

## Community Based Interventions for Active Ageing: Implications and Recommendations

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### Abstract

*Ageing in human life is an unavoidable process. It is regarded primarily as a physiological phenomenon, but the process of ageing can affect the economic, psychological and social areas of a person. The population of the elderly has risen at an unprecedented rate worldwide. The improved diet, sanitation, medical advancements, housing, education , and economic well-being help people live longer. In this context, new policies need to be implemented to ensure the health and needs of the elderly. Community-based services that are readily available to elderly people will help to provide elderly people with services and long-term care. Elders Self Help Group (ESHG) is a community based older people organization over 60 with a view to improving elderly living conditions. The results of the current research demonstrate the need for various types of community-based services tailored specifically for the safety of elderly people. The Elders Self Help Group will help the elderly to become active and reinforce foundations of active ageing, such as engagement, health and protection..*

**Key Words :** *Active aging, well-being, social security, participation*

### Introduction

The population of the elderly has risen at an unprecedented rate worldwide. Longevity increases, fertility decreases and mortality rates have led to the aging phenomenon of the population. Labeled the Gray Nation with over sixty plus residents, India bears the bulk of the responsibility of caring for the elderly. The size and percentage of the elderly population of India has been up from 7% in 2001 to 8.30% in 2011 and is expected to grow by 10.70% in 20213. South India has shown a substantial rise in the population of elderly people and Kerala leads with 10.56% in 2001 and 11.93% in 2011. The elderly in Kerala are expected to cross 15.09% of the population in 20214. The needs and problems of the elderly are complex in this context. A number of changes such as the deterioration of the conventional common families structure, greater opportunities for women to employ and the failure to provide care due to the geographical gap between children and parents have created new problems for the care of older people. Disability and disability among elderly people were of interest to elderly people, since their independence and autonomy is adversely affected. Increased morbidity among elderly people would increase the strain on the elderly themselves and their families. The problem of sensory dysfunction, orthopedic risks, dementia , depression, alzheimer's disease and other lifestyle disorders further exacerbates the condition. Women often have a longer life expectancy than men and a higher proportion of women in the state than men leads to a particularly disadvantaged group of older people [2].

Community-based services are introduced in places where conventional types of assistance are still not feasible. The Elders are cared for and supported by numerous community

oriented services, including Elders Self Help Groups, Senior Citizen Clubs, Pensioners Association, and Community Policing. The government and NGOs have taken steps for the elderly population. Elder Self-Help Groups (ESHG) is a community-based elderly organization over 60 years of age that works to improve living conditions for elderly people. It is a party of 10 to 20 involved elderly people who coordinate. These organisations include office bearers who have been chosen to take care of the group's everyday activities. The organizations meet four times a month and come together to encourage and support their members. ESHG maintains social support structures in the society through the facilitation of sustainable livelihood activities and services [6].

The aging process in Kerala has already started at a much faster pace than expected. The rising trend in the population of the elderly shows that this particular community needs special attention. Meanwhile, the advent of a nuclear familial system, increased longevity, high migration rates to the Middle East, changing behaviour toward older and traditional carers, particularly women, have become increasingly affected the lives of older generations [1]. Morbidity, which is more prevalent among the elderly, can cause the elderly themselves and their families an growing strain. In Kerala 7, both of these weaknesses, natural vulnerability due to health issues and the social vulnerability that have been introduced, will prove to be a major source of concern. The production of the Kerala model has been appreciated throughout India. Comparisons between living conditions, health, literacy and education and development world 10. Around the same time, social security and elderly care policies are not in line with developed countries. As the number of older people rises and existing social systems crumble, families and governments need to find more and more alternatives. In this context, new policies need to be implemented to ensure the health and needs of the elderly. Such community-based services, which are readily available to elderly people, will help elderly people obtain support and long-term care [11]. The community based programmes have significant role among elderly in Kerala because of the significant increase in elderly population. In this context the review emphasized the need for a comprehensive study on community based programmes and it is noted that study on Elders Self Help Groups has not been conducted in Kerala. Therefore the present study has been undertaken with a view to examine the community based programme through Elders Self Help Groups.

