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IJEMR Transactions, online available on 26th Dec 2021. Link

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10.48047/IJEMR/V10/ISSUE 12/18

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Volume 10, ISSUE 12, Pages: 98-102

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DISCUSSION ABOUT THE NATIONAL POLICIES, RIGHTS AND CONCERNS OF THE INDIAN ELDERLY

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ABSTRACT

Cognitive decline is a major issue for the aging population, having serious consequences for their independence and quality of life. In order to better understand how neuro-psychological rehabilitation programs might help the cognitive function of the elderly, this research examines their efficacy. The study's primary goal is to evaluate cognitive improvements brought on by specialized rehabilitation programs that target age-related cognitive decline. This study uses a longitudinal and controlled methodology to examine cognitive function in a group of older persons before and after they undergo neuro-psychological rehabilitation. Depending on the individual's cognitive difficulties, these treatments may consist of a variety of different types of training and instruction.

Keywords: - Health, People, Injury, Brain, Patients.

I. INTRODUCTION

Traumatic brain injury (TBI) is an international health crisis. More and more people are suffering from traumatic brain injuries, which indicates that more people will require rehabilitation services. As acute care has evolved over the last several decades, patient survival rates have increased. The decline in fatalities caused by TBI in developed nations is typically ascribed to better trauma treatment systems. Long-term neurobehavioral issues for survivors of moderate and severe TBI include cognitive deficits, personality changes, and mental illness. Neurobehavioral effects make sense when seen against the typical backdrop of regional brain injury and severe cognitive impairment. As a result, the purpose of this research is to take a closer look at the neurobehavioral sequence of TBI and to pinpoint cognitive worries that need to be addressed in the assessment and treatment of the

challenges faced by TBI.

A severe injury might result from a strike to the head of any type. Damage to the scalp and skull, as opposed to the face, jaws, and mouth, is what this term refers to. Because different types of brain damage impact different brain regions and sub regions responsible for different functions, the symptoms of each kind of brain injury are unique.

Different types of head trauma (moderate to severe) may be categorized based on the damage's mechanism (open vs. closed), morphology (fractures, localized vs. diffuse brain injury), and severity.

II. DEMOGRAPHIC

COMPOSITION OF INDIAN ELDERLY

According to the UNFPA research, out of India's 90 million elderly residents in 2011, 30 million were single and 90% were economically active. There are more women in their twilight years than males. Almost three out of every five senior

women living alone are poor, and almost two out of every three elderly women in rural areas are completely dependent. Many elderly ladies have no one to turn to for help since they are widows. The percentage of the elderly who are 80 or older is on the rise, and this trend is most obvious for women.

More specifically, 70% of India's population is located in rural areas, according to demographic studies. In India, the unorganized sector accounts for over 90% of the population, including 90% of the elderly. Low literacy rates and widespread illiteracy condemn these people to a life of manual labor with little opportunities for advancement.

III. NATIONAL POLICIES, RIGHTS AND CONCERNS OF THE ELDERLY

Article 41 of the Indian Constitution guarantees financial support for senior citizens. The National Policy on Older Persons (NPOP) was established in January 1999 by the Ministry of Social Justice and Empowerment to address issues relating to the elderly in a comprehensive manner and to assist them in leading a productive and dignified life in light of the country's increasing elderly population. This policy establishes a comprehensive framework for working together across government departments and with non-profit organizations. It is the policy's stated goal to "encourage individuals to make provisions for their own and their spouse's old age; to encourage families to take care of older members of the family; to enable and support voluntary and non-governmental organizations to supplement the care provided by the family with greater

emphasis on non-institutional care; and to provide care and protection to the vulnerable elderly, particularly those who live alone."

As part of the Integrated Programme for Older Persons, the Central Government of India has also launched a grant-in-aid initiative to offer operational funding to non-profits. Facilities including nursing homes, daycares, and physiotherapy clinics fall within this category.

In 2010, the government took action by establishing the National Programme for Health Care for Elderly, whose overarching goal is to provide seniors with access to distinct and specialized comprehensive health care. The primary goals of this initiative are to improve health care facilities for the aged in one hundred different districts and to construct geriatric departments in eight regional geriatric centers. The Twelfth Five Year Plan includes a proposal to increase the scope of the program.

IV. TAMIL NADU STATE GOVERNMENT POLICIES FOR ELDERLY

The government of Tamil Nadu has been planning and enacting a number of welfare schemes, such as the establishment of an integrated complex of special homes for senior citizens and destitute children and the provision of a maintenance grant for old age homes operated by non-profit organizations, to meet the needs of the elderly and help them to live a dignified life. These homes offer a variety of services, including but not limited to, medical care, education, and entertainment. The state government funds 28 NGOs to operate 26 retirement communities around the state.

