

A COMMUNITY BASED STUDY ON ELDER ABUSE AND DEPRESSION IN BANGALORE RURAL

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Abstract

Background Elder abuse is a hidden problem, frequently cloaked under the shroud of family secrecy. Elder abuse and neglect prevails among the different socio-economic groups, religious communities and cutting across rural-urban boundaries. The mistreatment of elderly causes a range of long-term physical and psychological health problems.

Objectives

- To find out prevalence of elder abuse in the rural community.
- To assess the extent and nature of abuse faced by the elderly.
- To study socio-economic and demographic factors which increase the vulnerability to elder abuse.
- To find out the association of elder abuse with depression in the study group.

Methods Total 127 elderly persons were interviewed by systematic random sampling. A well designed, pre- tested questionnaire was used to elicit elder abuse and depression. The data analysis was done using percentages and chi-square test.

Results Elder abuse was reported in 52(40.94%) individuals. There were 24(18.89%) individuals reporting physical abuse, 48(37.79%) reporting psychological abuse and 39(30.71%) reporting financial abuse. Elder abuse was significantly associated with depression. ($p < 0.001$)

Interpretation and conclusions In elderly, psychological abuse was most common followed by financial and physical abuse. The vulnerability to elder abuse was found significantly associated with gender and economic dependency. Elder abuse is a risk factor for depression.

Keywords Abuse, elder abuse, physical abuse, Victimization, depression, psychological abuse.

Introduction

In India where a value based, joint family system prevails; old Age has never been a problem. As Indian culture is automatically respectful and supportive of elders, elder abuse has been considered as a western problem. Since coping capacities of the younger and older family members are now being challenged, unwanted behaviour by the younger family members is experienced as abnormal by the older family member. Elder abuse is a hidden problem, particularly in countries like Japan and India, where elders are traditionally revered, awareness is just now developing that abuse does occur. No country reports statistics how much elder abuse occurs [1].

In India, elder abuse has only recently been a subject worthy of serious academic inquiry and concerted action. Mainly due to absence of valid statistics and systematic collection of facts related to

the problem, it is still under recognized and insufficiently acknowledged. The issue of under reporting as well as lack of conceptual and definitional clarity comes in the way of finding ways and means to combat it. Finding the solutions to elder abuse is further complicated by the social taboo on discussing the subject and consistent denial by family members that abuse takes place in their homes. Also, from the legal point of view is the difficulty that not all of the situations characterized as abuse fit into existing legal categories. Consequently, elder abuse is being given very less attention as a social or public health issue. Also very less effort is being put to tackle the causes of abuse and develop interventions [2].

In India, with increases in the older population, defined as 60 years and above, currently almost 8% of the total population, projected to be 142 million by 2020 from the 77 million as per the 2001 census, the

issue of elder abuse and neglect can no longer be ignored and go unrecognized. Also, with the National Policy on Older Persons in place since 1999 and National Council for Older Persons established in the country, elder abuse and neglect as a concern requires action for combating it from the government and society [2].

Elder abuse and neglect prevails among the different socio-economic groups, religious communities and cutting across rural-urban boundaries. The mistreatment of elderly causes a range of long-term physical and psychological health problems. Since certain factors precipitate abusive situations, elder abuse is more likely to occur if the person is physically and mentally challenged or economically dependent [2].

Regarding the prevalence and incidence of elder abuse and neglect, there are no reliable national level data in India. As elder abuse and neglect occur in the privacy of the home, it is difficult to quantify it. There is no mandatory mechanism by which mistreatment, neglect or abuse of older people can be reported in Indian society unlike in some western countries.

Aim

To study the prevalence and socio-demographic factors influencing elder abuse in a rural area.

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- To study socio-economic and demographic factors which increase the vulnerability to elder abuse.
- To find out the association of elder abuse with depression in the study group.

Materials and Methods

The study was conducted in the field practice area of a medical college in Bangalore rural. The total sample size derived was 127. The elderly persons above the age of 60 yrs were included in the study selected by systematic random sampling technique.

A Request was made to family members to step outside the room and use the opportunity to interview the patient alone using a pretested questionnaire. All the participants were asked the questions to elicit elder abuse [3]. They were also asked the questions included in the Geriatric Depression Scale. The Geriatric Depression Scale (GDS) is a short questionnaire used to diagnose depression in an elderly patient [4]. The data was analysed statistically by percentages and chi-square test.