### **Review of Related literature**

The study of relevant ageing studies shows multiple aspects and causes of ageing. The researcher extensively presented studies relating to active ageing and its participation in community-based programmes, which contributed to the identification of the value of community-based initiatives for active aging. Case studies carried out by Mahadevan K (2011) of elderly persons who are engaged in Kerala found that people who frequently participate in mentally destructive activities such as reading are less likely to develop dementia in the later stage of life. The analysis also examined elderly contributions to childcare and this may be an field of interest to a demographic or socio-economic researcher. She claims that elderly people who are physically involved live significantly longer than those without. Mental and physical work for elderly people should be promoted and discouraged on health grounds[8].The community context is crucial in ageing process and three major reasons are there according to Robert (2009). First, inequalities in the spacial distribution of ageing population require attention to how community context shapes and shaped by residents. Second, because of first reason, meeting the service needs of our ageing population requires attention to the natural and planned community contexts in which people age and to which they move. Third, growing popular and scientific interest in the concept of social capital and in social inequalities in health

requires integration and response from gerontological theories, researchers and practitioners[12]. The abuse and neglect of elderly is not taken-up as a problem by community according to a report by The Hindu (2011). The observation of World Elder Abuse Awareness Day concern the rising incidence of extreme violence, neglect, rape , bulgury, homicide affecting elderly across the state. Sensitization programmes are conducted effectively by some of NGOs related to the groups. The awareness programmes are conducted as street plays at the bus stops and railway station as part of the elderly abuse awareness programme. The Hindu report revealed that migration of the younger generation leaving their parents has compounded the issue of neglect[14].The scope of community based social service was reviewed in the report of WHO (2002). Focus group research was conducted on 33 cities representing developing and developed countries. A total of 158 groups involving 1485 participants were studied for developing the guide. The report revealed that community centres for elderly are regarded as ideal locations for social services because of their convenience, familiarity and accessibility. The guide urged the need of improvement in existing social service systems. The elderly in the research need the establishment of shelters and protection for homeless elderly, meals services, registers for elderly people living alone and spiritual support. One of the best examples described in the guide regarding community based programme is issuing identity card for elderly in Mexico City for getting access to lower prizes and some free services[15].

### **Method of Study**

The study conducted among the 98 ESHGs in Kollam district under the initiative by Help Age India and implemented through Quilon Social Service Society (QSSS) as part of post tsunami extended response project at Kollam and Alappuzha districts of Kerala. The investigator also got trained to conduct the interview with the elderly and took up at most care while interacting with elders. Repeated interview sessions and sustained efforts were taken to overcome to complete the data collection. Simplified situational examples have been used for eliciting information instead of direct method.

### **Result and Discussion**

Active aging is examined in the present analysis using the community-based programme. The membership and behaviors examined for ESHGs were related to three pillars of active aging, namely engagement, health and protection. The creation of the ESHGs and their activities democratically incorporate elderly people into the society. The ESHGs are based on a three-tier structure , allowing members to efficiently disseminate tasks and obligations. Activities carried out by the group association indicate that active aging among ESHG members is evident.

The status of ESHG members on age and gender, level of literacy, marital status, asset and income indicate their socio-economic conditions. This study has shown that female elderly women are over-numbered male elders and significantly agree with the NSSO 60 round data that females in both rural and urban areas in all areas of South India were over-numbered than males<sup>9</sup>. Female elderly people participated equally well in the ESHG operation relative to males. These results are readily appropriate in the literature, which notes that the involvement of elderly men in various programmes, is declining, but that it shows an growing impact among older people. 13. 13. The high level of involvement of young people is noticeable in the study relative to the other two groups. The elderly kept the ESHG records properly. Widowhood has been disclosed in the ESHG participants, the study has shown that widowhood did not resist the participatory process and without hesitation joined the group organization. ESHG participants individually conducted their operations. Regardless of the age classification as

young, adolescent and adolescent, the elderly appear to be very good ADL. It helped the elderly to combine community-based services with various levels of limitations and problems

ESHG not only arranged health care for its own members but also for those in the neighborhood. Members of ESHG provide ambulatory emergency services, pain and palliative and home care services. The ESHG members gave the poor a health-friendly social service and these components enabled the elderly to get older. The out-patient care services of the Kerala government's 'Vayomithram' plan play an important role in providing free care consultation and medicines distribution. ESHGs also organized coastal events in Kollam. The ESHG participants use the ambulatory care programmes, which are used to carry the doctor to local bed-ridden patients. The community members have been provided pain and palliative care services to the bed-sweeping and helpless through medical outpatient programmes. The members of the ESHG provide space and additional equipment for performing the ambulatory program. The elderly are more mindful of their health through their constructive efforts and engagement in disease prevention and reduction.

