1. Introduction

Medical and Socio-economic changes in the twenty first century have turned it into a century of old age. Old age is a time of grace. Scientific and technological progress has increased lifespan to a height, unprecedented in human history. As per Census 2001, the number of older persons in 2001 was 70.6 million (6.9%) which was projected to be 83.5 million in 2006 (7.5%). As per the projections the percentage of older persons will be 94.8 million in 2011 (8.3%), 118 million in 2016, (9.3%) 143.7 million in 2021(10.7%) and 173.1 million in 2026 (12.4%). The growth of population of the older persons shows upward trend. The gender position of the elderly reveals that the life-expectancy of women is found higher than men. Many of women in the 70 + age group are found to be either widow or single without any support for themselves.1

The population in Kerala is ageing at a faster rate than in the rest of the country. As per the census of 1961, the percentage of population in the 60-plus-age-group in Kerala was 5.13, which increased to 8.85 in 1991 and is expected to reach 20 by 2021 and 37 by 2051.2

The world in which we live is beset with evils, vices and ailments of all kinds – physical, mental, social, economic, emotional etc. It has been so, right from the origin of human species although the intensity of the maladies has increased with the passage of time. Selfless individuals and philanthropic institutions have come forward from time to time to prevent their occurrences if possible, or to counteract their baneful effect on the individual, society and the world at large. But the global economy has so drastically changed in the recent past that individual interest has gained precedence over social security and human solidarity. Consequently, family ties have loosened, and tested friendship and relationship have withered to such an extent that nobody can count on relatives and friends in times of
difficulties and a general atmosphere of helplessness prevails in all the spheres of social intercourse.

This, in turn, has engendered in the human mind an insatiable greed for wealth, which is thought to provide a haven in times of need, which has multiplied proportionate to the astounding progress achieved in the realms of science and technology and in the world of material pleasures. Curiously enough, health hazards and communal and regional animosities have rendered man’s life on this planet truly intolerable, outwitting all the progress achieved in the field of knowledge and know-how. Of all the health hazards that canker man’s health and physical well-being, dementia is perhaps the most menacing and dangerous. Unfortunately, this ailment is spreading at a rapid rate and millions of people have already become its victims. This disease has its ramifications, ranging from the disability to remember things for long to total loss of memory. This sad state of affairs has impelled me to make a probe into the nature of this malady and, if possible, find some means to ameliorate the suffering of the victims and those who are associated with them. So I considered it as a sacred duty to study the various aspects of this ailment and help counteract it in some way.

Much can be done to help these miserable people and to ameliorate their suffering - physical, mental, social, economic, spiritual etc. The role of the dear and near ones in this field is quite significant. By establishing frequent, close and loving contacts and communication, they can keep alive the urge to live longer in the older generation. This concern is far more important than material assistance. Charitable social organizations as well as the Government should take up the responsibility of giving succour to these citizens, thrown out of gear by senility and desertion.

For the year 2010, an estimated 3.7 million Indian people aged over 60 have dementia (2.1 million women and 1.5 million men). The prevalence of dementia increased steadily with age and higher prevalence was seen among older women than men. In 2010, there were 3.7 million Indians with dementia and the total societal cost was about Rs. 14,700 crores. While the numbers are expected to double by 2030, cost would increase three times. Families are main care-givers and they need support.
Dementia is an ailment that attacks a considerable number of the aged people. These people deserve utmost sympathy and compassion from their more fortunate fellowmen. It is, indeed, a tough job. Dementia is a syndrome that develops from the degeneration of the brain, usually chronic or progressive in nature which is manifested in the disturbance of multiple higher cortical functions. It is characterized by a progressive deterioration in intellect including memory, learning, orientation, language, comprehension and judgment due to the disease of the brain.\(^4\)

Dementia interferes with personal activities of daily living such as washing, dressing, eating, personal hygiene and toilet activities. The task of caring is stressful even if the person cared for is responsive, co-operative and loving. But the care-givers of patients with dementia face the additional burden of caring the relatives of the patients, who are often non-co-operative and even hostile. Many of the people who are the care-givers of these patients are elderly spouses themselves, who are suffering from serious problems of ill-health. Some others are daughters or daughters-in-law who are duty-bound to provide caring to their own children as well. The responsibilities of running a home and maintaining a job can be a burden, too heavy to shoulder to most care-givers.