Every year on October 1st, people all over the world celebrate International Day of Senior Citizens to honor the contributions of the elderly, show appreciation for the services they provide, and draw attention to the available resources.

In 2008, Tamil Nadu state began enforcing the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, and in 2009, the state drafted guidelines to enforce the act. This safeguards the safety of the people responsible for the senior and reduces the likelihood that they may leave them. To ensure the Act is carried out in a consistent and efficient manner across the state, a high-level advisory group has been established.

Those who are 60 or older and from low-income families are eligible for the Indira Gandhi National Old Age Pension Scheme, which provides a monthly payment of Rs. 200/- up to age 79 and Rs.500/- for those who are 80 or older. Widows in India who are between the ages of 40 and 79 are eligible for a pension of Rs.300/- per month from the Central Government of India as of 2012. The State Government is responsible for ensuring that these benefits are paid out to individuals who are eligible.

V. PSYCHOLOGICAL PERSPECTIVES ON OLD AGE

In 1905, when he was 45 years old, Freud said that everyone older than 50 years of age was uneducable and so unfit for psychotherapy. However, Horney (1942) argued that "man can change and go on changing as long as he lives." In his idea of archetypes, Jung adds senex, or the wise old man (Garner, 2002). Jung was interested in "a psychology of life's morning and an afternoon psychology"

(1929). He argued that introspection and self-focus are natural and healthy activities for people in their middle and later years. The 'ego integrity vs despair' stage in Erikson's (1966) eight stages of man describes the tension between embracing one's existence and negative sentiments about death and deterioration in old age. However, the integrity versus despair stage is relatively lengthy and fails to account for the many changes that might occur beyond age 60, which is the current average lifespan. After experiencing old age himself, Erikson revised his ideas on the last phase of life to include grand-generativity, or the ability to look back on one's years of responsibility for raising the next generation while still feeling a sense of independence. Studies indicate that not only does generativity not wane with age, but it also seems to be more typical of midlife and old age than early adulthood. Based on Erikson's work, subsequent theorists have proposed the concept of gerotranscendence, or a unique age-related path toward spirituality in which older adults develop a sense of interconnection between themselves and others, as well as between life and death, to make sense of the world.

VI. TYPES OF AGEING

Chronological ageing

Considering longevity alone is the most basic yet least informative approach to think about aging. Chronological age is a poor proxy for a person's social and emotional development and offers only a rough estimate of the person's structural growth and decline, psychological or physiological condition, or talents. Therefore, those who deal with the elderly need to place a premium on their clients'

cognitive, physical, and social status and talents.

Biological ageing

Clinical diseases that disproportionately impact the elderly have long been a staple of research on this population. However, it is more crucial to consider these biological changes in the context of the individual's general way of life, rather than focusing just on this one method. Losing one's eyesight as one ages may not be very noteworthy from a biological standpoint. However, the person's Quality of Life may suffer if he or she is unable to read, or if he or she is limited in their movement owing to visual loss. Social factors, such as stress or sadness, may hasten the onset of age-related physiologic changes.

Psychological ageing

This is a reference to the natural decline in mental acuity that occurs with time. Cognitive ability, memory, learning, problem-solving, and creative thinking are just few of the areas that might shift. Alterations in neural structures are often associated with these occurrences.

Social Ageing

Micro Level Theories of Ageing

There are presumptions upon which these ideas rest. Among these are the views that (i) aging is a lifelong process based on antecedent and subsequent events; (ii) aging is influenced by historical events; (iii) aging is dependent on antecedent and subsequent events; (iv) aging is a linear progression; and (v) social aging involves psychological and biological processes.

VII. CONCLUSION

In conclusion, the Indian elderly population represents a diverse and vibrant segment of society that plays a crucial role in the country's cultural, social, and

economic fabric. As India continues to undergo rapid demographic changes, with a growing proportion of elderly citizens, it becomes imperative to address the unique challenges and opportunities that this demographic presents.

The Indian elderly face a range of issues, including healthcare access, financial security, social isolation, and age-related health conditions. It is incumbent upon the government, non-governmental organizations, and society at large to develop comprehensive policies and programs that address these challenges, ensuring that the elderly population can enjoy a dignified and fulfilling life in their later years.

Moreover, it is essential to recognize and celebrate the wisdom, experience, and contributions of the elderly in various spheres of life. Their knowledge, skills, and stories are invaluable assets that can benefit younger generations and contribute to the preservation of India's rich cultural heritage.

In conclusion, caring for and respecting the Indian elderly is not just a matter of social responsibility but also an investment in the well-being and strength of the nation as a whole. By fostering an inclusive and supportive environment for the elderly, India can harness their potential and ensure that they lead meaningful and fulfilling lives in their golden years.

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