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ELDERLY PEOPLE – UNDERSTANDING THE CARE AND SUPPORT NEEDS OF OLDER PEOPLE

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INTRODUCTION

According to UN: Using measurements and indicators of population ageing that are mostly or entirely based on people's chronological ages, the United Nations and the vast majority of academics define older adults as those 60 or 65 years or older. This offers a straightforward, understandable, and readily repeatable technique to gauge and monitor numerous population-ageing indices.¹

In Latin America and the Caribbean, Eastern and South-Eastern Asia, Northern Africa and Western Asia, Central and Southern Asia, and the United States, the ratio of those 65 and older to people 20 to 64 is expected to more than quadruple. The final stage of life, the time after youth and middle age, is referred to as old age. It is impossible to say when old age starts since it varies depending on the situation. The UN has determined that a person is considered elderly if they are 60 years or older.

According to the National Policy for Older Person, 1999: Elderly is defined as a person who is at least 60 years old. Although most developing western nations set the old age for retirement and eligibility for old age social programmes at 60 to 65, the emerging world also defines old age as beginning after 50 years.

According to the Maintenance and Welfare of Parent And Senior Citizen Act, 2007: In India, a person is considered elderly or a senior citizen for the purposes of receiving old age benefits when they have reached the age of 60 or more.

Childhood, adolescence, early adulthood, old age, and all the other phases of life make up the stages of human existence. In the vast majority of situations, a person's chronological age is the factor that reveals the least information about them. Even the method of calculating an individual's chronological age varies from one country to the next due to geographical factors. Also, it shifts at various moments in time and places.

The majority of the time, old age is used as an instrument of power and control. With the exception of those who quit their work voluntarily or for reasons related to their health, the vast majority of people in industrialised nations, such as Japan, continue to be employed. Everyone in the room came to the conclusion that using one's own age as a criterion to define old age is problematic. They argue that old age should be viewed as a form of physical incapacity instead of a natural process. They also believed that one's degree of health was an important component in predicting when a person would reach old age. Over the course of the talk, a few additional questions and concerns surrounding the age bracket of those considered to be elderly were brought up. The members of the committee were in agreement that one's age should be determined only by their level of dependence on physical activities. The member of the group who was the oldest at the time defined an elderly person as someone who is unable to get out of bed by themselves.

PROBLEMS OF ELDERLY PERSONS

The final stage of human life is old age. Some folks take it in stride and with a smile. However, many people have issues and acquire a pessimistic outlook on life. Any society's ageing issues are greatly influenced by the socioeconomic circumstances and surroundings in which people live. There are several issues with getting older. It entails a multifaceted transformation of the social, psychological, and physical facets of individual existence. If the concerns of the elderly are not addressed and resolved, societal growth will continue to be impacted. These issues differ significantly from other societal issues. They vary from person to person depending on their sociocultural, economic, and health circumstances. Senior persons suffer a variety of issues, particularly in developing nations and rural areas with a low standard of living.²

Health Hazards: The following categories are used to group the health issues that older people face:

- General decline in physical and mental capacities, including feeling sicker than normal, having trouble functioning, being tired, needing more rest and sleep, being forgetful, and losing confidence;
- Illness brought on by a cold, cough, fever, headache, body aches, dental issues, poor vision, and hearing loss;
- Ailments of great severity include TB, paralysis, asthma, anaemia, diabetes, high blood pressure, heart issues, etc.

Family Problems: Security and joy come from inside the family. The children who are given the drive to better the family anticipate assistance from the family as they age. The elderly require security, and interpersonal relationships within the family are crucial. They anticipate that their needs will be met by the family and society. Age related demands vary depending on marital status. For those who are single, married,

widowed, or poor, it can be different. Age-related issues vary depending on aspects including gender, socioeconomic status, place of residence, and physical capability. These findings have drawn attention to the family's role in providing care, the family's ability to provide care in the face of social change, the disparities in caregiving tasks, the role of women in providing care, and the issues both care-givers and care-recipients confront.

