



**Department of Sociology, Jamia Millia Islamia  
In Association With  
Senior Citizen Division, National Institute Of Social  
Defence, Ministry Of Social Justice & Empowerment,  
Government Of India**

*Presents*

# **Proceedings of the Seminar**

**Creating a Dementia Friendly Society:  
Issues and Challenges**

**MARCH 6-7, 2024**

**FTK CIT, GATE NO. 13, JAMIA MILLIA ISLAMIA, NEW DELHI**

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Prof. (Dr.) Eqbal Hussain  
Officiating Vice-Chancellor

پروفیسر (ڈاکٹر) عقبال حسین  
تائم مقام شیخ الجامعہ



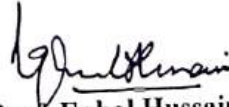
### Officiating Vice Chancellor's Message

I am privileged to witness the proceedings of the Seminar - Creating a Dementia Friendly Society for Elderly Citizens: Issues and Challenges. Around 9 million elderly over 60 years are living with dementia in India. Dementia refers to memory loss and includes loss of acquired cognitive abilities that may hamper social and occupational functioning. According to the WHO, Alzheimer's disease constitutes the majority of dementia cases worldwide. Moreover, dementia is one of the major causes of death, disability and dependency among older people globally.

The two-day seminar has been a milestone in addressing the issue of dementia and its various ramifications. Scholars from diverse fields put forth their views on multiple dimensions of dementia, including the onset of the disease, its causes, how dementia affects the social functioning of the elderly, and the experiences of caregivers. The seminar could be a trendsetter and inspire such initiatives in many ways. Furthermore, the seminar can immensely contribute to policy-making on the elderly in general and dementia in particular.

Thus, as an officiating Vice-Chancellor, I am delighted to be associated with such an initiative. These initiatives not only enrich the academic community but also become the northern star to encourage the whole community to be more aware, sensitive, and open to the people who seek our assistance in living a carefree life. Therefore, our solidarity through this seminar will go a long way to forge a genuinely dementia-friendly society for our elderly.

Once again, I confer my gratitude to the Department of Sociology, Jamia Millia Islamia, and the Ministry of Senior Citizen Division, Institute of Social Defence for organising this enriching and insightful seminar and bringing out these proceedings.

  
(Prof. Eqbal Hussain)  
Offg. Vice-Chancellor



**NATIONAL INSTITUTE OF SOCIAL DEFENCE**  
**Ministry of Social Justice and Empowerment**  
**Government of India**

**Message**



I congratulate, the Department of Sociology, Jamia Millia Islamia, New Delhi for successfully conducting Two-day National Seminar on 'Creating a Dementia-Friendly Society for Elderly Citizens: Issues and Challenges' on 6<sup>th</sup> and 7<sup>th</sup> March 2024. I extend my greetings to all who were involved in organising the National Seminar on such an important issue.

The Two-day National Seminar brilliantly highlighted upon the fact that how dementia affects not only the people who are suffering from the disease but also those who are working in the domain of the Senior Citizen care. Population of senior citizens in the country is on a rise, and so is the number of those affected by dementia. I see the seminar proceedings as a 'Ray of Hope' for all stakeholders, from academia to policy-makers, who are involved in the Geriatric care, to mainstream the issue of dementia among senior citizens of the country.

**(Shailendra Kumar)**

Director

Dated: 30-04-2024

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## **PATRONS**



**Prof. Eqbal Hussain**

Officiating Vice-Chancellor  
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Head, Department of Sociology  
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## **About the University**

Jamia Millia Islamia, founded in 1920 in Aligarh, United Provinces of India, became a Central University in 1988 by an act of the Indian Parliament. "Jamia" means "University" in Urdu, and "Millia" means "National." From its modest beginnings in pre-independence India to its current status as a comprehensive university in New Delhi, this institution's trajectory is a testament to its persistent dedication, conviction, and visionary endeavours. Guiding by Gandhian ideas and a commitment to nation and society, Jamia Millia was painstakingly created by its founders despite many obstacles.

When two strong forces came together during British colonial control, Jamia was born. First, politically radical Indian Muslim intellectuals who received their education in the West collided with pro-independence ambitions in the context of anti-colonial Islamic action. Mahatma Gandhi's influence sparked these ideas in 1920.

