

Elder Abuse and Quality of Life: A Study Among Elderly in Rural and Urban Households of Maharashtra

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Abstract

The irreversible and inevitable process of ageing, initially seen as a concern of the aged persons and their families alone, has now gained wide public attention. For nations like India with a higher percentage of older cohorts, care and safety of elders have become one of the emerging concerns in Public Health which rationalises the need for in depth studies on 'elder abuse' to safeguard and uphold the pride, integrity and dignity of India's ageing population. An extensive literature review also supported the need to identify the underlying hidden aspects of elder abuse. This study was aimed towards interlinking these multiple dimensions of elder abuse with QOL undertaking gender concerns too. It also aimed to explore the role of power dynamics on elder abuse, the coping strategies and support needs of the elderly. The study utilised both primary as well as secondary data to meet the objectives. While the secondary data (based on a study by UNFPA) revealed a high prevalence of elder abuse among the oldest elderly coupled with the lowest scores of QOL, the primary data via interviews threw light on to the darker sides of power dynamics and exploitation of elders within their own households. The findings also reflected the interlinkages between gender and abuse. This study underscores the need for further studies which can explore the inextricable linkage between these three aspects, which would definitely be beneficial in designing gender based policies and strategies to safeguard the health and life satisfaction of the aged population.

Keywords: Elder Abuse, Quality of Life, Coping, Gender, Power

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Introduction

Ageing, being ineluctable leaves little option for any living being including humans to flee from its grasp. But this natural cycle of ageing is witnessing certain paramount changes since the last few decades, forcing the nations world-wide to address the challenges of 'demographic shift'. The increased life expectancy coupled with the declining fertility rates across the globe has increased the percentage of the aged population all over the world. Globally there were 703 million older persons aged 65 or over in 2019 and the number of older persons is projected to double to 1.5 billion in 2050 (United Nations, 2019). Ageing being a worldwide phenomenon, India is no exception to this. According to the Population Census 2011, India is home to nearly 104 million elders (Office of the Registrar General, 2011) who represent a larger population than the combined entire populations of several countries in the developed world, posing serious challenges for health, economy and development. Among all these challenges, the supreme concern for a democratic nation like India must be towards ensuring the basic needs and rights of senior citizens like safety, security and health. In this regard, a major issue of our elders is the 'mistreatment' and 'abuse' they face, mostly from their close family members which may deny a good quality of life to our elders.

This concept of QOL among the elderly is a multidimensional one which encompasses the subjective sub concepts of successful living, happiness or active life as evidenced from the work of Bowling (Bowling et al., 2013). Lately, QOL has become an important concern in discussions regarding ageing and related social problems like elder abuse. The feminisation of ageing has shown its effect on the concept of QOL also. A study on the Quality of Life of older women in Austria revealed that 'abuse' and 'dependency' are major risk factors behind low quality of life in older age (Lang & Enzenhofer., 2013). Still there are only very few studies focusing on this aspect. As far as current trends in ageing is concerned, both these concepts i.e., 'elder abuse' and 'QOL' which are of utmost importance for the aged people, must be viewed through a gender lens too. This is possible only with studies which can explore the interconnectedness between these three aspects viz. abuse, QOL and gender which would definitely be beneficial in designing gender based policies and strategies to safeguard the health and life satisfaction of the aged population.

Objectives

This paper aims to identify the differentials in elder abuse and QOL of elders across the rural and urban areas of Maharashtra. It also aims to explore the coping strategies and support needs of the elderly along with the role of gender and power dynamics in elder abuse.

Methodology

The present study was done using a mixed methodological approach. A quantitative approach was used to analyse the secondary data source and a qualitative approach was employed to explore the in-depth and broader dimensions of elder abuse. The present study drew secondary data from a National level survey conducted by United Nations Population Fund (UNFPA) named 'Building Knowledge Base on Population Ageing in India'(BKPAI), conducted in seven states of India with the highest propor-

tion of elderly, among which data pertaining to the state of Maharashtra alone (owing to its relatively significant position in the demographic composition of elders in India) was analysed in this study. The sample for each state (same for Maharashtra also) was fixed at 1,280 elderly households. The sample size was equally split between urban and rural areas and 80 Primary Sampling Unit (PSU) equally distributed between rural and urban areas were selected using probability proportion to the population size (PPS). In Maharashtra an almost equal number of households were selected from rural (608) and urban (590) areas and the final sample included a total of 1,435 elderly men and women aged 60 and above from 1,198 households across the state of Maharashtra.

