and other forms of dependence for not lodging formal complaint even when they are ill-treated in the family. For them, formal complaints would mean direct confrontation and straining of relations (p. 11).
12. The participants felt ashamed of telling about ill-treatment at the hands of their family members. They were also afraid of retaliation by the family members in case of intervention by an outside agency like NGO. A large majority felt that social agencies could hardly do anything to help them. For them, it was emotionally satisfying to be able to see their children even if that would mean bearing of certain degree of ill-treatment.
13. The elderly from across the classes '...were of the view that the cases of abuse reported in the press were only aberrations

and abuse did not exist in society in general. Media was blamed for sensationalizing the issue'. They, however, admitted that 'neglect would occur because of pressures of modern life styles and changes in the value system' (Soneja n. d.: 16).

The crux of the issue has been captured in the last point. The elder abuse is not the broad-based reality in India. While stray cases of cruelty and a general sense of neglect prevail, people in India still value relations. C. T. Titus, a former professor of English summed up their situation saying: 'This is the age when you become a superfluous entity. It is not that my children have disowned me but they live in a world of their own' (Verma2014).

S. Irudaya Rajan, one of the members of the research team that conducted a study titled *Situation of Elderly in Kerala: Evidences from Kerala Aging Survey 2014*, observes: 'The reduction in family size, migration and the high work participation rate of women have led to an increasingly graying population living alone'. He further observes: 'In Kerala, it isn't uncommon to see a 90-year-old staying with a 75-year-old relative because the rest of the family will be either in the Gulf or Delhi' (Verma 2014). The *Kerala State Planning Board Report 2009*, reveals that about six per cent of the elderly in the state live alone - 7.5 per cent of whom are in the 60-64 age group and 10.3 per cent are 80+. The state also has 400 old-age homes (the highest among the states in India) with 15,000 boarders.

### ***Reports from West Bengal***

In terms of crimes against the elderly, Kolkata follows the all-India trend. According to National Crimes Records Bureau, 320 senior citizens were murdered in Bengal in 2012, an alarming jump from 198 in 2011. State Home department sources reveal that three adjoining districts of North and South 24-Paraganas and Howrah, which are overwhelmingly urban, had over 776 crimes against senior citizens in 2012, with 64 cases of deaths. In 2011, there were 665 crimes and 49 deaths. The crimes are reported from different parts of the city (Ghosh 2015: 1).

The United Nations Population Fund (UNFPA) did a study on 1300 families covering the states of West Bengal, Odisha, Tamil Nadu, Kerala, Maharashtra, Panjab and Himachal Pradesh, and found that the general awareness about the government programmes and the mental health of the elderly is very poor. Indrani Chakraborty, who did the report on West Bengal observed: 'more than 50 per cent of the elderly in West Bengal suffer from problems like mental distance with their children, living away from their children, loneliness resulting out of death of one of the spouses, and dementia'. The survey also found that only about 21 per cent of the elderly in West Bengal (as against 44 per cent in India) are physically agile while the remaining 79 per cent suffer from various ailments. Besides, the report mentioned dismal economic condition of the elderly; '60 per cent depending on either family members or on old-age pension given by the state' (*Ananda Bazaar Patrika* 2014: 6).

The incidents of crimes against elderly are often reported in the media, newspaper and television. Most cases of crimes against the elderly are reported from the urban areas. Among the issues often figure as reasons in the incidents are sharing of money, ornaments and landed property. Here is a brief account of some of the cases that came out in newspaper in West Bengal.

An 82-year-old chartered accountant Mr. Ranjit Chatterjee was strangled to death when he was reading the morning newspaper seating in chair with a cup of tea. The incident took place at his residence at 17 Bipin Pal Road, near Desopriya Park in South Kolkata. Mr. Chatterjee was living in his apartment with his bed-ridden wife. Their only daughter lives in the US. The police arrested one Sona Das (40) a cleaner, who has been working in this housing complex for the last 15 years. Das has confessed the crime. According to investigating officer the motive behind the crime was money (*The Telegraph* 22 November 2013, Calcutta: 22).

Panic and fear gripped the other residents in the housing complex after this murder. Atashi Chatterjee, 75, who lives alone in the first floor of the apartment, told her cleaner the following day that he was not needed anymore. Some other residents had stopped the entry of the gardeners and water carriers in the complex. Mrs. Banani Das, who lives in the complex with her ailing husband and two maids (with their 40-year-old son living

in Swansea, UK) said: 'When our gardener came to our house for the monthly maintenance of the dozen flower pots on my balcony I asked him to stand on the road. Our maid took the pots from our first-floor balcony to the footpath and carried them up after doing cleaning. Till last month he was allowed to come to our balcony and even have tea'. Two other elderly Mr. Saroj and Mrs. Sujata Mukherjee, living in the complex, said: 'we live in fear everyday and at the mercy of the domestic helps.' The 62-year old Parboni Bonerjee of Selimpur said: 'I drop the key to my domestic help everyday because I cannot climb the steps each time. She has been working for us for 15 years. But after yesterday (the murder of Mr. Chatterjee) I am unsure.' Her only son works with IBM in Mumbai. A man, who lives in Delhi, leaving his parents in their house at Bipin Pal Road, said: 'I had asked them to join me several times before but they refused. Yesterday my father asked me to take them away. I could feel the helplessness in his voice' (*The Telegraph* 22 November 2013: 22).