In 1920 at Aligarh, Jamia Millia Islamia started small, thanks to the unshakable determination of its founding members, Shaikhul Hind Maulana Mahmud Hasan, Maulana Muhammad Ali Jauhar, Jenab Hakim Ajmal Khan, Dr Mukhtar Ahmad Ansari, Jenab Abdul Majeed Khwaja, and Dr Zakir Hussain. They aimed to create an organization that embodied pluralism and indigenous ethos. Its goal was to establish a national school to teach nationalist principles and progressive education to pupils from all communities, focusing on Muslims. Gandhi ji and Tagore supported the establishment of Jamia to create a shared culture and worldview that would impact thousands of students' lives. The expansion of Jamia has been characterized by the sacrifices made by its faculty, staff, students, and several other individuals who have made numerous contributions.

Today, Jamia is one of the reputed institutions in the country and has been ranked 3rd in the latest NIRF university rankings.



## **ABOUT THE DEPARTMENT**

The research, teaching and learning at the Department of Sociology derive its inspiration from the history of Jamia Millia Islamia education project namely, that knowledge should be meaningful to student learners who have different rhythms of reading writing and learning come from diverse cultural background, and are differently positioned in social stratification systems. Accordingly, the Department of Sociology is committed to (a) teaching its students at the undergraduate and graduate levels the basic grammar of social science within the context of a general awareness of diverse national and international social realities and issues (b) build a foundation of intellectual skills for independent research useful for varied professions (ranging from academic research and training to media, to administration, to public leadership, to management, and so on) (c) include extra-curricular learning (d) use mother tongue and acquire bi-lingual reading and writing habits (e) encourage students feedback (f) to encourage teaching faculty to research and enrich their knowledge and practice.

The curriculum includes interdisciplinary and interfaculty courses (core and elective subjects) in unit form. These are periodically upgraded and enriched through presentations and rigorous discussion by the entire faculty and by the BOS. The curriculum includes courses for 'student centric' learning: two at MA level (Dissertation-I and Dissertation- II), and two at the BA Honors level (Research Project I and Research Project II). Students work under the guidance of a faculty member and contact a variety of external institutions wherever necessary. Extension lectures series are organized for students and faculty. Interuniversity students' seminars are organized annually by the Department's Students Subject Association. Students also participate in the NSS and NCC Programs of the University. Courses on subject of contemporary relevance have been introduced. There includes globalization, ethnicity, critical pedagogy, sociology of law, Islam and Muslim in south Asia, city and space, indigenous voices, gender and ecology.

## CONCEPT NOTE

The rate of elderly people in India is estimated to increase in the upcoming years due to decreasing fertility rates and an increase in average lifespan, which is augmented by better healthcare and medicinal facilities. It is estimated that by the year 2050, 19.1% of India's population will comprise people who are above 60 years of age. However, with an increase in the geriatric population, there will be an increase in various health issues pertaining to old age, such as loss of Memory, cognitive decline, arthritis, and so on. [The focus of this seminar is on dementia and the challenges faced due to it. Dementia is a broad term which refers to a series of ailments, such as a decline in memory, cognitive function, and the ability to perform everyday activities. The key symptoms of dementia include a loss of memory and also a loss of self-identity, impaired judgement, cognitive decline that results in speech problems, lack of rationality, decision-making capacity and so on, disorientation, difficulties in performing daily activities and behavioural as well as personality changes.

Some of the primary medical reasons which cause Dementia include drying up brain cells with age or the accumulation of protein in brain cells resulting in entanglement of the brain cells, which is also known as Alzheimer's disease. Severe stress, Parkinson's disease, HIV-related cognitive impairment, and vascular diseases are also some of the medical conditions which may lead to dementia. Studies have also determined a few socio-economic factors that may lead to dementia, which include- disintegration of joint family, which is a phenomenon being observed in India and South Asia, malnutrition and low levels of literacy among women, disparity between rural and urban areas, rapid urbanisation of rural spaces, genetic diversity, socio-cultural and economic diversity, rapid changes in demography and multilingualism. It thus becomes important to determine the sociological factors which cause Dementia among elderly people.