The primary data for this study too was collected from the state of Maharashtra from households located at different places of Mumbai Suburban district, Thane and Palghar districts using In-depth Interviews (IDI), Focus Group Discussions (FGD) and Key Informant Interviews (KII). The elderly persons for both IDIs and FGDs were recruited using snowball sampling technique (following the purposive sampling of study areas), after establishing initial contacts with key persons in the communities and the Key informants (persons working for elder welfare) were identified through relevant websites and also from personal knowledge and were contacted via email or telephone to schedule the interviews. The primary task of the researcher was to create an overall QOL Index exclusively for this study out of the secondary data set from the UNFPA study. The data collection for qualitative part required the construction of separate interview guidelines for IDI, FGD and KII and the required data was collected between October 2018 and December 2018.

Major findings

DIFFERENTIALS IN AGE GROUPS			
Age in years	Rural	Urban	Total
60 -69	483 (63.5)	488 (72.4)	971 (67.7)
70-79	208 (27.3)	134 (19.9)	342 (23.8)
80 and above	70 (9.2)	52 (7.7)	122 (8.5)
Mean (SD)	67.91 (6.686)	66.87(6.884)	67.42 (6.79)
χ^2	$\chi^2 = 13.47, df = 2, p = 0.001$		

Figure 1: Differentials in age groups

Figure 1 shows that the mean age of the participants in this study was 67.42 years. The age of the elderly ranged between 60 years to 120 years. For the ease of analysis, the age was grouped into three categories viz. 60-69, 70-79 and 80 and above. In both rural and urban areas, the majority of the elderly belonged to the 60-69 years' age group. The oldest elderly (80 & above) was higher in number in the rural areas (70 persons), compared to the urban areas (52 persons). Cross tabulation also revealed

that there existed significant association between the place of residence and the age groups of the elderly, whereby rural areas had the highest number of oldest elderly persons whereas urban areas catered for the highest number of young elderly individuals.

ELDER ABUSE AND OVERALL QOL SCORES AMONG DIFFERENT AGE GROUPS OF ELDERS		
Age in years	Presence of elder abuse (Frequency (%))	Mean (SD) of overall QOL index
60 -69	288 (29.7)	63.08 (8.53)
70-79	100 (29.2)	58.16 (10.17)
80 and above	60 (49.2)	50.89 (13.47)
Test statistics, df and P value	$\chi^2 = 20.05, df = 2, p = <0.001$	$F = 108.742, df = 2, 1432, p = <0.001$

Figure 2: Presence of elder abuse and mean scores of QOL

Figure 2 depicts the frequency and percent distribution of elders who faced abuse ever in their lives along with the mean QOL scores of overall QOL index among different age groups of elders. It was found that the presence of elder abuse was highest among the oldest elders (aged 80 & above) in comparison to the younger cohorts of elders. An elder abuse screening test done in Kerala too revealed that older elders were more vulnerable for abuse (Sebastian & Shekher., 2010). In reverse to this, the mean scores of QOL were found to be highest in the 60-69 year age group in comparison to the older cohorts. The oldest elders (80 & above) were found to have the least mean scores of QOL. Figure 2 also shows that the ‘p’ values for age groups, was highly significant (‘p’ value = <0.001), both in terms of elder abuse and the mean scores of overall QOL index.

DIFFERENTIALS IN ELDER ABUSE ACROSS RURAL AND URBAN AREAS OF MAHARASHTRA			
Ever faced abuse	Rural	Urban	Total
Yes	266 (35.0)	182 (27.0)	448 (31.2)
No	495 (65.0)	492 (73.0)	987 (68.8)
$\chi^2 = 10.52, df = 1, p = 0.001$			
Note: Figures in brackets denote column percentage			

Figure 3: Differentials in elder abuse

As shown in Figure 3, 31.2 percent out of the total elderly population studied, was found to have faced abuse or neglect at some point in their lives. Among rural areas this was 35 percent whereas in urban areas the percent of abused elderly was only 27. This reporting of abuse was found to have significant differences across rural and urban areas.

DIFFERENTIALS IN MEAN QOL SCORES OF ELDERS ACROSS RURAL AND URBAN AREAS								
Categories	Rural		Urban		Total		F value	P value at df =1433
	Mean	SD	Mean	SD	Mean	SD		
Overall QOL Index	60.19	9.96	61.64	10.29	60.87	10.14	0.041	0.007

Figure 4: Differentials in mean scores of QOL

Figure 4, clearly shows that the mean scores for the overall QOL index was higher for elderly belonging to urban areas when compared with the elders of rural areas and this difference was found to be statistically significant. A study by Usha and Lalitha (2016), to assess the QOL of senior citizens in Kerala, India too stated that senior citizens in urban areas showed significantly better QOL than the senior citizens in rural areas.

