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EXPLORING DIVERSE ASPECTS OF THE ISSUES OF THE ELDERLY OLD AGE HOME RESIDENTS OF BANGLADESH AND INDIA AND SUGGESTING STEPS TO DEAL WITH THESE.

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ABSTRACT

Traditional support received from family or community by the elderly is almost fading out of contemporary society. In earlier times elderly were treated with special respect because of their experience and wisdom. But such values have been steadily eroded with the passage of time. The elderly are now treated as liabilities , rather than assets. With old age come many psychosocial problems in human life. The chief problems may be analysed to show how the problems affect the life of the elderly. Financial insecurity due to the decrease in income is a serious problems and added medical bills makes matter worse in old age . Gender plays an important role in the ageing process with significant differences noted in the ageing process , variation in health conditions as well as care received . The role of gender in the ageing process and its influence in the prevalence, clinical presentation

and course of various mental and physical health condition in the elderly. Gender and gendered discrimination the result of social and cultural norms, customs and stereotypes, as well as legal , political and economic conditions on the advancement of women represent an important of this environment and have a significant impact on men and women's experience of the ageing process. Most of the female elderly are more likely than male elderly to suffer from ill-health , have less access to health care and suffer discrimination within the health care system. In this respect female elderly are more likely than male elderly to be depressed, to be poor financial circumstances and to suffer from elder abuse. So, we found that the key gender disparities in health outcomes , the socio-economic and cultural aspects of ageing and attitudes to health services , all of which have implications for policy and practice. In this context , old age home become almost sole option for the older people who have nowhere else to turn to. The prevailing state of affairs calls for a new form of institutional care for the elderly. Hence, it is only natural that the issue of old age homes has become important and urgent . The homes for the aged may not be the panacea remedy for the ills of the elderly but it can provide the healing touch to destitute , helpless elderly and ameliorate their plight considerably.

Key Words : Issues, Elderly, Old Age Home

INTRODUCTION

Society in many Asian countries including the Indian sub-continent (comprising India, Bangladesh and Pakistan) was predominantly agrarian or feudal until the second half or even the closing decades of the 20th century. Ageing comes naturally to people and is an inescapable reality of human life. But it is no longer a welcome change in life, as it happened to be. It is now considered a problem and burden. Owing to various socio-economic factors the traditional support to the elderly is gradually changing its character. This transformation can be attributed to various changes in social and economic arenas. The elderly are facing a host of problems rather than living in peace and with honor. Since they have no earnings or means, deteriorating health has resulted in medical problems in old age; they are considered burdensome or even parasites by family members and the society at large. The older people are sometimes forced to leave their homes and stay at old age homes (OAHs). Thus, it is pertinent to understand the context of the elderly in old age homes. The term 'elderly' denotes the development of age from the numerical viewpoint of 'senior' and 'junior', of 'Birth', of 'before' and 'after'. The term 'elderly' is also referred to as 'old age' that simply denotes the process of ageing or growing older. It is the cumulative consequence or culmination of degenerative or decaying process at cellular, sub-cellular or organ level. This is a natural concomitant of the unstoppable passage of years. It marks the end of life cycle (Gorman, 1999). WHO (1967) defined old age as, 'The period of life when impairment of mental and physical function becomes increasingly manifest in comparison with the previous period of life'. United Nations (2004) has recognized 60+ years as the standard age in respect of the elderly throughout the World. Experts, however, opine that the age of 60 years is the standard line of demarcation for ageing in Asian and Pacific regions (Bunyan 2009). Population ageing is a global phenomenon .Globally, the total population is 7 billion of which 60+ people account for about 11.5 percent. This is projected to rise to about 22 percent by 2050 when children below 15 years of age will be outnumbered by the elderly. In 2019, the total number of persons aged 65 years or above at global level was 703 million. This number is projected to double to 1.5 billion in 2050. However, developed countries will present a

somewhat different picture. An upward trend will set in and the proportion of the older people in developed countries will increase from 22.4 percent in 2012 to 31.9 percent in 2050. In sharp contrast, in less developed countries, this proportion is estimated to more than double from 9.9 percent in 2012 to 20.2 percent in 2050. As far as the least developed countries are concerned, the percentage of the elderly population is estimated to fall below 11 percent (United Nations, 2015).