Explaining the situation sociologist Prasanta Ray said: 'With the breakdown of the joint family, the support system in the family is gone. The vulnerability of the old will keep increasing'. Ranadip Ranjan Ghosh Roy, a psychiatrist, explained the situation saying 'the insecurity of living alone is aggravated among the old because of their failing faculties'. The incident (the murder of Ranjit Chatterjee), according to him, 'will increase the feeling of hopelessness among that age group because they identify with the people with whom it has happened' (*The Telegraph* 22 November 2013: 22).

In Salt Lake BJ Block, Sector V Mrs. Tandra Bhattachariya (67) and her son Shaumya (40) were found dead in the canal nearby on 17 November 2013; two bodies were tied with a rope. Mr. Shyamal Bhattachariya, husband of deceased Tandra, claimed that the mother and the son were in depression for some time over the suicide of their only daughter Sarmistha a few months back. Sarmistha was an employee with Apple in the US but she had to come back two years back because of illness of her mother-in-law. Her husband did not allow her to go back to US and out of depression she killed herself. Shaumya was working in a multinational IT Company in Sector V. His company offered him posting in the US. But Mr. and Mrs. Bhattacharya did not allow

him to go because they were yet to overcome the trauma of loss of their daughter. On his refusal of the offer, Shaumya was sacked from his job which made him depressed. According to Mr. Bhattacharya, the mother and her two children were emotionally so strongly attached that she and Shaumya could not bear the shock and committed suicide (*Ananda Bazaar Patrika* 19 November 2013: 9).

On 16 July 2015, a couple, Prangobindo Das (78) and Renuka Das (75), both retired professors, were murdered in their flat in Indralok Abasan in Paikpara, North Kolkata. Prangobindo Das was a former professor of Burdwan University and Mrs. Das had retired from Dumdum Sarojini Naidu College. The only daughter of the couple lives in the US. The maid was absconding since the incidence. The investigating police officer claimed that the motive was to loot the belongings of the couple; they were killed because the assailant(s) were known to them. The maid might have done the murder in connivance with her known criminals (*Ganasakti* 17 July 2015: 1).

On 26 February 2014, a group of miscreants looted money and ornaments from the 70-year-old Padma Bhattacharya, at gun point, from her residence at B 3/2 Northern Park, Bansdronei, South Kolkata, at around 12 noon. The promoter husband of the lady had gone out in connection with some work. Their only daughter, who is married, lives in another part of the city (*Ananda Bazar Patrika* 27 February 2014).

Mr. Deb Kumar Mukherjee (78) was murdered on 11 June 2015 in his own house at 108 Elliot Road, Kolkata. He was killed despite being a member of the "pronam" programme of the State police which was to ensure his protection. Under the "pronam" scheme, a police officer from the local police station is supposed to visit the elderly and inquire about his health, security and other needs and provide the necessary support (*Ganasakti* 12 June 2015: 2).

On 7 June 2015 police recovered a decomposed body of Mr. Asutosh Chakraborty (79) from his flat in Baghajatin Colony, Patuli, Kolkata. Mr. Chakraborty, a retired employee of a private company, was living alone in this house for many years. His wife and the only son Samit Chakraborty live in a flat at Lake Gardens while his only daughter, married, lives in Sonarpur in South 24-

Paraganas. Mr. Chakraborty was not in contact with his family members for many years (*Ganasakti* 8 June 2015).

Around the same time, a 93-year-old woman, Shanta Bhattacharya, was strangled in Ultadanga and her belongings, money and ornaments, robbed. In 2012, 68-year-old Phoolrenu Choudhury, who was living alone in her house, was brutally killed by robbers, while her belongings were looted (Ghosh 2015: 1). In two years, 2012-2014, as many as 666 senior citizens were kidnapped in Bengal, half of them were women. *Ganasakti* 21 June 2016 reports that one Mr. Malin Kumar Datta, 69, was found dead in his flat in the second floor of Manoprobha housing complex at Santoshpur Avenue of Kolkata. Having been reported the police recovered him and took him to hospital where he was declared dead. Mr Datta was living alone in his flat and had acute asthma. Police suspected that Mr. Datta died of asthma attack.