Psychological Problems: Reduced income, a shift in social standing brought on by retirement, and hormonal changes can all cause psychological issues, including senility, dementia, sexual difficulties, and emotional disorders. Humanity has the gift of forgetfulness. Mankind generally experiences "slips of the mind," but as we age, the degree increases. Those with intellectual abilities (prayers, stories, and folk songs) leave behind a lasting remembrance when they pass away. In rural Tamil Nadu, the elderly ladies frequently recite prayers and enjoy folk songs like Thalattu, kummi, and ooppari, among others. Sadness, lack of interest, memory loss, difficulty concentrating, and thoughts of suicide and death are signs of psychological issues that affect the elderly.³

Loneliness: The value of connection and commitment in partnerships is stressed in today's culture, along with self-fulfilment and accomplishment. The reduction in secure intimate family ties and the collapse of the nuclear family structure are the grounds for the experience of loneliness of the old. Gender, attachment, self-esteem, social skills, physical handicap, illnesses, and immune system health are all linked to loneliness.

Low involvement in agriculture, education of children, female employment outside the home, and mechanical life of the family members who do not have enough time to spend with their aged parents also contribute to loneliness. The elderly who are lonely have low self-esteem and place more responsibility on themselves than they should for their shortcomings and lack of social skills. They are also unable to create a comfortable level of closeness with their spouses.

Economic Status: When a person retires from employment, their occupational status is gone. The retirees have mental stress and difficulty adjusting to their new circumstances. They might not be able to socialise with other senior citizens, which makes them lonely. The financial situation of the elderly differs from person to person. Widowed women who live alone suffer from a mechanical existence since friends and neighbours are unable to offer support, companionship, and assurance. For the elderly's welfare, official agencies have now developed. Post-retirement care is expected for retired professionals. They are unable to live a post-retirement life, which has an impact on their daily schedule and the family's financial condition and forces them to adapt to the new circumstances. Age-related increases in labour force participation are also a result of longer lifespans, rising retirement ages, working spouses, and privatisation. The second carrier of retired people is often discouraged by organisational and personal issues. Due to their past employment position, extensive work history, higher level of education, and good health, members of upper income categories often

work after retirement. The elderly's general development requires employment after retirement. It is preferable to keep the elderly employed because disease is their worst enemy and can be their death warrant. The primary factor influencing whether or not a retiree re-joins the workforce is their state of health. Health condition and post-retirement employment are correlated. To preserve better health, the old should choose for sensible food, exercise, frequent health check-up, healthy living style, practise of yoga and meditation, which will avoid illnesses and promote better health status.

CARE OF ELDERLY PERSONS

From this time, community care has been the focus of the policy for the care of the aged nearly completely. Yet, there have been some advancements in the residential care sector. Publicly funded housing is shedding its workhouse stigma and developing living spaces and a far more individualised level of care. The growth of private residential houses with specific assistance from the Conservative administrations of 1979 and 1983 has been the primary governmental initiative in residential care.⁴

Several people have raised serious worry about the level of service provided by this industry because these houses have been formed as for-profit businesses. Houses in the private sector have been subject to mandatory inspections, which were not required in the public sector. As a result, standards in certain public sector institutions declined to an extremely low level. This was due to both a lack of funding and a failure to establish a competent inspection service.⁵

Older people were few in number in the early days. The availability of medical, social welfare, and social security measures has contributed to an increase in average life expectancy, which has in turn permitted a rise in the population of the elderly and chronically sick. These developments in the medical and social sciences. Care for the elderly is becoming more important than it ever was in today's culture. The elderly as a group have also come to have more significance due to their voting power and standing in society. Yet, not only are the issues facing the elderly growing more complicated, but society is also becoming more aware of them.

The elderly persons have become socially vulnerable due to their advanced age, poor economic and health situations, deterioration of societal values, and dissolution of the joint family system. Thus, they require society's assistance in a number of ways. Also, the elderly persons are not a uniform population. Their requirements and issues differ depending on their age, society, economic and health position, living conditions, etc.¹⁰

Homes for the Elderly Persons: In India, where family connections are still strong, the joint family still takes care of its elderly members, hence there is less demand for senior housing than in western nations. Although while India hasn't yet reached the point where many old people will be removed from their families and placed in institutions, in the upcoming year, more and more people will be joining institutions as joint families split

apart due to the effects of urbanisation and industrialization. A person is not physically moved from his or her native surroundings and social milieu to another location just because they are in an institution.