The elderly population is continuously increasing. As life expectancy has risen in India and Bangladesh, the elderly population has grown simultaneously. So, the problem has assumed global proportions. India, one of the most populous countries of the World, is experiencing unprecedented demographic changes. Increasing longevity, coupled with declining fertility, has led to a dramatic rise in the population of adults aged 60 years and above. In the formal sector in India, the age of retirement varies from 55 to 65 years (Rajan, 2010). According to the United Nations population Fund and Help Age India, by 2030, close to 12.5 percent of India's population will be over 60. And by 2050, this number will increase to 20 percent (The Telegraph, Calcutta, and Monday 1 March, 2021). As far as the complete numbers of the elderly (60 years and above) are concerned, India at present ranks second only to China and this position is likely to remain unchanged over the next several decades (United Nations, 2015). Bangladesh is the eight largest and one of the most densely populated countries in the World. According to the Bangladesh Bureau of statistics (2011 census) the total population of Bangladesh is 142 million out of which 7.48 percent consists of ageing population the size of the elderly population in Bangladesh has been fast increasing over the years. WHO (2013), Bangladesh enjoyed a life expectancy four years longer than that of India. What is remarkable is the fact that the improvement in life expectancy in Bangladesh has been very considerable for the rich and the poor alike. The ageing population of both countries has become a grave societal concern. Ageing is now emerging as a critical problem for the society and the country due to greater life expectancy and a significant growth in elderly population. It is a harsh reality that in both the countries, the elderly population is subjected to various forms of mental agony and social isolation or estrangement. In earlier times older people were given special respect and high position in society, thanks to their experience and wisdom. But such values of life have been gradually eroded with the passage of time .Unfortunately, the elderly are considered not as repositories of wisdom but an unsustainable burden of the society. This undesirable mindset can be attributed to the impact of factors like industrialization, urbanization, Westernization, changing roles of women and the breakdown of the traditional extended family structure. We must recognize that there is now widespread discontent in the life of the elderly and they have to contend with myriad problems and difficulties. It is crystal clear that the major problems plaguing the elderly are financial insecurity, health problems and psychosocial problems like feelings of loneliness and depression, family problems, anxiety and domestic violence. The feeling of alienation, of loneliness, neglect and the lack of proper holistic care are prevalent in many places and though most of the elderly try to adjust or reconcile themselves to the existing atmosphere, nobody seems to be really keen to address these problems. Parkas et al., (2018), stated that in India, 40 percent of the elderly live with their families and are believed to be subjected to various kinds of abuse. According to Raman (2017), 52.5 percent of the elderly in Bangladesh were widowed, divorced or separated. They were victims of violence and were discriminated against. Deteriorating health and the concomitant medical problems are also common factors in old

age. Malnutrition and poverty are very common in the final phase of their life. The children of the elderly begin their new lives and get separated from their parents because most of them are employed in places far away from home. This makes the elderly feel isolated. Many older people find it difficult to reconcile themselves to the reality of ageing and the various geriatric diseases that begin to afflict them. This gives rise to a sense of hopelessness, despair, anxiety and fear. Thus, various physical and psychological problems affect their confidence, lower their morale and sometimes bring about emotional breakdown. Social adjustment is another problem facing the elderly. Their social life, along with their personal life, becomes circumscribed. Their health problems restrict their social activities and their mobility which is a severe handicap. Even they consider themselves a burden on their own family and they tend to withdraw into their own shell. The available research work dwells on the problems of the elderly in OAHs in India and Bangladesh. It is pertinent to mention in this connation the psychosocial problems of the aged OAH residents stemming from socio-economic conditions, socio-cultural and psycho-social factors which are all connected to living conditions of the elderly. Such problems have been touched upon but never analyzed or articulated in depth and hitherto there has been absolutely no comparative study of these problems on a country-wise and culture-wise basis. So, the present research is a modest attempt to fill the gap in the area of social work intervention with the object of enhancing the quality of life for the elderly in old age homes. Hopefully, the present research could be a step towards ameliorating their socio-economic plight under the study area.

Bangladesh and India are neighbors in South Asia and the relations between the two countries have usually been cordial. India's affinity with Bangladesh relates to civilization, culture and socio-economic factors and conditions. There is a lot that binds the two countries together-shared history and common heritage, language, culture, customs. The correlation between India and Bangladesh is rooted in history, culture, language and shared values of secularism. Indeed, a great deal of congruence exists between the two countries. So, naturally India and Bangladesh share a great bonding in terms of language, culture and social mores.