On 25 June 2016, 75-year-old Widow Madhabi Jana was beaten to death by her daughter-in-law and 20-year old grandson in her own house at Baranagar. Madhabi Jana was the mother of a son and three daughters, two of whom are married out. She was living in the house constructed by her late husband, with her son, daughter-in-law and grandson. She had a long history of ill-treatment at the hands of her daughter-in-law and grandson and was taking food in the house of one of her married daughters, who lives close by. Mrs. Jana recently gave away a part of her 5 cottah land to one of her daughters. Angry at this, her daughter-in-law and grandson put pressure on her to give them the remaining part of her land, which she declined. Following an altercation the daughter-in-law and grandson beat her to death. Madhabi's son came forward to save her but he was also beaten up by the duo (*Ganasakti* 26 June 2016: 2).

Gangopadhyay (2013) reports on two incidents of extreme form of ill treatment of the elderly by their own family members. An 81-year-old widow, who served as a police officer, now retired, used to live in her own house with her son, who was a government employee, and daughter-in-law. In the absence of her son, the daughter-in-law abused her verbally. Apprehending further trouble, she refrained from lodging a complaint with the police. But some of her friends came forward and had an informal talk with the local police officer. The police called the daughter-in-

law and threatened her of action if she does not amend her behavior. After this, the situation improved for the elderly lady.

In another case reported by Gangopadhyay (2013), the son of an elderly lady who lives in the US came and persuaded his mother to hand over their South Kolkata house to a promoter and promised to take her with him to US. On the day of departure, the son left leaving his mother in the airport.

Sumon De (*Anandabazar Patrika* 1 March 2014) has drawn a positive picture of the lives of celebrity senior citizens in Kolkata. He has interviewed the personalities like Amala Sankar (94), who still does dancing and painting, Ramapada Chaudhury (91), the noted writer, who still studies for long hours and writes, Nirendranath Chakraborty (90), one of the top poets in West Bengal, who is still regular in writing poems, Mrinal Sen (91) the celebrity filmmaker, who is still active in reading. According to De, all of these senior citizens draw inspiration from their love for the city of Kolkata and for humanity. They share a deep sense of love for life, which they consider can be very beautiful if one is engaged in creative activities. De (2014) observes that the recipes to preserve physical and mental health include (1) controlled and balanced diet, (2) sound sleep for 6-8 hours a day, (3) regular exercise, (4) doing things like reading, watching movies, gardening, engaging in welfare activities, and so on, (5) spending time with people of all age groups, particularly the younger ones, (6) visiting the neighbours and relatives to keep in good relations, (7) taking care of dress and doing those things that one loves, (8) touring different places on a regular basis, and (9) keeping in touch with doctors.

In my study on the elderly in Kolkata I have found that the aged generally confront problems like (1) dispersal of children, (2) loss of spouse, (3) aging-related ailments, (4) loss of a child, sometimes the only child, (5) insensitive treatment at the hands of family members, (7) loss of activities, importance, and status, (8) a feeling of loneliness, depression and of “nothingness”, and so on. Besides, they, especially the middleclass elderly, live in a state of perpetual fear because they are the soft targets of the criminals, who set an eye on their property and assets (Roy 2016).

Confronted with such problems, many of the middleclass aged take refuge in old-age homes, which have mushroomed in Kolkata in recent years. They prefer the Homes run by the private owners or the ones run by trustee boards. In Kolkata, there is only one state run old-age home and all others are either run by a private owner or NGO. For the better managed Homes, the good ones, there is a long waiting list. The boarders have to pay up to Rs. 5 lakh as security deposit and pay a monthly rent between Rs. 10-20 thousand. But the Homes have their limitations. According to Moulimadhab Ghatak, a specialist in physical medicine and rehab, 'many Homes cannot meet the necessary physical, mental and nutritional needs of the elderly. Besides, in many Homes, the elderly are made to live in congested unhygienic rooms.' The most serious crisis that faces the aged comes when they move to Homes is that of adjustment. After living in a family setup for all these years they have to adjust in a completely new social and physical ambiance (Gangopadhyay 2013). The facilities that the Homes offer vary widely; in some, one has to pay a small amount of Rs. 2000 per month but in some others, they pay as much as Rs. 28,000 a month plus a deposit of Rupees 7-10 lakh. The Homes therefore cater to the needs of different classes of elderly.

The experienced and specialist senior citizens of the city admit that there is a growing tendency among the elderly to move to old-age homes. They say: 'the number of elderly who prefer a shift to old-age home is on the rise but the number of Homes is not growing enough to match the demand. The dispersal of the children leaves the parents alone; the rising crimes make the elderly insecure in their own house. The childless parents do not have someone to take care of. All these factors explain why there is a growing demand for old-age homes. Sociologist Abhijit Mitra explains the problem saying: 'the society is forgetting that to care for the elderly is its responsibility. Earlier, the social values constrained the younger generation to care for the elderly but now that binding is no more. They fail to realize what the elderly want the most is the warmth of physical proximity of the family members and not a "secure" life in old-age home (Mukhopadhyay 2014).