Being a phenomenon believed to be deeply intertwined with familial relations and societies, ‘elder abuse’ deserved much deeper understanding which necessitated the supplementation of the quantitative data with some form of qualitative data too. In this context, primary data was collected to explore into the coping strategies adopted by elders to deal with abuse, the support needs of elders and the role of gender and power dynamics in elder abuse.

Coping strategies adopted by elders

Coping strategies were explored to understand how well our elders were handling the problem of abuse by themselves. There was a basket of diverse responses from elderly belonging to different regions. Since the problems of abuse were mostly reported by the urban elders, coping strategies were also reported mainly by urban only. When rural elders were asked about the same, even those who suffered abuse told that it was their destiny. These rural elders were not even having the understanding of the need for coping strategies.

Coming back to the urban elderly, different participants had adopted different ways to cope with abuse. Most elders resorted to measures like ‘purposeful avoidance of interaction with perpetrators of abuse’ and ‘keeping silence’ during times of abuse in order to cope up with abusive situations. A male respondent from an urban slum had said, *‘When they say something I move away from that place. When I move out then*

after some time things will get settled automatically. Some others believed that remaining quiet and not responding to verbally abusive words was one nice way to keep oneself calm. An urban female respondent had said, *'I don't have much conversation with them. That's why there is no fight. I just do my work ... If they go out somewhere, I don't ask.'* Some preferred to take God's name and seek peace instead of fighting back as reported by one of the female elderly participants from an urban area where she said, *'I don't do anything as such, but I try to be calm and remember God at that time.'*

Some elders were of the opinion that, even if it was better to keep quiet during times of chaos, it was necessary that later elders made their children understand that their deeds were wrong and hurtful. A male elderly from a rural area said, *'At that time, we should be calm and be quiet. But later when any such incident repeats, then we should make them realise that their behaviour was not good.'* Very few of the elders were of the opinion that 'sharing problems with friends or trusted others' made them feel relaxed. But many were against this opinion as they believed that sharing their problems with other elder friends would never solve their own problems as their friends themselves were also living under the same stress. One of the male participants from a FGD had said, *'I share with my friends. What will they do? They say it's the same with us also.'*

Thus different elders resorted to different ways to deal with abuse. It was interesting to note that one participant even said that she found solace in signing songs whenever she felt sad due to abuse.

Support needs of elders

Identifying the support needs of elders is inevitable while discussing the issues and problems of elders. Elders' support needs were primarily grounded with meagre expectations of some money and food from their children, especially from their sons. 'Money' or income from any source was found to be the primary need of elders. One male participant from an urban area had responded, *'When they don't give money, we feel sad. Without money, we can't survive.'* Apart from their children, they had expectations from the government too. Most elders were depressed by the fact that they were not getting their 'old age pensions' and they openly expressed their disappointment towards the system. An elderly female from a rural area had angrily said, *'No one gets pension here, they have been saying for years that you will get pension but they never gave it to us.'* Another male respondent from an urban area had said, *'We don't get anything. We have filled a lot of forms and submitted them but there is no clue of this old age pension.'*

While those without any income were surely depressed, on the other hand those elders who had savings and who were getting retirement pensions were quite free of tension and seemed to be happier and content in their lives. A female participant from the rural area had proudly said, *'Both of us get pension... and we don't need anything from the children.'* With regard to the same, another female widow respondent from a rural area had said, *'I am getting the pension of my husband and therefore I can buy medicine.'*

Another catch in concern with this was regarding the rising cost of health care which eventually made health services unaffordable for a larger section of our elderly population. A male participant from a rural area had said, *'I feel that those who get pension and who are little better financially, only they can go to private hospitals for their treatments and they only can afford the expensive medicines.'* Another female participant from the rural area too conveyed the same fear stating that health was the biggest issue for elderly people and that whenever they fell sick, the family members surely got irritated thinking about the medical expenses they will have to bear.

When enquired about the support they received from their spouses and other family members, many of the elders claimed that their spouses were very supportive and even their siblings were so much supportive. Another thing which caught the attention of the researcher was the need for awareness and counselling for many of those elders who simply wished to push off their lives somehow till death. One male participant from a rural area had said, *'Now what to cry about, what can happen, it is like that, I think that why I am living life, there is no meaning to it.'* The key informants too pointed out the need for 'awareness' among elders, so that they can remain independent to some extent and fight for their rights. Many key informants reported that they helped the elders to understand the thin line between respect and the need to be a decision maker.