RESEARCH METHODOLOGY

Research Objective

Main Objective of this Research:

1) To explore the demographic characteristics of the elderly living in old age homes under the study area.
2) To probe the various factors prompting the elderly to reside in old age homes under the study area.
3) To form an idea of and evaluate the role of government and non- government organizations in respect of the elderly residing at old age homes in the selected countries.

Secondary objectives of this Research:

1) To examine and compare the facilities available at the old age homes in the selected countries.
2) To study the various issues confronting the elderly OAH residents under the study area.

Research Questions :

The present study addresses the following research questions:

1) What are the factors that lead to the elderly to live in old age homes?

2) What are the issue of the elderly at the old age homes under the study area?

3) Are there any difference between India and Bangladesh in the life style of the elderly residents at the old age homes?

4) What activities are undertaken by the government and non-government organizations to improve the conditions of the elderly residents under the study area?

Database and Method of Research:

In order to achieve the objectives , the researcher has used a comparative research design to understand the conditions of the elderly living in old age homes in India and Bangladesh. Further , it would also help to observe the daily life of the elderly residents at old age homes and reveal the new facts about them. In addition , to get an in- depth understanding about the elderly who live in old age homes in Kolkata , West Bengal , India and Dhaka , Bangladesh , the method and data of the qualitative approaches were adopted in the study that includes case study with focus group discussion which were conducted along with descriptive ways to gather more information about the conditions of the elderly residents of old age homes.

In this study, both primary and secondary data were used. Data was collected from every selected elderly resident, those who are interested to take part in the study; and also, the key informants at OAHs. The information, gathered through face to face in depth interview, was used for data collection and observation was a supplementary data collection technique here and check list for focus group discussions was also used here. Secondary data were gathered from Bangladesh government of Social Welfare department, West Bengal government of Social Welfare department, and the secondary data have been collected from various sources, including research articles and various reports issued by various institutions and web based resources.

Field of Research:

The study area , Kolkata city of West Bengal in India and Dhaka city of Bangladesh have been selected for the study. West Bengal which is situated in the eastern region of India shares its borders with Bhutan and Sikkim in the north and Bangladesh in the east. West Bengal is one of the most populous Indian State. Ranked among the countries in the World with the highest density of population Bangladesh is the eighth largest country in the World in terms of population.

Study Area	
India (West Bengal, Kolkata)	**Bangladesh (Dhaka)**
One of the most populous states in the country with about 7.5 percent of the country's total population (Census of India 2011). Like most other Indian states, West Bengal is subject to fluctuation of population ageing in India. There are 74,90,514 persons (51.4% male and 48.6% females)	Bangladesh is the eight largest and one of the most densely populated countries in the world. According to Bangladesh Bureau of statistics (2011 census) the total population of Bangladesh is 142 million out of which 7.48% consists of ageing population.

Source: Chakravarty et al., (2014) and Bangladesh Bureau of statistics and Information division, Ministry of planning (2014).

The selected study area of both countries is similar from the viewpoint of language , social and cultural aspects. In both countries, similarities are seen. That is why the researcher has attempted to carry out studies in the area of Kolkata city of West Bengal , India and Dhaka city of Bangladesh.

Sampling Technique:

The purpose (non-probabilistic) sampling technique had been used for selecting old age homes in both India and Bangladesh. Purposive sampling was used for selecting key informants.

LIMITATION OF STUDY

The study is confined to the older people living in old age homes in Kolkata city of India and Dhaka city of Bangladesh. It cannot be generalized with regard to the entire aged population of both the countries . The present study is conducted through the case study method. So, the study is limited to the older people living in the old age homes in Dhaka Bangladesh and Kolkata West Bengal. However, in both the countries many old age home residents kept mum on their experience.

FINDING OF THE STUDY

Bayasko Punarbasan Kendra Old Age Home: Gazipur (Bangladesh)

Case Study-1

Victim of Poverty and Health Hazard

Farida Begum is 72 years old . An illiterate female and by religion a Sunni Muslim , she married at an early age and her husband had passed away when he was 52. She had , 3 sons and a daughter . But the daughter died when she was three and Farida's younger son died at the age of 3 months. She is left with two sons, aged 46 and 44 respectively.

Her spouse's death plunged Farida Begum into deep trouble as she did not have any money to look after her two sons . Although her deceased husband was a rickshaw puller by profession, he ended up being a spieler who squandered his money. So, after his death Farida was forced to work as a domestic helper to raise her two (surviving) sons and lived in a rented house. But the older son , like his father took to gambling . And he was unable to look after his own family. Nor did Farida's younger son earn much and he could not take care of his mother. At present Farida is suffering from various health ailments like diabetes , hypertension and arthritis . As she cannot afford to pay for the treatment , therefore, she decided to stay at the old age home and she preferred Gazipur old age home because the services provided are free of cost .