The elderly person must be physically ready for this in advance in order to be as unnerved and anxious as possible. The information that follows is simply a sketch. There is nothing further that can be done than providing major points. Much depends on the organization's initiative and its ability to empathise with the issues and needs of the elderly. As much as practical, a senior residence should be built outside of the city, ideally with a view of a park or the lake. A single-story structure should use no more than 60% of the available space on the property, leaving a courtyard and some garden space. Churches, mosques, temples, and other religious buildings as well as public transportation should all be close to the house. The size of the structure should match the quantity of prisoners. The structure should be built with consideration for the needs of the elderly and the weak, together with the appropriate safety measures. It should adhere to the relevant fire and sanitary laws. Handrails can be used in place of sidewalks and ramps in place of steps. A room shouldn't have a footprint less than 100 square feet. There shouldn't be less than so square feet of space per person. The home should have adequate ventilation, access to fresh air, running water, telephone lines, power, and laundry facilities in addition to specifically designed bathrooms. One restroom should be available for no more than ten prisoners.

Bathrooms, laundry facilities, and other restrooms must to be conveniently accessible and maintained tidy. The second most crucial requirement for an elderly care facility is a well-trained, mature staff that not only understands the issues facing the elderly but also has a genuine concern for their wellbeing.⁶

Medical and nursing care during COVID-19 Pandemic: As was previously said, it is essential to make proper arrangements for elderly medical care, especially if the Home has several elderly and frail residents. There need to be space set up for a sick room. It should be budgeted to provide the appropriate medications and tonics. Before to being admitted, each prisoner should have a physical examination, which should be followed by ongoing checks. Chronic sickness cases that require ongoing medical attention should not be accepted, and any convict who is discovered to have an

infectious illness should be sent directly to a hospital. A visiting doctor should be on call every day for an hour.

Moreover, adequate dental and optical care should be offered. Age is accompanied with physical and mental decline as well as chronic sickness and other problems. Some elderly people require ongoing medical attention and nursing care. Long-term disease causes problems for the patient, who becomes irritable at every excuse,

as well as the family, who cannot afford to pay for nursing and medical care. Hence, special institutions are required for these individuals.⁷

The WHO Regional Office for the Western Pacific has developed recommendations on how to effectively care for elderly people during the COVID-19 pandemic and to get ready for the new normal in light of the widespread nature of the disease. The lethality of COVID 19 has been observed to be higher in elderly individuals. Uncertainty exists over the contribution that age-related disorders including frailty, disability, and dementia make to this result. Since they serve as a crucial conduit between the patient and the rest of the medical staff, nurses are crucial in addressing a health crisis. The necessity for every country to invest in nurses and midwives as part of their commitment to achieving universal health care has been thrown into stark relief by COVID-19. COVID-19 has elevated the global elder care dilemma to completely new dimensions. A terrible situation has become considerably worse as a result of the disease's disproportionate impact on older persons. It's time for our nation to look to the future and fully comprehend the huge scope of issues that lie ahead in the field of geriatric care. How families and healthcare systems are being negatively impacted by the lack of a well-funded or well-structured senior care business. Some of the main difficulties faced by the elderly have also been highlighted by COVID-19:⁸

- Social isolation when under lockdown;
- Adverse effects on mental health and perception of value;
- There aren't many specialised web services that are effective for the elderly;
- A sense of powerlessness during a serious emergency Older people are more vulnerable to COVID-19 infection due to weakened immune systems and co-morbid illnesses such as diabetes, hypertension, chronic renal disease.

Moreover, the disease's progress is often more severe in the elderly, leading to increased mortality. Notwithstanding the economic damage caused by COVID-19, we have learned some important lessons about how to take care of our elderly. Over time, homebased care platforms powered by technology will gradually replace many of the hospital-based care models currently in use. For families, governments, and the elderly themselves, that is unquestionably the best result.⁹

Old Age, Disability And Care: Many people seem to associate old age with being disabled. Growing impairment is a component of ageing itself in several ways (for example, degenerative changes in vital organs and vital functions). Primary ageing is the term for these typical ageing changes. Age-related fragility progressively turns into a serious hazard to life. On the other hand, the secondary consequences of ageing include degeneration brought on by illness, starvation, stress, etc.; these effects are more easily reversed.