Another important thing pointed out by key informants included the need to gather sufficient evidence in cases where the elders wanted to prove that they were being abused so as to ensure proper support from the system and to bring it into the attention of policy makers about the need for elder care policies. Again this collection of evidence is possible only when our elders are empowered to be vigilant and wise during times of abuse. This again necessitates the need for 'awareness' programs for elders. Key informants also made it a point that the Government needs to intervene further in providing all possible assistance to the elders be it medically, socially or financially. One of them had said that if the Government intervened properly, it would solve 90% of the problems of the elders. One of them had said, *'The elders are having much expectations from the government.'* Again this points to the core fact that fulfilment of elders' support needs largely depended on the actions taken by the government.

Role of gender and power dynamics in elder abuse

The role of gender, power and control in elder abuse was explored with a view to understand the darker sides of elder abuse which often remained hidden within four walls of houses. Most of the elderly revealed that their family members often used different coercive tactics to win over them. Some of the elders reported that many times they had to face continuous verbal threats and in some cases physical harm too from their close ones in connection with the latter's attempts to obtain money or property from the elders. One female elderly participant from an urban area had told me, *'He does not do anything. He always pressurises me to pay the rent, to pay the electricity bill, water bill and all. But how can I pay as I don't earn anything.'* Several other elders too faced similar coercions from their children, especially from their sons. Another elderly widow from an urban area had asked me, *'He asks me to sell my house and give him his share... But where will I go after that? Will I go on the streets?'* An elderly male respondent from the tribal area had an even worse story to

share. He told, *'My brother's son comes and beats me up for land, he has given his share of land to someone and now he is coming to me to take my share of land'*

Another urban female elderly had reported that her children had started to keep her empty stomach and they did not give her any food till she surrendered before their demands of money. Another type of threat faced by elders was in the form of fake attempts of suicides by their daughters-in-law. Some elders said that whenever they said or did anything which their daughters-in-laws didn't like, she would immediately start threatening them with 'suicidal attempts.' Referring to the same an elderly female from an urban area had stated, *'My daughter in law would hit me often with her legs She would even run out of the house threatening to end her life if I ever said anything. Hence I can't do anything'*. Several key informants too shared their experiences where many elders had revealed to them regarding the threats faced by them from their children.

These revelations clearly underscore the fact that most elders, especially widows suffered a lot of threats from their perpetrators who tried to weaken the spirits of these elders and thereby gain control over them. Thus most elders faced emotional breakdown and were leading their lives in total 'fear.' It was saddening to find that 'old age' which should have been a graceful one with good old memories and love from dear ones was actually a nightmare for most of the elders. Many elders spent their later years in fears and tears. Some of these fears were rooted in their feelings of worthlessness as very well said by one of the key informants. She said, *'In cases where they lived with families, they feel that 'I am of no use now, I don't earn anything. I am simply sitting; so will I be separated from my family? Will the family be willing to take care of me? They have all these tensions every time'*. Similar concern was shared by a male elderly from rural area as he told, *'When I was earning money that time I was giving to them, and now they are saying that you are not earning any money, what can we do in that. They might drive me out of the house.'* Some elders even feared that their children might dump them in the old age homes.

Apart from this many elders feared their daughters-in-law. One female participant from the urban area had mockingly said, *'Earlier mother-in-law used to trouble daughter-in-laws. But now the situation is different. Now whatever daughter-in-law says mother-in-law has to listen.'* Sharing a similar opinion one key informant had told that elders were even afraid of smaller things like breaking a glassware or something. She said, *'They fear that if the glassware breaks, then in the evening, the daughter – in – law will question, also they are fearful about their own individuality and worth being questioned by their daughters-in-law.'* Several elders, especially the females had shared a similar opinion that they were really afraid of handling the modern equipments, particularly the glass-wares and some of them had even told that they were even blamed by their daughters-in-laws if at all they ate a little more food or consumed more 'water' for their daily chores.

Thus we can see that most elders lived in fear and these fears were not basically regarding any physical harm or illnesses or safety, instead many of their fears were grounded on meeting their basic needs where they even feared to 'eat' or 'drink' according to their wish and needs. Since many of these concerns were addressed by the female participants and since most of them blamed their daughters-in-law for the

same, it clearly pointed towards the hidden aspect of gender and power which often decided the course of elder abuse in households.