Farida received many facilities here. The things she received here free of cost are medicine , clothes and other daily necessities . These facilities mean a great deal to her.

The old age home authorities arrange for general health check-up .But Farida suffers from several diseases like diabetes , hypertension and arthritis which are chronic requiring specialized treatment which the old age home authorities Aare unable to provide . Farida herself has to do her own work , according to the rules in this old age home. But it is very difficult for her to do so since she is a patient of arthritis and has restricted movements. She is generally aloof though she has cordial relations with the other residents . Despite the problems she lives here because she has no other option than to make adjustment and accept her life here.

Farida is not aware of the schemes of the government of Bangladesh meant for the welfare of the elderly. But Farida thinks that some government help will definitely benefit her considerably.

Her problems notwithstanding , it is no doubt a good alternative shelter for Farida since it fulfils the basic necessities of her life which is something , she found impossible in her family. So, she goes on living here and will continue to do so for the rest of her life.

Bayasko Punarbasan Kendra Old Age Home: Gazipur (Bangladesh)

Case study -2

Forced to live in old age home due to familial negligence

Mina Ghosh is 75 years old . An illiterate female and by religion a Hindu. Her life is nothing short of a tragedy . Married to a PWD officer she became the mother of four children (three daughters and one son) . Her son went on to work in the post office . In a tragic turn of events the family lost its head and Mina became a widow. The money that was left behind by the husband was used up by Mina in the marriage of her three daughters . She was hopeful that her daughters and in -laws would take care of her.

But taking cruel advantage of her naïve nature her children including her son gave her a false sense of assurance and threw her into the old age home . She was deeply disheartened by this action and it was a dagger to her heart . This pains her till this day.

While she was unwilling to get to the old age home in the first place this place has been nothing short of a paradise for her.

Mina is currently residing in the Bayasko Punarbasan Kendra old age home Gazipur , Dhaka , Bangladesh. This old age home is completely free of cost and that is definitely boon for her. In the old age home , she could enjoy accommodation , her food and medical treatment facilities.

The general facilities that she received here are quite adequate for her . She is getting food and shelter free of cost . Moreover , even at 75 , she does not have much health issue to contend with. So, the general medical facilities available here are good enough for her.

However, she faced problems with the quality of food here which is not at all up to the mark. Another serious problem for him is that she has to share only one bathroom with 9 other residents and she is averse to the idea of quarrelling or fighting everyday with other residents for the use of the bathroom. So, she strongly feels that another bathroom would have been more beneficial for her and others. She also yearns for treatment at the hands of specialists at the old age home because the available medical facilities are woefully inadequate as far as specialized treatment of chronic diseases is concerned.

According to her , she is not particularly aware of the government policies for senior citizens . She knows that such policies would immensely benefit her but she has not yet been introduced to any such policy.

According to her she is happy here receiving shelter and spending the last phase of her life with security and peace. But she still wishes that she got to live with her children and that they would not have played such a mischievous act on her life.

SWASTI OLD AGE HOME RAJARHAT (KOLKATA)

Case Study -1

<u>An unfortunate victim of property abuse</u>

Rekha Sengupta , a Hindu widow aged 75 years is currently residing in Swasti old age home , Rajarhat , Kolkata. Her husband worked as a government officer and after his demise she has been living on her husband pension.

She had one son who was married . The son tragically passed away due to an accident. This death gave birth to a series of tragic events which would turn Rekha's life upside down . The daughter-in-law abused her in many ways . The daughter in law first took control of the entire property and named it after her. This left Rekha without a shelter . She was also disturbed with the fact that her grandson could be negatively affected by this conflict. She than decided to spend the rest of her life in the old age home. This was made possible because of the pension that she was receiving.

She is a diabetic patient. She is living happily in the old age home in a shared room with her peers. She is getting24\7 medical check-up as the old age home have their own nursing home. According to her food is satisfactory and the behaviour of the staff is also decent.

Staying in the old age home is a definite financial burden on Rekha though she also deplores the neglect shown by her family members after they received her property. However, she carries on with her life here where she can

live with honour and dignity and comes to terms with the problems she faces here. The old age home at least gives women like Rekha the opportunity to spend life in a somewhat dignified manner.

