Chapter 5

Dementia: A Capability Deprivation for Elderly Women in India

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ABSTRACT

The high global prevalence, economic impact of dementia on families, caregivers, and communities, and the associated stigma and social exclusion present dementia as a significant public health challenge. Global as well as Indian data confirms a greater vulnerability of the women patients than their male counterparts. The global health community has recognized the need for action and to place dementia and its care and support services on the public health agenda. Dementia imposes significant physical, mental, and financial stress on caregivers who, again, often are women. In this context, the chapter aims to use capability approach and the concept of “disability paradox” to project dementia as a capability deprivation situation and through comparative analysis of various care models proposes a comprehensive economic care model and plan of action for a developing country like India to ensure dignified quality living for dementia patients and their caregivers.

1. INTRODUCTION

Aging is a universal phenomenon, but it has become a formidable challenge before developing countries. India stands second in its population next to China. As of March 1, 2012, the projected number stands at 98.5 million (The World Bank, n.d.). India’s population is undergoing a rapid demographic transition. The number of “elderly” people in India has increased by 54.77% in the last 15 years. It is important to note that this rapid demographic change is happening along with fast paced social restructuring accompanied by market driven economic development. Shrinking family network, almost non-existent welfare state and virtual absence of community initiatives are making geriatric care even more cumbersome. In general, old age induces certain amount of disability and demand care and attention but certain health conditions like ‘dementia’ throws immense challenges before elderly and their care givers on dignified living. Situations turn even more difficult with women elderly due to their socio-economic...
vulnerability. Situations turn even more difficult with women elderly due to their dependent position and socio-economic vulnerability. The high global prevalence, economic impact of dementia on families, caregivers and communities, and the associated stigma and social exclusion present a significant public health challenge. The global health community has recognized the need for action and to place dementia on the public health agenda (WHO, 2012).

2. UNDERSTANDING DEMENTIA

Although a vignette of dementia was widely recognized, the condition was not thought to constitute a health problem. Dementia was construed as a normal part of ageing and was not perceived as requiring medical care. Thus, primary health physicians rarely saw this condition in their clinical work, but community health workers frequently recognized individuals with dementia.

Dementia is caused when the brain is damaged by diseases, such as Alzheimer’s or a series of strokes. Alzheimer’s disease is the most common cause of dementia. The specific symptoms that someone with dementia experiences will depend on the parts of the brain that are damaged and the disease that is causing the dementia (Alzheimer’s Society, 2015). It is estimated that worldwide 46.8 million people are living with dementia in 2015. These numbers will almost double in every 20 years, reaching 74.7 million in 2030 and 131.5 million in 2050. Much of the increase will be in developing countries. Already 58% of people with dementia live in developing countries, but by 2050 this will raise up to 68%. It is estimated that worldwide there will be 9.9 million new cases of dementia each year, implying one new case for every 3.2 seconds (Alzheimer’s Disease International, n.d.). In India, among the dementia patients’ women constitute 2.1 million and 1.5 million are men (The dementia India report, 2010,). This shows that an instance of dementia is far higher among older women than men. Women’s systematic nutritional deprivation, stressful life throughout and skewed access to medical care could be the probable reason behind.

The symptoms include memory loss, difficulties with thinking, problem-solving or language. Each person is unique and will experience dementia in their own way. A person with dementia will have cognitive symptoms (problems with thinking or memory). They will often have problems with some of the following (Alzheimer’s Society, 2015):

- **Day-to-Day Memory Loss:** Difficulty in recalling events that happened recently;
- **Difficulty in concentrating, planning or organising, i.e. making decisions, solving problems;**
- **Language:** Difficulties in following a conversation or finding the right word for something;
- **Orientation:** Losing track of the day or date, or becoming confused about where they are;
- **Often Changes in Their Mood:** Feeling frustrated, irritable, anxious, easily upset or unusually sad;
- **Visual Hallucinations:** The person may see things that are not really there;
- **Delusions:** The person believe things that are not true.
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