Results

Total 127 elderly people were interviewed. Out of the 127 people, 65(51.18%) were women and

62(48.82%) were men. There were 49(38.58%) people who had lost the spouse. The care giver was son in 86(67.72%) respondents, daughter in 10(7.87%), spouse in 23(18.11%) and other family members in 6(4.72%) respondents. There were 2(1.58%) elderly people staying alone without any help.

Elder abuse was reported in 52(40.94%) individuals. There were 24(18.89%) individuals reporting physical abuse, 48(37.79%) reporting psychological abuse and 39(30.71%) reporting financial abuse. The results are given in table 1 and 2.

[See Table 1 & 2]

There were 22 (17.32%) respondents found to be having severe depression and 60(47.24%) respondents having mild depression as assessed by Geriatric Depression Scale. On asking about the possible cause of elder abuse to the victims, they answered as shown in table III.

[See Table 3]

Among the 52 victimized elderly persons, neither a single person complained to police nor sought any help.

Discussion

In most of the elderly persons sons were the care – givers. Only in few individuals, daughters were the care-givers. This shows the impact of our traditions which consider the son as the care-giver or support in old age.

The prevalence of elder abuse was found to be 40.94%. The finding is consistent with the study conducted on "Elder abuse & crime in India" by HelpAge India, in which elder abuse was reported maximum in Bangalore with a shocking 44 per cent [5].

In the study group, psychological abuse was most common followed by financial and physical abuse. Similarly, research conducted in New Zealand reported psychological abuse maximum (59%), followed by material/financial (42%) and physical abuse (12%) [6].

The prevalence of physical abuse in elderly was 18.89% that means every 5th elderly person is being abused physically in the study group. Similarly, according to National Elder Abuse Incidence Study (1998), in Canada, 15 percent of reported cases of abuse concerned physical abuse, 55 percent were neglect, and 12 percent financial exploitation [7].

The increasing trend of elder abuse can be attributed to reasons such as change in the social fabric and cultural values. The new generation is opting for nuclear families, residences in cities are getting smaller hence the natural preference for nuclear families is also impacting the rise in the cases of elder abuse. Due to modernization and urbanization, children are busy in their own lives and work and spend less time with elders.

The abuse was found more in the age group of 65-70 yrs and least in > 75 yrs of age group. Contrary to

this in 'Elder abuse & crime in India' study, it was observed that elder Abuse is reported highest in 70 plus elderly [5].

Elderly women faced more abuse than men. ($p < 0.001$) Similarly in a study by Srinivasan Chokkanathan and Alex E. Y. Lee, a significantly greater number of women experienced verbal and physical abuse as well as neglect compared to men.[8] Also in National Elder Abuse Incidence Study (1998), elderly females reported 76.3 percent emotional/psychological abuse, 71.4 percent physical abuse and 63.0 percent financial/material exploitation[7].

In majority of the elderly victims, sons were the abuser followed by both son and daughter in law, only daughter in law, other family members and spouse respectively. Similarly in studies by Vijay Kumar (1991) and Srinivas (1996) it was reported that the son and daughter-in-law together and spouse were mentioned by the elderly respondents as the most likely abusers [9, 10].

The economically dependent elderly were abused more than those who had some source of income. ($p < 0.05$) Older people with strong social contacts, and those with economic and material assets, are likely to be better able to resist the threat of abuse, or to seek support if it does occur. However, assets and property can also put older people at greater risk of abuse, from younger family member's wishing to inherit property.

In the study, none of the victimized elderly complained to police. Similarly, in the study by HelpAge India, most (98%) of the elderly abused did not register a complaint [5]. Therefore, it can be seen that elderly prefer not to file a complaint against abuse faced as it is the household members who are the abusers. Reasons for those not willing to take any concrete action could be the feeling that 'it would lead to further abuse' and 'sense of shame in the community'. Also, elderly fear that abuser may discontinue the relations once accused. Similarly, the study conducted by Agewell Foundation on "Human Rights of Older Persons in India", only 5% elderly victims reported their complaint with the police or any other authorities[11].

Most (64.56%) of the respondents were depressed and 17.32% were suffering from severe depression. In this study elder abuse was significantly associated with depression. ($p < 0.001$) Studies show that victims of mistreatment have a high prevalence of depression [12]. Also in turn, Depression is significant risk factor for elderly mistreatment for both men and women. In a study by Dong X, Beck T and Simon MA, depression was associated with 447% increased risk for elderly mistreatment among men (odds ratio, OR = 4.47; 95% confidence intervals (CI) = 1.52–13.13) and 854% increased risk among women (OR = 8.54; 95% CI = 2.85–25.57) [13].

