



SAHAY: THE HELPING HAND

Raja Sadhu*

MBBS, MD Department of Psychiatry, All India Institute of Medical Sciences (AIIMS)
New Delhi 110029 *Corresponding Author**KEYWORDS** : Cervical Spondylosis, Intermittent Cervical Traction, Hot Packs, Conventional Therapy

Whose hands we held in childhood and learned to toddle, walk and race may at times appear unholdable during their twilight years. Though it sounds dark, examples of maltreatment of the elderly is rampant in all parts of the world. Walking down the streets of Vrindavan in the Northern Indian state of Uttar Pradesh, one may see and hear many stories of shameful existence, pathway from tragedy to violence, humiliation and a burden to the family. Vrindavan, apart from being the abode of the Universal God of Love, Lord Krishna and his sweetheart consort, the divine Radha, also strangely portrays human stories of lack of love of modern era. There are greater than 5000 widows leaving on the streets of Vrindavan, ostracized simply because they lost their husbands. Suddenly, the known people including their own children, becomes unknown and strangers. To top it all, abuse becomes a constant phrase in their lives. The basic dignity and vital role in society is suddenly lost and all the respect becomes evanescent. Surprisingly, these issues are common in all parts of the world, irrespective of developing or developed countries. The unfortunate term of "granny beating" was introduced in a landmark paper published in the *British Medical Journal* in 1975, introducing the western world to the grave problem of elderly abuse.

The elderly in Sukumaland in Tanzania is accused of witchcraft and attacked with a machete and banished forever. Suddenly, hope seems dimmed; however, the greatest strength of humanity is its endurance and resilience. So, a dark social force always receives a counter-balancing phenomenon. Therefore, the blind battered elderly men in Guatemala, who have been thrown away from their family, come together to make and sell traditional handicrafts and obtain a life of dignified and independent existence. What provoked me to write this feature article is a mobile health application that I came across, which is revolutionary in empowering the elderly to preserve their dignity and prevent abuse. This app is called '**Sahay**'. The word Sahay is an Indian (Hindi) origin word meaning a "Helping Hand". However, in this case, the nessope of helping hand goes far beyond the surface and indicates that the App empowers the subject to take cognizance of her/his issues and then takes the experience to a totally new level, which gives freedom to the individual to control his or her own situation and escape from the negative impact of the caregiver. Elderly abuse is common in Japan, USA and Canada, like situation in African and Asian nations. Coupled with these are the complications of the social and economic challenges. With the help of this App, the individual can maintain a journal or a self-help diary to reach out for necessary aid whenever required.

Sundaari Dasi (name changed), a 65-year-old widower, called HelpAge India's helpline to report a painful legal battle over property in which his son had been chronically mistreating him. Spurred by such examples, HelpAge India launched an innovative campaign with high-profile media coverage to challenge the abuse of older people. A survey by HelpAge India had found that 13 percent of Delhi's older people felt trapped in their own homes. More than half the respondents said they faced harassment at home or knew someone who did, mostly inflicted by their adult children. Media coverage was complemented by awareness-raising, including car stickers and badges reading: "Say No to Elder Abuse".

Older people were encouraged to network locally and check on each other and their families to detect crimes against them. Within weeks the Delhi Police Commissioner announced the first-ever security drive for older people in the capital of India. He guaranteed home visits to every older person to undertake security audits and advise on protection measures such as door chains. He promised that the police would liaise with contractors installing security measures, to prevent older people from being targeted for fraud. This was one example of HelpAge India's successful campaigns. The joint voice of civil society, decisionmakers and older people themselves resulted in immediate action. Similarly, this new app **Sahay** developed by the thoughtfulness of Dr. Sudheer Reddy Koyaguru, a primary care hospital-based physician in Bentonville, Arkansas, brings about a significant change in behaviour and enhances mental confidence of the elderly. Dr. Koyaguru has years of experience in Geriatrics, after pursuing a fellowship in the specialty from the famed Donald Reynolds Institute of Aging at the University of Arkansas for Medical Sciences in Little Rock. His pithy approaches of bringing about changes in the matrix of the thought process and raising awareness is the first step in promoting prevention of elderly abuse and neglect.

Mistreatment of older people – referred by the unfortunate eponym of "elder abuse" – was first described in British scientific journals in 1975 under the term "granny battering". As a social and political issue, though, it was the United States Congress that first systematically highlighted the problem, followed later by researchers and practitioners. During the 1980s scientific research and government actions were reported from several countries including Australia, Canada, China (Hong Kong SAR), Norway, Sweden and the United States, and in the following decade from Argentina, Brazil, Chile, India, Israel, Japan, South Africa, the United Kingdom and other European countries. Where "older age" begins is not precisely defined in the social literature, which makes comparisons between studies and between countries somewhat difficult to compare. Of more significance in these countries are the roles assigned to people in their lifetime in the context of the larger social architecture, hugely influenced by cultural norms. Old age is generally regarded as that time of life when people, because of physical decline, can no longer carry out their family or work roles.

