

PAKALVEEDU (DAYHOME) IN KERALA: SOCIAL SUPPORT FOR ELDERLY

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Abstract—This Based on the records of World population Ageing: 1950-2050; Department of Economic and Social affairs, Population Division, United Nations. New York.2002 etc the demographic profile depicts that in the years 2000-2050, the overall population in India will grow by 55% whereas population of people in their 60 years and above will increase by 326% and those in the age group of 80+ by 700% - the fastest growing group.

This Research Paper elucidates the concept of Pakal Veedu (Day Home) based on the social welfare measure by the Government of Kerala through the local self government institutions called Panchayats. This has been conducted as a research study by the Research Scholar which explores multifaceted aspects of 'Elderly Care' and 'Pakal Veedu' based on various reports, research studies and anecdotes published and observations made on Pakal Veedu. It is a study designed to identify multifaceted dimensions of social care for elderly with local self government initiative. The research study will analyse the impact of Pakal Veedu on elderly and the psycho social changes it created among them. This exploratory study was carried out as a qualitative research under Indian scenario based on Primary data available on the subject which also included basic references on international incidents on the same. The research enquiry focused on several research questions: What is 'elderly care' and its various aspects? What are the socio psychological aspects of elderly? What is social support for elderly? The study will highlight the impact and significance of Pakal Veedu as a social care system for elderly. It will also elaborate the role of government to take up initiatives for the support and care of elderly.

Keywords— Pakal Veedu; Elderly care.

1. INTRODUCTION

Aging is generally defined as a process of deterioration in the functional capacity of an individual that results from structural changes, with advancement of age. High fertility and declining mortality are the major factors responsible for population increases in most countries of the world, especially the developing ones. Longevity has increased significantly in the last few decades mainly due to the socio-economic and health care developments. These factors are responsible for the higher numerical presence of elderly people leading to higher dependency ratio. Demographers, researchers, and responsible citizens have started to think about the aged population and its problems because of the demographic transition in many countries of the third world now taking place in a much shorter period of time. Aging of the population will be one of the major challenges of the near future.

Advancing age seems to bring meaningless misery mainly because the elderly have been neglected and by passed by modern society [1]. Aging may be viewed as a biological process, psychological and social development process of individuals including transition in social position, roles, status and attitude. This makes it necessary to look into the various aspects of their problems, social, economic, psychological health and other allied aspects. In India, the attainment of the age 60 has been mostly considered for the purpose of classifying aged persons, where as the USA, UK and other western countries, it is from 65 years [2]. Aging is not a new phenomenon, but the problems that occur with aging appear to be a product of modern age.

There has been a steady rise in the population of older persons in India. The number of elder persons has increased from 19.8 million in 1951 to 76 million in 2001 and the projections indicate that the number of 60+ in India will increase to 100 million in 2013 and to 198 million in 2030. The life expectancy, which was around 29 years in 1947, has increased manifold and now stands close to 63 years. The traditional norms and values of the Indian Society laid stress on showing respect and providing care for the aged. However, in recent times, society is witnessing a gradual but definite withering of the joint family system, as a result of which a large number of parents are being neglected by their families exposing to lack of emotional, physical and financial support. These older persons are facing a lot of problems in the absence of adequate social security. This clearly reveals that ageing has become a major social challenge and there is a need to provide for the economic and health needs of the elderly and to create a social milieu, which is conducive and sensitive to emotional needs of the elderly.

Kerala has a huge population in the age group of 60+ and it is only increasing due to the advanced medical standards that the state has achieved. Adding to this is the fact that the children of most of the aged people have migrated to outside the state. It is now become a challenging task before the government and the society to take care of the lonely aged people. With this in mind, Pakalveedu, a very novel venture was started in Kerala in 2002 to give meaningful fellowship to the senior citizens during the daytime. Elderly people have got lot of problems and they are not getting adequate care from society. Day Care Centers, named Pakalveedu, are implemented in Kerala under a new scheme, 'Comprehensive Mental Health Programme'. It is an integral part of DMHP (District Mental Health Programme) and CMHP (Community Mental Health Programme), and is implemented in each district with the support of District Programme Managers (DPM) of National Health Mission (NHM) under this scheme, two centers, one each for men and women, is allotted to each district [3]. An amount of 20 corers' has been provided under Head of Account 2210-01-110-23 (Plan Fund) to implement the scheme during the financial year 2013-14 [4].

2. FUNCTIONING OF THE CENTRE

The working time is from 10 am to 4 pm. Vehicle for the project is outsourced, as per the procedure usually followed by DMHP and CMHP. The vehicle starts from the Centre by 7.30 am to pick the members from their homes, and takes them back by 4 pm [5]. All details of the members and their relatives, including passport size photos of the patients, are kept in the Centre's office. In both the Centers, They focus mainly on the intervention phase and teach new skills. It's not all work and no play at Pakalveedu. All of them come together for picnics, Onam and Christmas celebrations and entertainment programmes. On these occasions members showcase their talents in writing poetry, singing, dancing or public speaking.