In an article in *Anandabazar Patrika* (8 June 2014) Guhathakurta has busted many stereotypes attached to life in old-age homes and has drawn a positive picture of the life of the elderly who

have chosen the Home life while enjoying their freedom to the full. Guhathakurta has referred to some cases in support of his view. Mr. Biren Hazra (67), for example, lives in an old-age home on Delhi Road in Kolkata. He shifted here in 2010. Unmarried Birenbau was an engineer, and served in high positions in government departments and earned enough to live the rest of his life. He has seven brothers and two sisters who have dispersed to different parts of the country, leaving their parental house in Burdwan almost deserted. He chose to live the rest of his life in the Home where he enjoys his freedom and a secure life. He is served food four times a day, and there is a ward boy to take care of all his works. He is associated with NGOs doing welfare activities and is passionate about periodic tours to places both inside and outside the country. Full of life Mr. Hazra had no complaints about anything.

Bharati Talukdar, retired Headmistress of school in Kolkata, who lost her husband a couple of years back, lives in an old-age home in Hooghly district while her colleague-friend unmarried Anima Ghosh lives in the adjacent room in the same Home. Bharati Ghosh's daughter, who lives in Kolkata after marriage, often visits her, and even stays for a night or two in the guesthouse of the Home. The two friends enjoy each other's company and spend long hours together. They go out on tours together once or twice every year. Mrs. Ghosh's daughter makes the necessary arrangements.

Mrs. Manasi Bandyopadhyay's husband, who worked in high positions as an employee of the central government, passed away a few years back. Her daughter and son have transferable jobs. Tired of shifting places, Mrs. Bandyopadhyay has chosen to live in an old-age home in East Kolkata. Mrs. Bandyopadhyay felt that the women, who live alone, are looked at with pity and a lot of curiosity. There is an established notion that the elderly who live in old-age homes are abandoned by their children and live in isolated pitiable condition. She feels, this is a stereotype, far from the reality. She explained: 'we live a good life here with a lot of freedom and without being a liability on anyone; we come here to live and not to die' (Guhathakurta 2014).

Mr. Samir Chattopadhyay was a successful businessman based in Allahabad. He had a big house, two cars, and servants, all

indicating a happy, settled life. But some kind of boredom grasped him. With six-month notice, he disposed of all his business and properties and left Allahabad to take refuge in an old-age home in the suburbs of Kolkata along with his aging wife. His only daughter, who is their only child, who is married and lives in Allahabad, was shocked at the decision of her parents. In explaining the decision, Samirbabu said: 'my business was doing well when I decided to leave. I thought, I have earned enough and now it's time to retire in peace. It's now time to relax, enjoy life, write poems, and spend time with wife'. 'Our daughter was upset with our decision, she came and saw the arrangements here and returned satisfied. She was under the stereotypical notion about old-age homes, but now her opinion has changed. One can live a happy and secure life in the Home', Samirbabu said. A group of trained service providers work in this Home, helping the boarders. There is an arrangement for weekly health check-up; the home management arranges for hospitalization, treatment and even complicated surgery; they help perform the last rites in case of death and do the necessary communication with the family members. The borders gradually develop some kind of relations with each other; they celebrate the birthdays and important festivals together; special meals are served on special occasions. The borders live with a great deal of empathy for one another. The Home is equipped with television sets and internet facility.

Mr. Chattopadhyay holds the opinion that moving to old-age home leaving family is not easy, yet life in the Home is not all that bad. He said: 'we are all stuck to the notion that there cannot be life beyond family. It requires only a change of perception about the old-age homes. The decision to shift to Home, in a way, conforms to the ancient Indian notion of Banaprastho, the last state of Chaturasrama (as outlined in *Manusamhita*), which perhaps works even in modern time.' According to Indologist Narsinghprasad Bhaduri, there was a social reason for Chaturasrama; the idea was to hand over the responsibilities to the next generation and live a life of seclusion in the forest in order to avoid conflicts of authority' (Guhathakurta 2014).

The standard explanations that are offered for the rising crimes against the elderly in the metropolises are as follows:

1. In the globalised world the members of the younger generation move away from home to different parts of the world, leaving the senior citizens lonely.
2. In the absence of neighbourhood culture in new townships the senior citizens living alone become more vulnerable to attacks of the miscreants (Ghosh 2015: 2); the communication among those who live in the same housing complex is also thinning.
3. With more and more people living longer, the households are getting smaller and congested, causing stress in joint and extended families. Even where they are co residing, marginalization, isolation and insecurity is felt by the older persons due to the generation gap and changes in lifestyle. Increase in lifespan also results in chronic functional disabilities creating a need for assistance required by the older person to manage chores as simple as the activities of daily living. With the traditional system of the lady of the house looking after the older family members at home is slowly changing as the women at home are also participating in activities outside home and carry their own career ambitions. There is a growing realization among older persons that they are more often than not being perceived by their children as burden (Soneja n. d.: 4).
4. Soneja (n. d.) identified absence of traditional values and negative attitude of the younger generation as the most important cause of "maltreatment". She further observes: 'Due to technical advances and migration from rural to urban areas, the roles of older people have become ill defined and too insignificant for the family' (p. 13). Physical disability resulting from prolonged illness makes the elderly "burdens" on the family members. The result could be neglect and ill-treatment.