The role of caregivers becomes vital while dealing with patients suffering from Dementia. The caregivers become the voice for the patients and often become an extension of them. However, the role of the caregivers may become contested as a constant conflict reigning between their role as a caregiver and as an individual self. As a dutiful caregiver, he/she may be a significant other to the patient or maybe a formal attendee. As an individual self,

however, the person needs to take time out from their daily life and devote it to their significant other. As an attendee, the caregiver might not form any emotional attachment with the patient and subject the patient to abuse or neglect. The role of the caregiver thus becomes imperative in either providing a sense of comfort and assurance to the patient or resulting in the worsening of the medical condition. The objective would thus be to look into the role of the caregivers and take account of their narratives to create awareness and spread information about a dementia-friendly society.

Apart from caregivers, there is also a responsibility of the civic society, such as hospitals, psychologists, and sociologists, to provide insight into the proper treatment, identification, caregiving aspects, and awareness about dementia. It is important to talk about the disease and acknowledge the potential hash that it could cause, resulting in deaths, major accidents, and a loss of sense of self and identity. Dementia may be an irreversible disease, but certain practices such as following a Mediterranean diet, daily exercise, and engaging in activities that would keep the brain active, such as reading, writing, solving crossword puzzles and so on, can delay the onset of dementia.

### **OBJECTIVES OF THE SEMINAR**

1. To create awareness of dementia-friendly society and promote initiatives to identify the symptoms of dementia, offer proper care and treatment and provide information on how to deal with such patients.
2. To improve the role of care givers society and actively engage 'the civic society in preventing mishaps of dementia patients in public spaces.
3. To identify the socio-cultural and economic factors, apart from medical factors, which results in the onset of Dementia among the elderly.
4. To introduce a multi-stakeholders initiative where the civic society, caregivers, medical experts. Social workers and citizens can actively engage in dealing with Dementia in society.

### **THEMES AND SUB THEMES FOR PAPER PRESENTATION**

- Maintenance and Welfare of Parents and Senior Citizens Act, 2007 and Amendments
- Role of caregivers in managing dementia patients
- Food, nutrition and care of Dementia patients
- Financial and other prolonged stress as a cause of Dementia
- Hormonal factors in women resulting in dementia
- Life expectancy and dementia
- Gender and Dementia
- Comparison of rural and urban areas as being more prone to Dementia
- Stigma and dementia
- Migration and dementia
- Familial structures and abuse causing Dementia
- Communication barrier as a cause of Dementia
- Poverty and Dementia
- Prolonged financial stress may lead to dementia
- Role of caregivers to Dementia patients
- Elderly abuse, lack of care and treatment for patients suffering from Dementia. Mental stress, feeling of loneliness and depression of Dementia among elderly people

- Language barriers, adapting to a new cultural environment of Dementia patients.

Invitation for Abstract Submission-Abstracts are invited for the above-mentioned sub- themes within (250 to 300 words) along with keywords latest by 26th February 2024, on the below mentioned email-id.

[Smritipr21@gmail.com](mailto:Smritipr21@gmail.com), [aabidi@jmi.ac.in](mailto:aabidi@jmi.ac.in)

Participants: Faculty Members, Research Scholars, Students, Policy Makers, Medical Practitioners, Social Workers, Government Officials, Physiotherapists, Psychologists, Counsellors, Civil Society, NGOs, etc.



24/01/24

Prof Azra Abidi  
Department Sociology

## INAUGURAL SESSION



**PROF. EQBAL HUSSAIN**

**Officiating Vice-Chancellor,  
Jamia Millia Islamia,**

**New Delhi**

**Prof. Eqbal Hussain**, the Officiating Vice-Chancellor of Jamia Millia Islamia and seminar chair, provided a comprehensive analysis of the prevalence and management of diseases, mainly focusing on Dementia. With a deep understanding of socio-economic and cultural determinants, Prof. Hussain illuminated the concerning trajectory of dementia cases, projecting a significant rise from 8.8 million in 2016 to an expected 16.9 million by 2036. This projection underscores the urgent need for proactive measures in addressing this growing public health challenge.

Prof. Hussain emphasized the multifaceted nature of health challenges, highlighting the critical roles played by factors such as illiteracy, inadequate nutrition, chronic stress exacerbated by financial constraints, and cultural stigma and taboos. By contextualizing Dementia within broader socio-economic and cultural frameworks, he underscored the importance of adopting holistic approaches that address medical aspects and the social determinants of health. Prof. Eqbal further elucidated recent legislative and policy developments concerning dementia diagnosis, signalling the evolving landscape of healthcare interventions. By bringing attention to these advancements, he underscored the importance of staying abreast of changes in healthcare policies and practices to ensure effective and timely interventions for individuals with Dementia in concluding his discourse.