2. Need and Significance of the Study

The demographic revolution has probably burdened the human society with additional responsibilities. The joint family system is fast breaking up, which results in loneliness, isolation, poverty, insecurity etc. So, genuine concern for the well-being of the old and the sick is disappearing. The morbidity pattern has also changed. In recent years, there has been a steady increase in the incidence rate of mental disorders. Senior Citizens who are healthy are a prized resource. They can make important and necessary contributions to their families, communities and national economics through informal labor or volunteer work, according to their preferences and capacities.\(^5\)

The family is and has always been the cornerstone of support for people with dementia. Most of the family members really want to care for their loved ones; but many find it difficult to do so. As the disease progresses
the care-givers are burdened with more active responsibilities of doing all the basic care such as dressing, bathing, helping at toilet needs etc. If the care-giver has still another job to do, the demands of the caring work and the additional responsibilities of care-giver make the life of the person quite trying and difficult, leaving him/her little time for relaxation and entertainment. However, employed care-givers often experience lack of support and assistance from other family members as well as from the health and social care professionals. As a result, family care-givers develop physical and mental health problems, arising from stress and strain. It is hoped that this study on the problems of family care-givers of dementia patients may throw light on areas such as the level of awareness, attitude towards their responsibilities and also the impact of the burden, physical, psychological, medical and socio-economic in looking after the patient. Throughout the world, the family members bear the brunt of the care of the people with dementia.

3. Operational Definitions

Geriatric: People above 60 years, who need special care for improving the quality of their life, come under the category of the aged

Geriatrics: The branch of medicine which deals with the structural changes, physiology, diseases and treatment of aged people

Geriatrician: A doctor who studies and treats the diseases of aged people

Gerontology: The scientific study of the process of growing old

Problem: The problems deals with this study are challenges, obstacles or difficulties faced by the aged people, dementia patients and their care-givers.

Socio-Medical analysis: It is the study of the important aspects of the ageing process, problems, interrelations of social welfare and healthcare. It embodies the subjective well-being, social support resources and active intervention with life of the aged people, dementia patients and their care-givers.
4. General Objective

The study aims at gaining a comprehensive and an in-depth understanding of the ‘Contemporary Geriatric Problems of Kerala through Socio-Medical analyses.’

Specific Objectives are

- To understand the ageing process with special reference to the condition in Kerala
- To analyze the socio-economic and medical problems of the aged people
- To explore the causes, types, clinical manifestations and problems of dementia
- To identify the role of family care-givers between the age group of 40-70 years in the effective management of dementia patients
- To find out the relationship between the subjective well-being and the social support resources of the family care-givers
- To find out the relationship between the subjective well-being and family burden of the family care-givers
- To suggest certain ways and means to ameliorate the sufferings of the aged people and to promote the well-being of the care-givers

5. Research Hypotheses

- The aged people have to face formidable socio-economic and medical problems.
- The greater the dependency of the victims on the care-givers in the activities of daily living, the greater is the intensity of the burden of family care-givers.
- There is significant relationship between the subjective well-being and social support resources of the family care-givers.
- There is significant relationship between the subjective well-being and burden of the family care-givers.
It is possible to ameliorate the sufferings of the aged people and to promote the well-being of the care-givers through the interventions of Government, social organizations, family members and individual himself.

6. Modus Operandi

The venerable elders are now facing many socio-economic and health care problems. The first part of the present study seeks to examine the socio-economic problems of the aged people in Kerala, taking a sample of 124 persons above 60 years from the 100 households, interviewed. The second part dealt with the dementia disorders which are the most common cause of psychopathology in the aged people. The family members are the main care-givers and they need support. So 200 family care-givers between the age group of 40-70 years were interviewed for the purpose of this study. Accordingly primary and secondary data were collected. The data were collected from three Districts such as Thrissur, Palakad and Malapuram. The patients and their relatives are the primary sources. This method included interview schedule, questionnaires, observations and discussions which were recorded in a specific organized manner by using standardized tools.