### ***Initiatives to address the problems***

The initiatives to protect the aged from the atrocities, crimes, loneliness, depression, fear, aging-related health problems and other forms of abuse can be classified into: (1) the legal-

administrative interventions, (2) old-age homes, which are run by the government, by the NGOs and the private investors, and (3) NGO-guided self-initiatives.

### ***1. Legal-administrative initiatives***

Both the central and the state governments have launched a number of schemes to address the problems that face the elderly. The policies are meant to promote the health, well-being and the right of the elderly to live with freedom.

In 1999 the central government formulated the National Policy for Older Persons to promote health, safety, social security and wellbeing of the senior citizens. The policy strives to encourage families to take care of the elderly members. It also proposes to support voluntary and non-governmental organizations to supplement the care provided by the family and provide care and protection to the senior citizens. The major objective of the policy is to make older people fully independent citizens.

The Ministry of Social Justice and Empowerment has adopted the Integrated Programme for Older Persons (IPOP) in 1992 with provisions to provide financial assistance up to 90 per cent of the project cost to NGOs. The projects would be in the areas of establishing and maintaining old-age homes, day care centres, mobile medicare units and to provide non-institutional services to the elderly. The thrust of the programme is to cover the elderly with Alzheimer's disease and people suffering from dementia, formation of senior citizens' association, training for the care providers and counselling for the elderly.

A National Council for Older Persons (NCOP) has been formed by the Ministry of Social Justice and Empowerment to administer the National Policy on Older Persons 1999. Among other things the NCOP suggest (1) steps to make old age productive and interesting, and (2) measures to enhance the quality of intergenerational relationships.

The Ministry of Health and Family Welfare has taken an initiative called the National Programme for the Health Care of the Elderly (NPHCE) in the Eleventh Five Year Plan from 2010-11 with an outlay of Rs. 288 crore for the plan period. A wide range of health

schemes covering 100 identified districts in 21 states were covered in the scheme.

The Ministry of Finance has announced a Senior Citizens Savings Scheme to be executed through the post offices which offers higher rate of interest on the deposits. The Reserve bank of India has permitted higher rates of interest on savings schemes of senior citizens. Following this most banks provide higher rate of interest on the saving schemes of the senior citizens. With fast dropping interest rates the scheme is losing its functionality. Besides, there are different schemes that give tax exemptions on income and spending on treatment to senior citizens. In the event of commodification of health services and escalation of treatment cost such small concessions have lost their significance.

The Department of Empowerment of Persons with Disabilities has introduced a scheme to constitute a group called “geriatric animators”, a group of trained youth, who take care of the elderly lying in bed after a stroke or having dementia. The trained groups of care givers do counselling, give company to those who live alone, help in bank and post office works. Although the service is paid (something like Rs. 170-200 for eight hours’ service) they are trained to serve like family members (Gangopadhyay 2013).

Ministry of Road Transport and Highways has made it mandatory to reserve two seats for senior citizens in the front row of the buses of State Road Transport Undertakings and some state governments are giving fare concessions to senior citizens.

Under Indira Gandhi National Old Age Pension Scheme (IGNOAPS) the Central Government provides monthly pension of Rs. 200 to all elderly persons over 65 years of age belonging to households below poverty line. The state governments opting for the scheme contribute an additional Rs. 200 which makes the total pension Rs. 400 per month. The Ministry has lowered the age limit from existing 65 years to 60 years and the pension amount for senior citizens of 80 years and above has been enhanced from Rs. 200/- to Rs. 500/- with effect from 1 April 2011. The number of total beneficiaries would thus increase from 171 lakh to 243 lakh.

An important piece of legislation has been The Maintenance and Welfare of Parents and Senior Citizens, 2007, a central government

Act, which has been notified by most states and the union territories. The main provisions of the Act are (1) the maintenance of parents/ senior citizens by children/relatives has been obligatory and to be adjudicated through tribunals to be set up by the state governments, (2) revocation of transfer of property by senior citizens in case of negligence by relatives who have received the property, (3) penal provision for abandonment of senior citizens by the children, (4) establishment of old age homes for indigent senior citizens, and (5) adequate medical facilities and security for senior citizens (National Human Rights Commission 2011: 15-17).

The National Human Rights Commission, India, organizes periodic awareness programmes, and supports NGOs to organize such programmes relating to health, security and issues relating to wellbeing of the elderly. The Commission does (1) review the activities and performances of the institutions like old age homes run with government support, and (2) undertake measures for publicity, awareness, familiarization, and sensitization of the public as well as Central and State Government officers about the rights of the elderly (National Human Rights Commission 2011: 20).