**PROF. AZRA ABIDI**

**Head, Dept. of Sociology,**

**Jamia Millia Islamia, New Delhi**

**Prof. Azra Abidi** introduced the national seminar, delineating its core themes and significance as a platform for fostering a dementia-friendly society. She articulated the pressing challenges within the healthcare domain and underscored the seminar's pivotal role in addressing these issues.

Prof. Abidi emphasized the seminar's objectives, from raising dementia awareness to promoting initiatives for early identification and proper treatment. Furthermore, she highlighted the imperative to enhance the support provided by caregivers and actively involve civil society in safeguarding dementia patients in public spaces. Prof. Abidi also underscored the importance of exploring socio-cultural and economic factors contributing to dementia onset among the elderly. She elaborated on how societal attitudes towards Dementia often contribute to the stigma surrounding the condition. This stigma can lead to social isolation and discrimination against individuals living with Dementia. Addressing these societal perceptions is crucial in creating a more inclusive and supportive environment. She highlighted that over the next two days, the seminar aims to strategize and identify pathways towards cultivating a more supportive environment for the elderly affected by Dementia.



**DR M. ASLAM PARVAIZ**

**Former Vice Chancellor,**

**Maulana Azad National Urdu University (MANUU),**

**Hyderabad**

**Dr Parvaiz**, former Vice Chancellor of Maulana Azad National Urdu University (MANUU), Hyderabad, during his address as the Distinguished Chief Guest, elaborated on the multifaceted nature of Dementia, highlighting its connections to social and psychological factors rather than solely medical aspects. Dr Parvaiz illuminated how broader societal trends, such as social isolation and the rise of virtual engagement platforms, significantly impact the experience of individuals living with Dementia.

Dr Parvaiz's analysis delved into the adverse effects of social isolation, noting how it can exacerbate dementia-related challenges and contribute to fragmentation within families. He underscored the profound impact of virtual engagement platforms, which, while seemingly connecting individuals, may actually lead to heightened individual preoccupation and further exacerbate feelings of isolation among those affected by Dementia. Central to Dr. Parvaiz's discourse was the call for a holistic approach to addressing Dementia—one that not only encompasses medical interventions but also recognizes and confronts these broader societal influences. He stressed the importance of raising awareness and promoting dialogue surrounding the social and psychological dimensions of Dementia.





**PROF. SANGHAMITRA SHEEL ACHARYA**

**Centre of Social Medicine**

**& Community Health, School of Social Sciences**

**JNU, New Delhi**

In the seminar, **Prof. Sanghamitra Sheel Acharya** addressed the keynote speech. She elucidated the transformative concept of 'WE,' emphasizing its crucial role in fostering a socially inclusive environment for individuals with Dementia. Through the lens of 'WE,' Prof. Acharya underscored the significance of collective understanding and engagement among society members in providing meaningful support to those affected by Dementia. By transcending individualistic perspectives and embracing a communal approach, she advocated for creating a compassionate and supportive network that values and empowers individuals with Dementia.

Moreover, Prof. Acharya shed light on the pivotal role of caregivers in the dementia care continuum, emphasizing the profound impact of caregiving responsibilities on their mental health and well-being. She articulated how caregivers often grapple with immense emotional and physical challenges, necessitating adequate support systems to safeguard their mental health. Additionally, Prof. Acharya highlighted a pertinent issue within working-class families - the phenomenon of "buying care" to address the complexities of caregiving. This practice, she noted, introduces another layer of complexity to the caregiving dynamic, reflecting broader socio-economic disparities and underscoring the need for equitable access to support services.

health and well-being. She articulated how caregivers often grapple with immense emotional and physical challenges, necessitating adequate support systems to safeguard their own mental health. Additionally, Prof. Acharya highlighted a pertinent issue within working-class families - the phenomenon of "buying care" to address the complexities of caregiving. This practice, she noted, introduces another layer of complexity to the caregiving dynamic, reflecting broader socioeconomic disparities and underscoring the need for equitable access to support services. Through her insightful analysis, she not only emphasized the collective responsibility of society but also advocated for the implementation of comprehensive support mechanisms to ensure the well-being of both individuals living with dementia and their caregivers. In doing so, Prof. Acharya contributed to a nuanced understanding of dementia care that encompasses the interconnectedness of social, economic, and emotional factors, ultimately fostering a more inclusive and compassionate society for all.