While interviewing the elderly males, a few of them had commented that it was their wives who faced more problems than they themselves. When enquired about the reason behind that, an elderly male respondent from rural area had told that *'Old woman stays at home every time and has more problems, but old man is like, he goes out, moves around and so it is ok with him.'* This points to the harsh reality that increased hours of stay at homes made elderly women more vulnerable to abuse than their male counterparts. Same opinion was shared by a female elderly participant in an FGD session where she said, *'It happens more with women. Because women live with them all the time and daughters-in-laws don't like that. They think that they don't get any freedom. Because of this they trouble these elders more.'* Another respondent from the same FGD session had stated this issue with these words, *'Women hear more, suffer more and bear more too.'*

Again this problem seemed to affect widowed elders more in comparison with those elders who lived with their spouses. While talking about the same, an educated female elderly participant who was living with her husband in a rural area was of the opinion that, *'If her husband is there, then he takes care of her. But when he is not alive then her condition becomes very pathetic That's why she should try to earn something if her husband dies.'* This opinion is pointing towards another major challenge faced by the elderly widows who are often forced to do some kind of jobs for their existence. One of the key informants had said, *'Even there are ladies who are aged above 60 years and 70 years who are still in search of jobs. They come to me asking about 'are there any jobs like household work or food making etc.', even at this age. So this shows that even at this age they are suffering.'* Again finding a job was not an easy task for many elders, especially for the females. One female participant from a rural area had reported that many times they had to hide the actual reason behind searching the job in order to protect their dignity.

At the same time, we cannot neglect another reality that most elderly men are also engaged in some sort of work, mostly to fulfil their gendered roles where they are expected to take care of their families till they die. Many of the male elderly participants in this study, especially those belonging to the urban slums were still working hard to earn money to support their families. Another crucial point of discussion arises as some of the female elderly respondents had reported that for them abuse was not a new thing as they were subjected to different forms of abuse starting with their marriage itself. One female elderly respondent from urban area had said,

'I was married and then my mother-in-law She used to beat me. My husband did the same and even my brother in law also did the same Later I started working again I used to earn and I used to give the money to my mother in law Now all my sons except the younger one treat me very badly, they don't give me anything. They don't even talk to me properly and I am still working for myself and my sick husband.'

Similar stories of abuse were shared by some other elders too where they tried to put into words all those sufferings which they had been bearing since several decades.

Study revealed that elders had differing opinions on whether daughters were expected to support them. Majority of the elders wanted only their 'sons' to take care of them. Whenever they mentioned that 'children' did not take care of them, they were always referring to their sons only, leaving a big question in front of the researcher, why daughters are not counted? When explored about the same, a female respondent from an urban area had said, 'It is not good to ask daughters. My own son doesn't care about me then why should I ask my son in law to look after me?'. Another female participant had reiterated the same view stating that, 'No one will pay us, I am not having any son, my daughters got married, I am all alone, who will give me money.' These responses clearly reveal the influence of 'gender' and 'gendered roles' even in the minds of elders where they firmly believed that daughters need not take care of their parents.

But there were a very few elders with a different viewpoint who believed that care of the elderly parents was the shared responsibility of both sons and daughters. An elderly male respondent from the urban area had told me that 'everybody should take care equally, whether son or daughter. It's wrong if a son takes more care and daughters take less care.' Same opinion was shared by one female elderly respondent from a rural area as she said, '*It's the same with daughters also. We take care of her too the daughter is also having some responsibility*'. These mixture of responses from elders raise many questions regarding the implied 'gender dynamics' behind elders' expectations from their own children.

The study findings clearly revealed that 'power dynamics' operated within the families almost uniformly in both rural and urban areas and in both places female elders suffered more than their male counterparts. A review of literature to understand the feminist perspective on gender and elder abuse (Nerenberg, 2002) too suggested that more research, debate and analysis are clearly needed to achieve a clearer understanding of how the economic, social and political status of the women and the elderly, as well as the cumulative effects of ageism and sexism, contribute to elder abuse.

Conclusion

The findings from this study indisputably proves that most elders in Indian households were leading their lives in agony and distress. The major reasons identified behind this suffering is the lack of financial security which made these elders entirely dependent on their offsprings. The study also established that rural elders were much more vulnerable than their urban counterparts and hence needs more attention and care. The role of 'gender' in elder abuse is explicit from the qualitative findings from this study, as elderly females were often found to bear more abuse due to their gender bestowed submissive status in the society. Elderly men too were found to be operating within the framework of gender constraints where children expected them to be breadwinners for lifetime as several elders (especially those from urban slums) were still working hard to support their families. All these findings converge at the point where the policy makers are expected to come up with targeted interventions to address this issue of major public health concern and any failure in addressing the same would pose serious threat to the health, safety and quality of life of our elders.

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