At the global level, the UN adopted its first International Plan of Action of Aging in Vienna in 1982 and the UN General Assembly adopted the UN Principles for Older Persons in 1991 with an objective to promote independence, participation, care, self-fulfilment and dignity. In 1995 the Committee on Economic, Social and Cultural Rights adopted a resolution to guarantee economic and social and cultural rights of the older persons. In 1999, the UN on the occasion of celebration of the International Year of Older Persons identified four areas as important for drawing up an action plan which are (1) the situation of older persons, (2) individual lifelong development, (3) the relationship between generations, and (4) the interrelationship of population, ageing and development. In 2002, the 2<sup>nd</sup> World Assembly on Ageing (WAA) adopted a political declaration and an International Strategic Plan of Action on Ageing, which mandated (1) to ensure the Rights of older persons, (2) to protect older persons from 'neglect, abuse and violence' in all situations and (3) to recognize

'their role and contribution to society' (National Human Rights Commission 2011: 17-18).

The theme of the International Day of Older Persons in 2003 was 'mainstreaming ageing: forging links between the Madrid International Plan of Action on Ageing and the Millennium Development Goals'. Following this the United Nations Population Fund (UNFPA) worked out its action plan for "mainstreaming" in the areas of work, reproductive health, gender issues and humanitarian responses to conflict situations. WHO's mainstreaming objective is to focus on principles and methods of developing health care systems that are responsive to ageing (National Human Rights Commission 2011: 19).

Besides the national and international institutions, the individual experts also put across their programmes for addressing the problems of the elderly. Mishra and Patel (2013), for example, have suggested community policing to protect the elderly from atrocities. The idea is to set up "community watch programmes" in coordination with police and to intensify police patrolling in the areas and colonies where there is higher concentration of the elderly (p. 21). They also speak for self-awareness programmes which would add to their protection. The other measures that can go with the idea of community policing are (1) setting up of senior citizens cell in every district police headquarters, (2) sensitizing the police personnel about the rights of the elderly, (3) preparation of data base of crimes to have a better understanding of the vulnerability of the elderly, (4) effective vigil and patrolling and timely intervention, (5) to maintain a register of the elderly in an area, and keep in touch with them over phone and encourage them to get in touch with police even when they apprehend any form of attack (Das 2009).

## **2. *Old-age homes***

On the website <http://www.justdial.com/Kolkata/old-age-home> one can find a list of nearly 100 old age homes in Kolkata, mostly privately owned, and some are run by missionary trusts. It is quite possible that information about many of the Homes is not available on website. It is also important to note that most of the Homes have come up in recent decades starting from late 1980s and in

recent years. Kolkata, in recent decades, has seen a rapid growth in the number of old-age homes all over the city and its outskirts, yet there is not enough room to accommodate the willing elderly applicants. The stigma that was earlier attached to old-age home living is thinning and more and more senior citizens are now willingly shifting to these Homes for a secure and better life. The movement to the Homes is perceived by the elderly as a solution to many of their problems. The old-age homes are of different standards as they cater to the needs of the elderly representing diverse economic backgrounds. The monthly rent per person varies from Rs. 2000 to 20,000. Going by the advertisement of one high class home named Jagriti Dham (also known as S.V. Home for the Aged) at Diamond Harbour Road, which accommodates 180 ailing bed-ridden elderly, where the charges are very high, one can have a sense of the standard of the Home.

The new and innovative architectural designs now are being put in place to cater to the practical needs of old-age. The new Homes thus promise to be “elderly friendly” with provisions like wheel chair and walker enabled spaces & ramps, spacious lifts to accommodate stretchers, comfortable and user-friendly door handles for people with arthritis and so on. The stress is being laid on provisions for adequate safety and security of the aged, like, 24 hrs manned gate with intercom; high boundary walls, CCTV, emergency button in every room and frequently occupied areas, 24×7 ambulance, attendant and emergency healthcare, personal care at every step and so on. Health care provisions are also being upgraded with provisions for visiting doctors, 24 hrs ambulance, trained nurses round the clock and so on. The social spiritual needs of the elderly are also taken care of with provisions for yoga cum meditation, worship hall, coffee shop, library, games room, conference room, and so on (Source: <http://www.svhomeforaged.org/services.php>).

The professional service providers are very innovative and they draw out their scheme after some market research. Here is such an idea which works on extending professional services keeping the ailing elderly in their own residence. Here is an example an agency named Deep Probeen Porisheba which has put an advertisement on the web offering in-home services for the elderly in kolkata and outskirts. The promised services include (1) all

services to be delivered t home, (2) professional, consistent and reliable services, (3) a membership package to suit every need, (4) compassionate, dedicated and trained sahayak staff, (5) expert panel of qualified physicians and medical professionals, and (6) regular progress reports to family members delivered anywhere in the world. (Source: <http://dppindia.com/?gclid=CLj7xp6t1M0CFdWGaAodgCsIYw>).