**PROF. MUSLIM KHAN**

**Dean Faculty of Social Sciences,  
Jamia Millia Islamia**

In the seminar, Prof. Muslim Khan thanked all the delegates from every corner of India. He extended his deep sense of appreciation to the organizing committee members. He said that the seminar laid a strong foundation for the seminar's objectives of raising awareness, fostering support networks, and addressing the multifaceted challenges of dementia care.

**Day 1: PANEL DISCUSSION I**

**Theme: “Navigating Dementia, Stigma and Ageing:  
Perspectives from The Social Sciences”**

**Chair: PROF. SANGHAMITRA SHEEL ACHARYA, JNU**

**Abstract Title: Normality and Abnormality in the Context of Rising Dementia in India:**

**A Sociological Perspective**



**PURENDRA PRASAD**

Professor, Department of Sociology,  
University of Hyderabad

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Dementia as a phenomenon is rapidly increasing in all societies including India especially in the last few decades. Recognising it as one of the major problems of the elderly population, experts ranging from medical doctors, psychiatrists, policy makers to social scientists offer diverse perspectives and explanations. Biomedical model sees dementia as abnormality locating it within `cartesian dualism`, privileging mind over body. For instance, the individual becomes responsible for her/his health and ‘personal responsibility’ and ‘self-care’ becomes the dominant values of medical neoliberalism. By “privatizing stress” and treating mental health “as it were a natural fact” the biologically reductionist model further jettisons any possibility for political, social and moral critique. Psychologists critique this model and

argue that one needs to go beyond anatomical body to emphasize the significance of the affected individuals and their agency but within the limited psycho-somatic boundaries.

If one were to understand why a tendency to treat dementia as individual problem continues to exist in India, it is primarily because individuals are considered as self-contained agents by downplaying the social realm. Therefore critiquing both these models, sociologists argue that affected individuals need to be located within their social and political milieu and that their social identities in terms of caste, class, religion, ethnicity, gender etc provide explanations regarding alienation of individuals in a society. It is also pointed out that that abnormality, deviance, madness, and unreason are all conceptual categories that derive meaning from their particular historical, cultural, and spatio-temporal location. I argue that the increased cases of dementia and health crisis is more to do with the processes of 'medicalisation of society' and 'commodification of body and health'. 'Social suffering' as a concept provides deeper explanation in analysing the underlying factors contributing to the production of dementia and such conditions in Indian society.

### **Ageing, Dementia, and Quality of Life: Navigating the Challenges and Opportunities**



**PROF. RAJ LAKSHMI GUHA**

IIT Kharagpur

Email: [rajg@cet.iitkgp.ac.in](mailto:rajg@cet.iitkgp.ac.in)

Aging is a multifaceted process that involves both biological and social dimensions, distinct from neurodegenerative disorders like dementia. While some cognitive functions may decline with age, such as episodic memory and processing speed, others remain stable or even improve, like emotional processing and overall well-being. This distinction is crucial in reducing the stigma associated with aging and emphasizes that cognitive impairments are not inevitable. However, susceptibility to certain brain diseases like Alzheimer's and Parkinson's increases with age. In recent decades, India has seen an increase in life expectancy from 62.1

years in 2000 to higher rates in 2019, largely due to healthcare improvements rather than changes in the aging process itself. Many researchers have highlighted that factors such as slower metabolic rates, dietary restrictions, and the management of oxidative stress through antioxidants can positively impact aging. Neurological changes with aging include reductions in grey matter, shrinkage in areas like the prefrontal cortex and hippocampus, and damage to white matter tracts, affecting memory and cognitive processing. However, emotional control often improves, supported by theories that suggest older adults prioritize meaningful social interactions.

Differentiating normal aging from dementia is key; the former may involve minor forgetfulness, whereas dementia significantly disrupts daily life with profound memory loss and cognitive difficulties. Alzheimer's disease, Frontotemporal Dementia, Vascular dementia, and Lewy Body Dementia are major types, each with unique symptoms and impacts. Preventive measures against cognitive decline include maintaining mental, physical, and social activity, a healthy diet, managing health risks, and ensuring quality sleep. Community efforts are also vital, involving raising awareness, improving early diagnosis, and creating dementia-friendly environments. Lifestyle practices from Blue Zones like Okinawa and Sardinia, where diets rich in natural foods, regular physical activity, and strong community ties are common and show promising strategies for enhancing longevity and improving quality of life in older age. Additionally, increasing awareness, improving early diagnosis, and creating dementia-friendly environments are important for effectively addressing the challenges associated with aging in society.