Concern over the mistreatment of older people has been heightened by the realization that in the coming decades, in both developed and developing countries, there will be a dramatic increase in the population in the older age segment – a state of "*le troisieme age*" (the third age). It is predicted that by the year 2025, the global population of those aged 60 years and older will increase than double, from 542 million in 1995 to about 1.2 billion.

It is generally agreed that abuse of older people can occur either an act of commission or of omission (in which case it is usually described as "neglect"), and that it may be either intentional or unintentional. The abuse may be of a physical nature, it may be psychological (involving emotional or verbal aggression), or it may involve financial or other material maltreatment. Regardless of the type of abuse, it will certainly result in unnecessary suffering, injury or pain, the loss or violation of human rights, and a decreased

quality of life for the older person. In a significant study conducted in New Haven, CT, United States, data from a comprehensive annual health and welfare study of a representative sample of 2812 older people were merged with the database of the local agency concerned with adult abuse for each year over a 9-year period. Information for the health survey was recorded by nurses, who saw the older people at a hospital for the first year's data collection and every third year after that. In the intervening years, data were continuously updated by telephone. Information about abuse and neglect was obtained by the case workers using existing protocols after investigating claims of mistreatment, usually after a home visit. The merged database allowed the investigators to identify those people from the sample who were confirmed during the 9-year survey as having experienced the negative issue of physical abuse or neglect. Mortality rates were then calculated, beginning with the first year of the survey and for 12 years thereafter, both for those who had been abused or neglected as well as for the non-abused group. When mortality rates for the two groups were compared, 13 years after the study began, 40% of the group where no abuse or neglect had been reported were still alive, compared with 9% of those who had been physically abused or neglected. After controlling for all possible factors that might affect mortality (for example, age, sex, income, functional and cognitive conditions, degree of social networks and support) and finding no significant relationships in these additional factors, the researchers concluded that mistreatment causes extreme interpersonal stress that may confer an additional risk of death.

Only the United States and a number of Canadian provinces have created a system solely for handling reports of adult mistreatment. In these adult protection services, as they are known, the case workers investigate and assess cases, develop plans for appropriate care and monitor the cases until they can be handed over to existing social service agencies for the elderly. There is a growing interest in providing services for victims of elder abuse along the lines of those developed for women who faced violence. Emergency shelters and support groups specifically aimed at older abused people are relatively new. They provide an environment where victims of abuse can share experiences, develop the psychological strength to cope with their fears, self-doubt, stress and anxiety, and raise their self-esteem. One example of how the domestic violence model has been adapted for elder abuse is the programme set up by the Finnish Federation of Mother and Child Homes and Shelters in collaboration with a local nursing home and the Finnish health care system. This project provides emergency shelter beds in the nursing home, a telephone helpline offering advice and an opportunity for older people to talk about their problems, and a biweekly victim support group meeting. Other such emergency shelters exist in Canada, Germany, Japan and the United States.

Political will is necessary to ensure that ageing is a time of opportunity for all. Social and intergenerational equity should be the guiding principles of national policies. It is unacceptable that millions of older people continue to live in poverty, lacking income security, health care, access to basic services, support in emergencies and the full enjoyment of their human rights. The expected growth of the population of older persons should not be an excuse not to act but rather seen as a call to action. A well supported old age is in the interest of all generations. Taking a life course approach across all public policy domains – that is, explicit recognition by policymakers that most citizens will live to old age – will bring concrete benefits to all ages and the economies in which they live. Contributions like the smartphone application *Sahay* from Dr. Sudheer Koyagura is ushering in attitude changes and empowering the generation that nurtured us during our childhood. It is time we pay our dues of respect. *Sahay* educates the community about this silently burning issue. As well, *Sahay* motivates individuals including elderly to pursue a career, however small in scale, for self-empowerment and leading a life of dignity even at the time of life's sun setting down the horizon.



Sahay smartphone app developed by Dr. Sudheer Koyagura, a geriatrician



Raising awareness about the plight of elderly abuse is the first step towards prevention

REFERENCES

1. Burston GR. Letter: Granny-battering. *Br Med J*. 1975 Sep 6;3(5983):592.
2. Dos Santos Gomes C, Pirkle CM, Zunzunegui MV, Taurino Guedes D, Fernandes De Souza Barbosa J, Hwang P, Oliveira Guerra R. Frailty and life course violence: The international mobility in aging study. *Arch Gerontol Geriatr*. 2018 Feb 8;76:26-33.
3. Ventura F, Caputo F, Molinelli A. Medico-legal aspects of deaths related to neglect and abandonment in the elderly. *Aging Clin Exp Res*. 2018 Feb 14. doi: 10.1007/s40520-018-0912-2.
4. Olsson M, Wall M, Liu SM, Schoenbaum M, Blanco C. Declining Health-Related Quality of Life in the U.S. *Am J Prev Med*. 2018 Mar;54(3):325-333.