The state of Kerala, which has the highest proportion of elderly people (60 and above) and where the life expectancy is 70, which is higher than the national average, is successfully running day-care centres for the aged. The elderly people find the old-age homes, run by private owners as well as state, as a solution to many of their problems. Kerala has the highest number of old-age homes in the country – close to 400 with 1500 boarders. The state-run Homes are running beyond capacity and the private ones have a long waiting list (Verma 2014: 5).

P.C. Varghese, an 82-year-old former income tax officer, and his wife now live in a 410-sq. feet living unit in Mission Valley, a private trust-run senior citizen care home for those aged 65 and above in Kottayam. About the arrangements he said: 'I am very happy here'. His ancestral home in a nearby town is locked. 'Our three children live abroad. I intend to live here until my last breath', he adds (Verma 2014: 5).

The two-storey building with 62 living units is home to 24 people, including three couples. For the last eight months, Varghese and his 75-year old wife have taken on lease a deluxe unit which consists of an air-conditioned bedroom with attached washroom and a small foyer. At mission Valley, 95 per cent of the units were booked in less than six months of its launch.

Rajamma, another elderly, lives in a government-run old-age home in Thiruvananthapuram. Her sole possessions are three pairs of traditional Kerala sari. She sleeps on an iron cot in the dormitory which she shares with 25 other women. The mother of seven children was left by her daughter at the Home for Women in Poojapura a year ago (Verma 2014: 5).

The superintendent of the Home said: 'Earlier we were just a care home but most women who were left here were never taken back by their children. They would give us false address and we couldn't

trace them. So, the social justice department decided to turn it into a full-fledged old-age home. The place has a sanctioned strength of 25 residents but houses 50 (Verma 2014: 5).

The state of Kerala is one of the first states in the country to adopt an ageing policy and implement “mental health programme” in all districts. The ministry of social justice and panchayats has categorized the elderly into “new old” (60-69 years), old (70-79) and “oldest” (80 and above) and has made arrangements to ‘rehabilitate the elderly in their homes’ (Verma 2014). The government has prepared the “We Care” scheme under which college students will be trained and be asked to provide voluntary services to old-age homes. Non-government organizations are also being asked to set up old-age homes. The government is also considering a scheme in which individuals can adopt elderly people, on lines of child adoption schemes.

The state government has also planned a Model Anganwadi project which aims to bring together three generations - the toddler, the teenager and the aged - under one roof. In the coming years with a fall in the use of Anganwadis and in school enrolments (because of low population growth), the government will use the premises to house the elderly (Verma 2014).

One can thus see that a lot of innovative programmes and schemes are being worked out and implemented to make the old-age homes happy homes for the elderly keeping in consideration all their requirements and problems. However, in the neo-liberal social order there is a possibility of commodification of such services.

### *3. NGO guided self-initiative*

Gangopadhyay (2013) gives us an outline of how the aged with their own initiative form an NGO or social network and take up programmes to make their life better. She basically speaks about the significance of individual “agency” and it can be transformed into a “collective agency” through social network and mutual support.

60+ Ishani Bhattacharya of Kamalgazi, Sonarpur, was in depression after the death of her husband; she lost the desire to live. Sukanya Sinha (70) of Bhawanipur lost her only daughter

and was in deep depression. Aparna Chakraborty (62) of Ballygunj, the wife of a busy doctor, had her son and daughter settled in the US and was feeling lonely. Mr. Pathik Bandyopadhyay (67) of Patuli, South Kolkata, was feeling lonely after losing his wife. His only son is settled in Mumbai, where he lives with his family (Gangopadhyay 2013). Although these senior citizens live in different parts of the city yet they are connected to each other through social network.

In Kolkata, there are NGOs which are working on some better alternatives for the aged based on the idea of social planning. It combines informal social networking and planning about how to best utilize the old-age, where to look for care and support. Mr. Amlan Bandyopadhyay and Mrs. Manosree Bandyopadhyay, whose two sons have settled in the US, have joined the informal group of the elderly. Many members of the group stood by Mr. Bandyopadhyay when, a few months back, he fell ill and had to undergo a surgery. The group keeps record of some basic information of the members like contact number, blood group, health report card with information of major ailments. The group discusses financial planning and exchange necessary information. The group promotes the idea of keeping physically active and mentally alert, encourages the members to undertake the work/projects which they could not do for want of time. Pre-retirement counselling has helped many to discover the "hidden self" in the elderly. The members of the group engage themselves in activities like social networking, learning music, vocal or instrumental. They sit in *adda* in coffee shops, go for movies, or go out for a tour in group. The members help each other with their experience and expertise in doing bank transactions, hospitalization, saving management and so on. They stand by each other in their moments of crises. They extend help even for their friends who have taken refuge in old-age homes. Some of them have taken to creative writings. Those who live close by go for morning walk together and exchange social visits. `