Old age is vulnerable for abuse in view of infirmity, ill health and mental health morbidity. Augmenting these problems, the country's health care system is still in doldrums with poverty and violence taking further toll. The once popular joint family system is breaking up rapidly and elderly population is facing loneliness and abandonment.

It is important that there be more studies of elder abuse and neglect, though these are difficult to conduct. Attempts should be made to assess systematically the extent and nature of it in different parts of the country and also at the national level. It would be also meaningful to recognize elder abuse not only as a social problem but also as a public health and legal issue by both the government and the society.

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References

- [1] Soneja Shubha. *Elder abuse in India: country report for World Health Organization*. New Delhi: HelpAge India.
- [2] Shankardass, Mala Kapur (2003 [b]) *Combating Elder Abuse in India: An Emerging Social, Legal and Public Health Concern, Symposists' Papers, Invited Symposia on Elder Abuse, Executive Editor, Toshio Tatara, Tokyo International Forum, Japan*.
- [3] Carney M. T., Kahan F. S., & Paris B. E. C. (2003) *The Mount Sinai Journal of Medicine*, 70(2), 69-74.
- [4] Yesavage J.A., Brink T.L., Rose T.L., Lum O., Huang V., Adey M., Leirer V.O. (1983) *Journal of Psychiatric Research*, 17: 37-49.
- [5] Elder Abuse and Crime in India: A report by HelpAge India. Available at URL: http://www.helpageindia.org/pdf/Elder_Abuse_Crime_India.pdf
- [6] *Age Concern Elder Abuse and Neglect Prevention Services: An analysis of referrals for the period 1 July 2002 to 30 June 2004*. Age Concern New Zealand, November 2005. (Online) (Cited 29 June 2009). Available at URL: http://en.wikipedia.org/wiki/Elder_abuse.
- [7] National Elder Abuse Incidence Study (1998) Online at http://aoa.gov/AoA_Programs/Elder_Rights/Elder_Abuse/docs/ABuseReport_Full.pdf
- [8] Srinivasan Chokkanathan, Alex E. Y. Lee. (2005) *Journal of Elder Abuse and Neglect*, 17(2), 45-61.

- [9] Srinivas S. (1996) *Elder Abuse: A Study of Abuse and Neglect of the Elderly in Vishakapatnam*. Paper presented at the national workshop on 'Elder Abuse'. Chennai: CEWA.
- [10] Vijay Kumar S. (1991) *Family life and Socio-economic Problems of the Elderly*, Delhi: Ashish Publishing House.
- [11] Agewell study on Human Rights of Older Persons in India (2011) *Agewell Research and Advocacy Centre*.
- [12] Dyer C.B., Pavli V.N., Murphy K.P., Hyman D.J. (2000) *J Am Geriatr Soc*, 48(2):205-8.
- [13] Dong X., Beck T., Simon M.A. (2010) *ArchGerontol Geriatr*, 50(2), 202-8.

Table 1: Elderly abuse and the related variables

Study Variable	Elder abuse		pValue
	Yes	Total	
Age group (yrs)			p > 0.05
60-65	14(48.27)	29	
65-70	27(46.55)	58	
70-75	06(21.42)	28	
>75	05(41.66)	12	
Sex			p < 0.05
Male	14(22.58)	62	
Female	38(58.46)	65	
Education			p > 0.05
Illiterate	39(44.82)	87	
Primary School	08(34.78)	23	
Middle School	05(29.41)	17	
Socio economic status			p > 0.05
Lower middle	21(35.59)	59	
Upper lower	23(47.91)	48	
Lower	08(40.00)	20	
Economic dependency			p < 0.05
Dependent	41(47.67)	86	
Not dependent	11(26.82)	41	
Elderly depression			p < 0.001
Depression present	47(57.31)	82	
No depression	05(11.11)	45	

*figures in bracket represent percentages

Table 2: Distribution of elderly according to perpetrators of abuse

Perpetrators of elderly abuse	
Only Son	18(34.62)
Son and Daughter-in-law	16(30.77)
Only Daughter-in-law	09(17.31)
Others	05(09.61)
Spouse	04(07.69)

*figures in bracket represent percentages

Table 3: Distribution of elderly according to their perception of causes of abuse

Perceptions of victims about cause of abuse	
Economic dependency	38(73.08)
Financial stress	33(63.46)
Poor health condition	21(40.38)
Not helping in domestic work	18(34.62)
Not giving money or property	14(26.92)

*figures in brackets represent percentages
{Multiple response}