ASHA NIKETAN OLD AGE HOME, KOLKATA

Case Study-2

Looking for proper supervision in old age home

Swati Mukherjee is a Hindu widow aged 75 residing at Asha Niketan Old Age Home, Kolkata. This home is only for the female elderly. She is an educated person and is greatly interested in cultural activities. She used to live in Bankura with her husband and after the latter passed away her son brought her in Kolkata.

The son and daughter-in-law both are working people . She lived happily with the couple and the grandson . Since she suffered from Glaucoma she required constant treatment in this respect but, unfortunately her son and daughter-in-law were unable to do so due to their work.

The unavailability of a proper caretaker compelled the son to send her mother to the old age home. She was unwilling to come at first but her son assured her that they will remain in touch with her. Her son kept the word. She was uncomfortable at first in the old age home but now she is living there happily with her peers.

The facilities available here are indeed many , inclusive of food, residence facilities, free medicine , free medical check-up etc. All these she receives on a regular basis in the old age home . These facilities are a boon for her. However, she does not seem very satisfied with the available medical facilities here specially for the specialized treatment. According to her, if the medical aspect is improved , then life in this old age home would much better for him and other residents.

She is not aware of the government welfare policies for the elderly and she is not really interested in them.

She has renewed her life and she hopes that her life continues to be full of peace and content.

Conclusion and Policy Recommendations

Conclusion

According to the research study findings the following factors are primarily responsible for the terrible plight of the elderly in both India and Bangladesh:- a) Erosion of the traditional norms and values associated with the extended family system b) The financial crunch plaguing the elderly themselves and the inability of their children to provide adequate financial support c) Neglect , abuse and exploitation the elderly suffer at the hands of their kin and d) The unsatisfactory condition prevailing at old age homes and the woefully inadequate facilities especially healthcare facilities provided to the elderly residents at the old age homes.

The elderly suffer from melancholy for the rest of their lives since their spouses are no more. The present research indicates that the death of their spouse , the elderly (Widowers\Widows) stop obtaining any support from their

kin. As a result they begin to feel lonely and alienated . The death of spouse is a phenomenon which has almost the same ramifications in both India and Bangladesh.

Old age is characterized by severe medical problems which are compounded by the financial constraints faced by the elderly. They are unable to cope with spiralling prices and mounting medical expenses . As such sheer survival becomes a tremendous challenge for them and they are compelled to seek refuge in old age homes. While the old age homes assure them of food and shelter in most cases they fail to provide adequate healthcare \medical facilities.

The medical service facilities available in old age homes are far from satisfactory. It is becomes obvious that the level of medical service facilities available at old age homes in Bangladesh is much better than in India. This can be put down to the fact that in Bangladesh there are two old age homes which have their own medical units (geriatric hospital) inside old age home precincts.

Research study findings such as these imply that there is a pressing need for an appropriate health insurance policy in India and Bangladesh for the benefit of senior citizens including old age home residents. A suitable health insurance policy can stand them in good stead in times of dire need. In the surveyed old age homes (in both the countries) the residents stated that they do not have any health insurance policy because most of them belong to the ultra poor level . As they have been afflicted with various disease or geriatric disorders . They badly need to avail themselves of some health -related policy measures . This is one of the major findings of the research study.

As per the research study the old age home residents do not get the benefits of old age allowance. These residents opine that if they had been aware of official schemes or programmes they would have benefited considerably since they are really in need. They also opined that being aware of this scheme would have helped them a lot as they are financially very weak. One of the important findings of the study is that a large number of the lower class and middle-class respondents remain uncovered by government support and policy measures . In both the countries the problem worsens for these aged persons as there is no such scope for the government to extend financial help to them. Therefore, the old age home authorities of both the countries should take steps to help these financially bankrupt elderly residents so that they can obtain much- needed support from the government.

Policy Recommendations

The process of ageing involves a steady decline of the physical and mental health of the elderly. This gives rise to worries , fears , tension etc. which in turn hasten the process of (physical and mental) deterioration . To tackle these problems and ameliorate the plight of the elderly old age home residents in India and Bangladesh the following remedial measures are suggested in the light of the findings of this research study.