In Kolkata, there is an umbrella body for the elderly named Varishtha Nagarik Mancha (VNM), which collaborates with NGOs, to organize awareness workshops for the elderly periodically and offers different kinds of assistance. One such workshop was organized at Natyashodh Sansthan in Salt Lake

on 26 March 2014. Experts from different fields spoke on fields covering various aspects of old-age related problems. Gerontologist Indrani Chakraborty spoke on various inconveniences faced by the aged. She said: 'Breaking of joint family system has given rise to security issues related to finances, health and legal matters'. Mr. K. K. Chakraborty, former general manager, State bank Group, highlighted the importance of spreading "financial literacy", meaning awareness about the special rights of the elderly among them. Consumer rights activist Alok Mukherjee, explained the some of the provisions of the maintenance and Welfare of Parents and Senior Citizens Act, 2007, especially the provision that makes it mandatory for children or legal heirs to provide for their parents or aged relatives. He emphasized on using the rights like standing in separate queues meant for the elderly, use of seats in public transport meant for the senior citizens, making use of IT relief and airfare concessions. Mr. Mukherjee prescribed: 'You should make small groups of 60+, play cards, go to the library and discuss these issues. This would raise your awareness level' (Chakraborty 2014).

There is also an informal group called Parents in India Children Abroad (PICA). Neurologist N. N. Sarangi said while the children get busy enhancing their career prospects abroad, their parents in India suffer from depression due to insecurity and this, along with dementia, is becoming very common among the aging population. To get out of the crisis he prescribes regular exercise, right diet and life style modifications from an early stage of life (Chakraborty 2014). Mr. Samar Chakraborty, former chief general manager, Calcutta Telephones, emphasized on being updated with modern information technology, which, apart from easing communication, provide multiple devises to make life simple, particularly when the physical mobility of the elderly becomes restricted (Chakraborty 2014).

### *Conclusion*

Based on information from the secondary sources I have tried to draw an understanding of the problems faced by the elderly in India and particularly in the state of West Bengal. We have seen that the elderly in India are subjected to (1) criminal attacks,

including murder for their property, money, ornaments, (2) physical and verbal abuse at hands of the family members, and (3) mental torture of different kinds by the close ones. The senior citizens, who have taken their family and society forward with their invaluable contributions, experience loss of authority and importance in the family and in the larger society. They encounter loneliness because of death or dispersal of the family members, and suffer from depression, schizophrenia, and dementia. The common problem of the elderly in India as well as in West Bengal is that they live in an ambience of fear, amidst insecurities of different forms, which demands administrative intervention. Reading the literature, one invariably draws an impression that it is not only the close kin and the greedy criminals who are to be blamed but it is the whole social arrangement, which includes the state as well, which is responsible for the plight of the elderly. Basically, it refers to non-recognition of the immense contribution towards building of society that these human beings have made and are still capable of making. The problem can be articulated as a serious infringement of their rights; they after all deserve a fair and better deal.

It is good for the elderly that they now are being paid some attention by the state administration. This has resulted some legislations, programmes and policy declarations. The thrust of the legislations and administrative programmes are (1) extension of financial and other material benefits, particularly to the poor, (2) definition of the rights of the elderly which the state is bound to protect, (3) regeneration of the sagging family values and social care, (4) introduction of penal measure for the family members if they neglect or abuse their parents whose property they would inherit, (5) improvement of the facilities in the old-age homes in line with the special needs of old-age, (6) creation of network societies, (7) camps for spreading awareness about the rights of the elderly, (8) training programmes for the service providers to sensitise them to approach their job with empathy, (9) programmes for extension of the professional care to the elderly in their own houses, and so on.

Given that the aged in a city are a heterogeneous lot in terms of class, family composition, health status, locational status, and in terms of self-care, the institutional facilities would apply to them

differentially. The most common thing that they need is the protection of their right to live in safety and care and with dignity. Their involvement in productive activities makes their life at this stage meaningful while those who suffer from loneliness are most likely to die sooner. The family members and other close kin of the elderly ought to be guided by a sense of compassion, a sense of humanity, a sense of reciprocity to take them out of vulnerability and marginal existence. The family in the present case matters the most as most of the elderly might not even be aware of the State-initiated policies and programmes.

In my study on the middleclass elderly in Kolkata (Roy 2016) I have found that an overwhelming majority of the elderly are not aware of the state-sponsored supportive programmes or the legislations. They do not expect anything from the State. When the family care system breaks down because of downsizing of family, dispersal of family members and death of spouses they feel lonely, insecure. Aging and ailments take them to a stage when they cannot take care of themselves. The criminal attacks on the elderly living alone, which have become everyday affairs in the city, make them more insecure. As a solution, they move to old-age homes. The privately-run Homes in Kolkata are run on profit motive, and therefore the services they offer fall short of the expectations of the borders. The innovations in the care system that are in place in Kerala can be a major step forward, especially for those who do not have economic problems. The senior citizens with upper and middleclass background do not need economic support; rather, they need security and better professional care with a human touch. The state should consider more effective economic measures for the elderly fighting with poverty apart from social discrimination. Expression of “agency” in forming social networks in the mould of self-help is a welcome move.

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