Tools of Data Collection

- A Socio-demographic Interview Schedule (developed for the study)
- Subjective Well-being Inventory (Rup Nagpal & Helmut sell 1992)\(^6\)
- Family Burden Scale (Pai,S & Kapur 1981)\(^7\)
- Social Support Resources (Vaux A. Harrison,D 1985)\(^8\)

7. Data Analysis

The data analysis was predominantly done using the Statistical Package for Social Sciences (SPSS 17.0). Percentage analysis is done for the socio-demographic data. Suitable statistical tests such as the t-test, ANOVA and Correlation Analysis are used to test the hypotheses and to generalize the results of the study.
8. Limitations

- Geriatric problems of the aged, being a topic of very vast dimension, an in-depth study of all the aspects could not be attempted.

- Geriatric problems have different aspects like psychological, religious, economic, social, biological, medical etc. All these factors are inter-related. So there were difficulties in separating the socio-economic and medical problems.

- The scope of the study is limited to ‘home-living elderly’. Institutionalized elderly are beyond the scope of the study.

9. Chapterisation

The first chapter comprises an introduction, historical survey of the ageing population, the need and significance of the study, objectives, hypotheses, operational definitions and the limitations of the study.

The second chapter presents an extensive survey of the literature related and relevant to the topic and the theoretical basis of it.

The third chapter explains the research design adopted for the study. It covers the objectives and the hypotheses to be tested, various definitions, sampling procedure, the tools used for data collection and the plan for data analysis.

The fourth chapter presents the various geriatric problems, types of old age abuse and an analysis of socio-economic problems of the aged people.

The fifth chapter deals the medical aspects of the problems with special emphasis on causes, types, symptoms, problems, crisis of caregivers, management and its treatment of dementia.

The sixth chapter explains the findings on the socio-economic problems of the aged, socio demographic factors, subjective well-being, family burden and social support resources of family care-givers of dementia patients.

The seventh chapter consists of the major findings, conclusions, suggestions and recommendations – individual, familial, societal and National level made in the light of the findings of the conducted study.
10. Major Findings

- The elders face more chronic diseases than others. The present study also reveals that as age increases, the expenditure for medicine and health care also increases. It increases the socio-economic problems of the elderly population as well as the family and society.

- It was found that, the problems of the elderly, both physical and mental, go on increasing as they advance in age. Family members do not have enough time for the care of the aged people.

- Most of the aged people have a positive attitude towards attending social and religious gatherings. But as they advance in age they are unable to attend it and this makes them unhappy.

- Most of the aged people are ignorant about the various programmes and pension schemes provided by both the Central and the State Governments and through the Panchayat for their benefit.

- There exist significant differences in the subjective well-being of care-givers belonging to different age groups. Care-givers belonging to 50-59 age group experience more difficulties compared to those in 40-49 and 60-70 age groups.

- Care-givers living in Panchayat areas experience more difficulties compared to those living in Municipal and Corporation areas.

- It was observed that only about 43.5 percent of the care-givers have good sense of subjective well-being, the remaining 56.5 percent of the care-givers experiences difficulty in happy living.

11. Suggestions and recommendations

It should be clearly understood that the problems of tackling old age is not a simple one. It calls for a multi-dimensional approach that covers all the areas of human life-individual and social. Man does not live by bread alone. His emotional, mental and spiritual needs should be given due consideration in chalkling out a policy to encounter the inevitable phase of old age and the entire disabilities attendant upon it. The responsibilities though formidable can be shared by all those who are concerned with the welfare of the old and the senile, which will necessarily lighten the burden involved in this laborious
task. Feasible solutions may be sought at the individual, familial, societal and Governmental levels.

a. Individual level

The first and the foremost responsibility lie with the individual concerned. Planning for the evening phase of life, well in advance will go a long way increasing the stress and strain associated with old age. Few people are born with silver spoons in their mouths. Most people build up their lives, with their own efforts and perseverance. Spending recklessly everything that comes one's way is a highly pernicious conduct. To develop the habits of thrift and saving at an early age is to insure for old age and to ensure that dependence on others could be reduced to the minimum. Love for one's dear, near relations is a natural instinct and on unguarded moments one is apt to gift away everything one has earned during one's fruitful years. Such generosity is quite unwise and unwarranted. Prudence demands that enough should be set apart to meet the needs of difficult times. We should heed the wisdom embodied in the adage: Hope for the best but be prepared for the worst.