1) <u>Making emergency treatment and specialized medical treatment available to the elderly OAH residents, especially the needy among them whose health problems are aggravated by paucity of funds</u>:

Since old persons are more likely to fall ill than others, emergency treatment is called for what is needed for their survival and well-being is a proper medical infrastructure . The old age home authorities in India and Bangladesh should have arrangements for emergency health funding and oxygen cylinder facilities . So as to

ensure prompt medical attention . Since most of the OAH residents are not covered by any health insurance policy (as per the findings of the study), the issue of old age homes having an emergency health funding system (for providing treatment to the residents) has assumed special importance. If this emergency health funding system properly put in place , it will be a great boon for most of the OAH residents who are ultra-poor or below poverty level (according to the findings) and are, therefore , unable to afford the specialized medical treatment they badly need.

2) Introducing counseling facilities:

As per the findings of the research study , only one OAH each in India and Bangladesh makes counselling facilities available to the residents. Away from their home and kin , many elderly residents find it very difficult to adjust themselves to the old age home- a a strange , unfamiliar environment . Consequently ,they suffer from a sense of loneliness and depression . Hence, to address such mental health issues , a kind of family environment should be created in the old age homes as far as practicable . And , to deal with their psychological problems proper counselling arrangements should be made. Counselling here does not merely mean mental and psychological evaluation but engaging the residents in certain activities like dance therapy, music therapy ,painting, yoga etc. which can help reduce their trauma, stress and depression. In this respect the family , NGOS and the general public should act in close co-ordination to apply the healing touch to the psychological and mental wounds of the hapless OAH residents . Their collective efforts could go a long way towards reviving the drooping spirits of the elderly.

3) Introducing an adequate government health scheme

The most worrisome factor for the ageing population is the lack of a proper government policy for the elderly. This is one area where the government must take some specific steps to put in place a medical support system for the poor residents so as to ensure reasonable healthcare in the final phase of their life. The elderly also should be made properly aware of the government medical schemes both in India and Bangladesh. The first and foremost demand of the aged residents is proper medical care. So, the idea is to enable the elderly to access health service easily. The government should provide free-of-cost medical treatment at every hospital, and clinic for the elderly and also take steps to establish a separate geriatric ward in every hospital where the elderly can receive proper treatment. The amount of old age allowance should be enhanced in both the countries. And there is a crying need for a universal health insurance for all the aged persons who live in not only old age homes but also other habitations. Just like the health scheme, the issue of Bank account is also very, important. As most of the residents do not have any bank account ,they are rendered ineligible for government schemes like old age allowance ,widow pension etc. Needless to say, it is very, necessary for their survival. Therefore, the NGOs and old age home authorities should take proper initiatives to enable the poor elderly residents to avail themselves of the bank account facility and the various government schemes. This is applicable to the old age home residents of both the countries. However, it is heartening to note that the government of Bangladesh launched the '*BayaskaBhata'* scheme in 2013 and this scheme will benefit only those elderly who satisfy the eligibility criteria for it they have to be Bangladesh citizen, they have to be disabled to do any work . Those who are widowed or divorced or have

no child will get first priority. In this case ,the age of the male and the female elderly have to 65 and 62 years respectively. The monthly BayaskaBhata for 2020-2021 is 500 taka (BD). In India the 'Indira Gandhi National Old Age Pension Scheme' was launched in 1995. This scheme is applicable to all Indian elderly citizens above 60 years of age who belong to below poverty line. The elderly who are between 60 and 79 years get Rs.200 per month and those who are above 80 years of age get Rs. 500 per month. The OAH residents in both the countries have said that they do not get any benefit of the old age pension allowance scheme. They have opined that being aware of this scheme would have helped them a lot as they are financially very weak. Therefore, the old age home authorities of both the countries should take steps to help these financially bankrupt elderly residents so that they can obtain much needed support from the government.

4) Introducing Better Institutional Care:

The quality of institutional care services available in the old age homes much to be desired and more professional health care giving services must be introduced . Also, a proper health check-up system must be developed and a suitable diet should be arranged according to the residents' state of health and special needs. Providing the family environment is also of crucial importance for their mental health. Care should be taken to heal the psychological and mental wounds of the old age home residents and help erase unpleasant memories. In this respect the family, the NGOs and the general public should act in close co-ordination to apply the healing touch to the hapless elderly. This should go a long way towards reviving their drooping spirits , and boosting their morale.

5) Introducing the trained staff or professional caregiver facility

In order to take proper care of the elderly residents at the old age homes (both countries) require professionally trained (and competent) staff and caregivers. Suitable legislation must be enacted in this regard , if necessary and of course , the requisite funds must be provided.

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