The ESHG played a part in getting the pension, as the application was jointly distributed by federations and memoranda was sent to the poor elderly. Many not earning the old age pension were looking for support from ESHGs and the federation at village level. Most elderly people live with their spouse or children. The elderly who live alone and with relatives are few. It demonstrates that the conventional care methods provided by adult children prevail. Loneliness, depression and anxiety can be prevented by living with children and partners to a certain degree. Many elderly people receive treatment from family members on time. It also shows that 29% of the elderly received treatment only after repeated rewards and 8% was delayed in treatment. Proper treatment guarantees the wellbeing of the elderly at the right time. It encourages elderly people to live actively and to spend more years. The daily living activities under various aspects, such as personal hygiene, feeding, dressing, unpackaging, managing urinary or fecal discharges and travel, demonstrate that members of the ESHG are completely autonomous and able to function at a young age. ESHG members used their party to receive financial assistance in the form of a loan for their families. The elderly have taken loans from the community at a very low interest rate to support their families. Members provide the community members with mental and physical support by maintenance support, cleaning and food preparation for events and celebrations. It showed the sense of belonging to the ESHG and to the family. The majority of members of the ESHG (67%) do not endorse old-age institutions. It emerged that most elderly people want to stay at home with their family members. They experience the sense of protection in non-institutionalized environments.

### **Recommendations and Conclusions**

The idea of Elders Self Help Groups should become common and new groups should be formed regardless of the classification of society. The government should provide the ESHGs with financial support. Regularity and allocation of old age benefits should be efficiently regulated by community-based organisations. World Elder's Day and World Elder Abuse Awareness Day, educational institutions with the sponsorship of the elderly organization can observe to raise awareness of the importance of elderly people among young people and children. The establishment of geriatric wards, separate beds and an experienced phytosanitary officer in all government hospitals ensure that elderly people 's separate queues are rights to elderly people. Ensure the successful implementation of these services is a proper control process with the support of district community-based organisations.

Establishing multi-purpose centers for elderly people and adult day care centers at the Grama Panchayat level allows elderly people to come and discuss problems in a shared atmosphere. Elderly agencies will operate the centers with the assistance and help of the public. A free toll number should be set up for urgent aid and assistance for elderly people. Some countries have already introduced a toll free number for the elderly and should establish an emergency assistance system at national level. The constitution of the maintenance tribunal and applet tribunals at district level and the selection of advisers for the resolution of disputes is subject to the Act-2007 of the Senior Citizen. Many states are not adequately enforced and the elderly have a felt need to structure the courts specifically for them.

Conduct awareness campaigns and melas to increase the visibility of active elderly ageing. It should be done at the village level to relay the message to the public at ground level. The operation of the mobile medical unit made up of a doctor and a panchayat pharmacist would support the sick, needy and destitute in bed. Integrate aging topics in the school curriculum to minimize generation gaps and increase awareness of elderly issues and problems. New technical courses on gerontology can only be offered and the spectrum of ageing studies can be gradually expanded. Develop an aging research center and related studies. Since the number of elders in the state is alarmingly high, the research center can be the backbone for the framing of elderly legislation, services and research. Pain and palliative treatment are solely for the elderly. It should be a multidisciplinary team of professional health practitioners, social workers, civic leaders and youth members. Provide funding and resources for programs offering home assistance and elderly help. Present geriatric nursing programs for advanced trainees in the treatment and maintenance of the vulnerable elderly at medical colleges. Design lifelong learning and lifelong learning programs for the elderly through ESHGs and community-based organisations.

This study examined the active aging process through community-based programmes. The study found that Elders Self Help Group can promote active aging among the elderly and that ESHGs can reinforce the foundations of active ageing including engagement, health and protection. The results of the current research suggest the need for various forms of community-based services tailored specifically for the safety of elderly persons. Indeed, in Kerala the percentage of elderly people is alarmingly high and the social security system alone can not completely resolve the elderly. Community and family support is also important for the care and support of older people. In this regard, creative practices such as the Elders Self Support Community would help elderly people to stay involved and to make their lives more productive.

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