3. ACTIVITIES IN THE MALE CENTRE

The major activities include agricultural activities, making medicine covers and X-Ray covers, recreational activities, and yoga and exercise. Vegetables are grown in grow bags and the available land. So far, cauliflower, ladies finger, tomato, brinjal, peas, chillies, spinach, tapioca and plantain have been grown, and the vegetables cultivated are distributed to the members themselves. Medicines covers and X-Ray covers are being purchased by nearby Taluk hospitals and PHCs. DMHP Clinics too utilize these covers to distribute medicines. The amount thus earned is equally distributed amongst the members. Recreational activities include indoor games like caroms and outdoor games like cricket, badminton, and volleyball. Exercise and yoga too are being regularly practiced.

4. ACTIVITIES IN THE FEMALE CENTRE

The major activities include carpet making, medicine cover making, OP Book making and agricultural activities. Making carpets and mats is the main activity. Old cotton sarees are cut into small pieces and interwoven into small mats. Mats are sold out, and the amount thus generated has been distributed among members as an Onam advance. OP Books are utilized by DMHP Clinics. Vegetable cultivation is also being done, albeit in a small scale. In 2015, Onam and Independence Day were celebrated in both the Centers.

5. IMPACT

The Pakalveedu is an effective system to empower and motivate the elderly to see their life in a different perspective. With the advent of old age most of the people faces a feeling of loneliness, discrimination, abandonment and helplessness. The older people become more vulnerable to physical disabilities as a result of social economic and emotional alienation and isolation. In the first half of the 21st century, the major socio-economic problems will be the maintenance of the health and nutrition of the elderly through social security, social assistance and other social support mechanisms. A comprehensive social security system is not functioning in our country as in western countries. The concept of Pakalveedu is an answer to the problems face by the senior citizens in Kerala as it gives them a new ray of hope towards a happy and self sufficient old age. Here the senior people are engaged in various activities related to agriculture, horticulture, crafts, cover making and similar jobs which will not demand strong mind or body presence but easy and relaxing. Being lonely in a house may give them stress and pain but being in a homogeneous group will enable them to identify their presence in the world as

worthy creatures and it will empower them to achieve strong mental and physical balance. Active social life is a significant advantage of this system as it provides a suitable platform for the senior citizens to have a healthy life. Good communication and active interaction with homogeneous group of people will fill them with active energy and it will make them stronger. Many can identify their hidden talents or past hobbies at Pakalveedu and can start a happy life with a new meaning. Proper and timely mental and physical health check up mechanisms will provide them positive attitude towards life. By getting small income for their works at Pakalveedu will make them economically self sufficient and they can play a vital role in decision making and demanding their needs. The concept of Pakalveedu will change the conservative perspective of old age and will open up new life for the elderly to reinvent another life in them.

7. CONCLUSION

Pakalveedu is an excellent example for Social Care system for elderly as it gives an all round support mechanism for them to become socially, economically, psychologically and physically sound to play their role in the society and State as responsible citizens. This gives them an ample opportunity to understand them better, stand independently, achieve good social status and live without hurt, pain or depression. The elderly are getting more social exposure and this way they can lead a secure, happy and sound old age life. By making the older people happy and secure the society places them in an elegant position and that is the real success of a well cultured society.

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REFERENCES

- [1] Lopes R, Curral R. Day hospital in community psychiatry: Is it still an alternative to Mental Health Care? *Arquivos de Medicina* 2012; 26(5):218-22.
- [2] Anthony WA, Cohen MR, Farkas MD, Gagne C. *Psychiatric rehabilitation*. Boston: Boston University; 2002.
- [3] Health and Family Welfare Department- Annual Plan 2013-14 – Implementation of the scheme 'Comprehensive Mental Health Programme' (new scheme) – Administrative sanction accorded. Orders issued. G.O(Rt) NO.4049/2013/H & FWD Dated, Thiruvananthapuram, 05-12-2013.
- [4] Director of Health Services, Thiruvananthapuram. Guidelines for the implementation of 'Comprehensive Mental Health Programme' 2013-14. Under Plan Head of Account 2210-01-110-23oble, and I.N. Sneddon, "On certain integrals of Lipschitz-Hankel type involving products of Bessel functions," *Phil. Trans. Roy. Soc. London*, vol. A247, pp. 529-551, April 1955.
- [5] Chandran R. Pakalveedu- The Kollam experience. *Kerala Journal of Psychiatry* 2015; 28(2).