

INSTITUTIONALIZED OF ELDERLY IS CURSE IN INDIAN SOCIETY- A SOCIOLOGICAL PERSPECTIVE

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ABSTRACT:

"Age is aging" describes the continuous natural and inevitable process of growing older that is characterized by changes in physical activities psychological and social over time. The biological process of deterioration with age. Aging is natural condition and not a disease though it increases vulnerability to illness. A longer life brings with it challenges not only for older people and their families but also societies as a whole. The objective of present paper is for deep insight of institutionalization of elderly.

Keywords: Evitable, illness, families, elderly, institutionalized.

Human population is ageing and so are the concerns about the aged. Old age constitutes one of the major challenges confronted by the societies of the present century. Demographic transition coupled with increasing life expectancy is adding older persons to the world's population. Increase in the proportion of the older persons was first experienced by the developed countries and now developing countries are also witnessing the same.

There is no single widely accepted definition of the aged. Different societies differ on the definition. In developed countries may lie due to higher expectations of life and better nutritional status ensuring better health, physical and mental conditions persons are considered aged at the chronological age of 65 years and above. In India this age is 58 years for most of the central government employees (Kohli 1996).

According to UN forecasted (Kumar 1995). Elderly population had been going to increase more rapidly in Latin America and South East Asia India the second most populous country in the world had also foreseen this increase. The India's population had risen from 5.63 percent in 1961 to 6.58 percent in 1991 then 7.08 percent in 2001 and 9.87 percent to be expected in 2021 (Irudaya Rajan, Mishra and Sarma 1999)

Sharma and Yenos (1992) had analyzed ageing in India on the basis of census data and results have broadly indicated that the states of Kerala, Tamil Nadu and Punjab were likely to experience rapid increase in their old age population in the coming decades.

India is experiencing an unprecedented demographic shift, with its elderly population (60 +) projected to surge from 149 million in 2023 to over 340 million by 2050. Driven by increased life expectancy and declining fertility rates, this graying of India is radically accelerated and complicated by globalization.

The "Crisis of caring" and family fragmentation.

Nuclearization: Traditional joint family systems, which provided natural care giving for the elderly, are disintegrating due to industrialization, urbanization and the need for younger generation to migrate for global job opportunities.

The sympathy nest syndrome:- The out migration of youth to metropolitan hubs or overseas leave millions of elders physically isolated, lacking both day to day emotional support and emergency care.

Splitting of middle aged adults. Middle aged adults are increasingly strained financially and emotionally, split between raising their children and caring for again parents without the communal support of an extended family the 'support' and 'taking care' are two different concept. Support of elderly refers to extending emotional support (Gulati 2003)

This type of assistance is possible only through family members or with whom the elderly live.

Institutionalization the number of aged people living in instituting is only a drop in the ocean of aged people in India as a large majority of old people live in households (Shah 1999)

Development of institutions caring for the handicapped infirm and aged persons in India has a long history.

The first old aged home in India is supposed to available only from the year 1782 onwards (Rajan, Mishra, Sharma 1999). There is also one more facility called the 'day care centers' which enables the elderly to spend their time in the company solitude and isolation. For the fulfillment of their psycho-social need they are taken care of by these institutions. These are also called 'Community Centers'. For instance, in Kerala one can make more profit by running an old age home than by running an industry. Some of the elite elderly in Kerala have money, but their children are international migrants. They are ready to pay for the services (Rajan, Mishra, Sharma 1999).

The new that institutionalization the elderly is a "curse" is a deeply personal and cultural perspective, reflecting the pain of family fragmentation. While the transition from traditional home care to institutional care bring significant emotional and psychological challenges.

Why Institutionalization is seen as a "Curse".

Loss of emotional connection :- Morning an elder out of the home can lead to severe foling of abandonment, loneliness and depression. Cultural Stigma:- In many society particularly in India, sending a parent to an old age home in heavily stigmatize and viewed as a failure of filliel duty.

Low of Autonomy:- Transition to an institute often forces seniors to adapt to rigid schedules, leading to a loss of independence and personal identity.

Why institutionalization in a very big support in modern era.

Professional Medical Support:- Many institution provide 24/7 specialized geriatric care, dementia management and physical therapy that untrained family members cannot offer.

Combating Social Isolation:- Living among peers offers opportunities for socialization group activities and communicates which helps reduce the isolation felt in an empty home.

In Maharashtra Danekar (1993) found that the prime reason for the aged moving into old age home is the lack of proper care fro them within the family set up. Many if not the majority of the older person are not helped by their families to fulfill their immediate requirements and facing hardships like less respect, no care, no attention, and physical maltreatment (Saied and Shoaib 2012) ultimately, institutional care is not inherently a curse or a blessing. Its impact depends entirely on the quality of the facility, loving decision driven by the elder's medical and social needs.

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