Normal ageing is impacted by and may even be accelerated by disease-related or secondary ageing effects. It is challenging to distinguish between these basic and secondary ageing changes because of their interdependence. Both of these impacts, taken alone and jointly, to some extent cause impairment. No matter how severe the disability, it always places some level of need and necessitates care and help from the carers. Speaking of disabilities in old age, research have revealed that psychological perceptions of disabilities are more significant than real disabilities. According to the proverb "Thus you think, so you are," this is true. Given the nature of impairment, it is important to consider how much it impacts how older people carry out their regular daily tasks.¹⁰

The notion of activities of daily living (ADL) is frequently used to evaluate an aged person's functional capacity. The objective and subjective evaluations of a person's level of impairment are utilised as crucial factors in determining placement in an eldercare facility and the provision of the mandatory formal services.

Two commonly recognised

and utilised criteria for impairment across many cultures are the evaluation of ADL and the instrumental ADL. Epidemiology studies on old Indians reported that a number of common ailments afflicting the elderly include hypertension, diabetes.

Many lives have been saved because to improvements in personal hygiene and health care, but the number of old people who are crippled and infirm has grown. As a result, with an increase in the number of senior people, the problem of elder care may even worsen in the ensuing decades.¹¹

HUMAN RIGHTS OF ELDERLY PERSONS

Limiting oneself to current domestic and international strategies is difficult since these instruments frequently ignore the full spectrum of older people's human rights or the manner in which they may be impacted. The problem is to demonstrate what an international human rights instrument will offer that is not already foreseen by the plan, given the ambition of an instrument like the Madrid International Plan of Action. The claim must be that, at least in part, there is something special about how older people experience their rights that warrants using that experience as a customised starting point for analysing what is special about how those rights might be infringed upon or upheld.

Civil and Political Rights: The right to life of older people may be particularly at risk. The murdering of the elderly is acknowledged to be a historical phenomenon, despite the seeming sanctity of their life in many communities. Elderly people are occasionally the targets of abuse and neglect, which can result in their demise, in addition to being slain directly by caretakers who prey on them. Their demise could be more frequently attributed to carelessness and failing to follow proper protocol. European contexts that deal with

cases of carelessness that resulted in fatalities due to inadequate state oversight are founded on the right to life.¹²

The topic is made more difficult by the euthanasia debate in the middle of this sombre potential. Although if it doesn't just affect the elderly, their advanced age may make it especially pertinent to them. Patients who are older may either be more susceptible to decisions to stop providing care or may actively want to stop receiving it. Health rationing discussions frequently consider a direct connection to the ending of life. Although this is starting to change, the issue of euthanasia is still frequently discussed in terms of criminal law and/or medical ethics rather than human rights.

Economic Social and Cultural Rights: The ICESCR is one of the most important international documents with reference to the present state of ageing rights internationally. The CESCR oversees the ICESCR. The Committee created the most thorough legal study of the rights of the aged now available at the international level in its General Comment 6 on the economic, social, and cultural rights of older individuals. The ICESCR is interpreted in the context of older people in General Comment 6, which the Committee adopted in 1995. General Comment 6 broadens the ICESCR's purview and offers insight into various methods required to safeguard older people's rights around the globe. Its structural divisions can be used as a guide for future research and the development of an extensive list of aged rights. The Committee also released a number of other General Remarks, many of which are immediately applicable to our research, that collectively offer an authoritative framework for comprehending the extent of the ICESCR's provisions.

The majority of discussion about the rights status of older people has centred on their susceptibility to poverty and the ensuing disregard for their economic and social rights. Although the causes of senior poverty are multifaceted, they are associated with the denial of a number of economic and social rights as well as restrictions on the exercise of a number of civil and political rights. However, they are rather particular and connected to things like a reduced capacity for change, social isolation, or gender discrimination.¹³

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