b. Familial level

At the familial level one's partner in life and children are the primary sources of support and succor during the imbecilities of one's senile phase of life. In the days gone by, the existence of the joint family system provided security to the older members of the family. Love and respect flowed to them spontaneously, which prevented them feeling useless and unwanted. But much water has flowed under the London Bridge since them. The familial scenario has undergone a drastic change. The micro-family concept now reigns supreme. To add insult to injury, large-scale migration of the young in search of avenues new has aggravated the malady. By and large, the older ones are left alone in the house without any external support. The condition of the sick and the ailing among them is quite pitiable. In this swift running flow of life few people have time to think that these elders who have spent all their youthful energy and sacrificed their own comforts in the interest of the family are now helpless destitutes, who deserve utmost compassion and assistance. Even affluent children send their aged parents to old age homes, most of which are ill-kept and dirty dungeons. One may hope that, if only that they care to think of what is in store for them.
c. Societal level

History testifies to the fact that the society played a significant role in making old age less miserable, even enjoyable and useful. People belonging to homogeneous groups mixed closely with one another, showed genuine concern for the well-being of elderly people, who were given high respect and reverence at social gatherings, which were more frequent in olden times. It is a welcome sign that efforts are being made to revive the beneficial aspects of tradition in India in the form of what is known as the Panchayat Raj. This shows that there is a growing awareness of the obligation of society to participate in programmes meant for the betterment of the old and the ageing. There is a steady increase in the formation of Senior Citizens Forums and Day Care Shelters in various parts of Kerala and it bodes well for the future of this segment of the population. Dementia is perhaps the most disturbing ailment that affects the senior citizens and it has manifold implications of personal, familial and societal dimensions.

d. National level

The rehabilitation of the aged is a task so complex and comprehensive that it can be accomplished only on a National level. All the resources at the disposal of the States and the country should be mobilised to meet the vast requirements of this ambitious mission. The primary duty of the Governments would be to function as the co-ordinator of the various agencies, functioning at present as well as those which would be set up to realize the purpose, sought to be fulfilled. The main aim should be to utilize the potential of extensive experience in diverse areas of life, possessed by the older generation. This will serve a dual purpose. It will help the society as a whole in resolving the various issues, arising in the day-to-day lives better and more efficiently. At the same time it will generate in the minds of the retired people an urge to live as their wisdom, acquired over a life time, is found appreciated and exploited. Consultancy services of various kinds can be set up too help those who are in need of help at affordable costs. Women, old but healthy, can be encouraged to constitute co-operatives in the field of producing foods and household utensils. These ventures should be supported by providing with adequate subsidies and facilities for marketing their products. The Sarvodaya concept of Gandhiji, so zealously upheld by
Jayaprakash Narayanan, could be the best role model in implementing the programmes for such resource utilization. These could be achieved only through becoming legislation and proper execution of the laws so made. Indian Constitution expects that the law courts, headed by the Supreme Court, would act as guardians and see that all the enactments be implemented in their true spirit.

e. Media level

Last but not least in importance is the role of the fourth Estate, the Media. Today the media can play a vital role in shaping public opinion and in upholding the rights and requirements of the poorer sections of the population. They should take up the case of the senior citizens, who are vexed and oppressed with serious disabilities. Proper awareness should be created on a National level that they deserve to be treated compassionately and with profound gratitude since they have contributed, not a little, in making the world what it is today. The important fact is that they deserve preferential treatment in hospitals and public utility services, well-equipped day care centers and old age homes could be used as parts of the rehabilitation process.

12. Conclusion

This research study has served a very useful purpose. It has convinced the researcher beyond the shadow of doubt that it is high time that the society realized that old age is not merely a personal matter to be left to an individual or a family to find solutions to the numerous problems attendant on it, but a cardinal issue which should be tackled through the concerted efforts of all those who constitute a nation and if possible on a global basis, with an indomitable will and firm determination. The reason is that the well-being of one is inextricably connected with the welfare of everyone else since the world has reached a stage of development that no man or no country can live in isolation, cut off from the rest of the world. Unlike joy which is doubled when shared, sorrow gets lightened when shared with other people. It should be recognized that care-givers play a vital role in bringing succour to individuals, which in turn, contribute substantially to the welfare of the entire society. So the well-being of the care-givers is the primary responsibility of the society as a whole. No stone should be left unturned in bringing ease and comfort to their stress-filled tiresome lives. And they, on