**Keywords:** Dementia, Neurodegenerative disorders, Alzheimer's disease, Community ties

## Exploring Stigma in the Realm of Dementia: A Social Perspective from Kolkata



**PROF. SUMITA SAHA**

Department of Sociology

Presidency University

Dementia is a medical syndrome where certain medical conditions or diseases may damage the brain cells and lead to a loss of memory, loss of speech, loss of mind and body coordination, and a loss of agency, among many other impairments. In the mature stages of the disease, the patients may become heavily dependent upon the caregivers, who may either be immediate family members or formal caregivers such as nurses. This abstract delves into a qualitative exploration of the stigma associated with dementia in Kolkata, India, through case studies. People silently suffering from the deadly disease sometimes face stigma from the onlookers, which results in loneliness and adds to their suffering. Drawing from concepts like “normal”, “pathological”, and “stigma” by classical thinkers such as Emile Durkheim and Erving Goffman and delving into rich ethnographic accounts of Ageing in India by Lawrence Cohen, the paper offers a sociological and psychological understanding of the social factors surrounding the disease.

Grounded theory research from a feminist and anti-oppression perspective was undertaken to explore the question of the relationships between older peoples’ experiences of dementia and the intersections of gender, class, location and region. Cases of dementia patients across various fields in West Bengal were taken to shed light on how the interaction of multiple factors such as religion, lifestyle, food habits, family structure, environment and social relations can lead to oppression and marginalisation of the patient and have an impact upon the mental health of both patients as well as caregivers. Additionally, insights from dementia daycare centres and first-hand accounts of caregivers narrating their experiences in dealing

with such patients have added to the depth of the paper in unravelling the myriad of social factors that influence a patient and their families.

The aim of the paper is to promote a dementia-friendly society where people with dementia are understood, respected and supported. Community-based support networks play a crucial role in mitigating stigma and providing much-needed assistance and solidarity to affected individuals and families. Understanding the worldview of such patients can pave the way for empathetically understanding their needs and effectively taking care of them. We all should become caregivers for the patients suffering from this disease and undertake an integrated approach to providing for a truly dementia-friendly society.

**Keywords:** Dementia, Sociological and Psychological Understanding of Dementia, Community care, Care givers

## Dementia as a Social and Health Crisis



**DR. NISHI PULUGURTHA**

Associate Professor,  
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Caregiving for a loved one is a difficult task. As one journeys on the path of dementia there are several social and psychological issues that the person who has dementia and the caregiver face. Having been the primary caregiver to my mother who had Alzheimer's Disease these are things that have been part of our journey. The myriad behavioural problems associated with Alzheimer's Disease began manifesting in Amma and in spite of reading a lot about them, each day brought in new challenges. The diagnosis that came in was a bolt from the blue, what followed after that for over eleven years was a journey that Amma and I had to negotiate. I was and still am able to talk about it in spite of all the pain that I feel. I never got to hear Amma's side of it, I think I was able to feel a little of it as we travelled this path together. My argument was hence from the perspective of a caregiver and focussed on how the use of words and metaphors in common life have an impact on the caregiver's mental health which in turn affects caregiving and hence the loved one in need of care. Metaphors like 'demented', 'senile,' 'crazy,' 'victims,' 'helpless,' 'hopeless,' that are commonly used to describe someone with dementia have a negative effect on the individual. It is of prime importance that the individual with the condition be treated with dignity. In order to create a dementia friendly society what is important is to be careful of the language we use. These are some of the points that one needs to keep in mind —

- Be mindful when talking about the disease and the person
- Be critical of dementia metaphors
- Complain if you hear someone use it
- Work together to develop positive metaphors

**Keywords:** Care givers, Dementia, Alzheimer's Metaphors, Auto-ethnography



**Panel Discussion II (Day 1)— “Navigating Dementia, Stigma and Ageing: Perspectives from Social Sciences”**

**Chair: PROF. ABDUL WAHEED, ALIGARH MUSLIM UNIVERSITY**

**Abstract: Ageing in India: Navigating the Challenges of Dementia and Elderly Care in Transforming Society**



**PROF. SAMEENA**

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India is witnessing a consistent increase in the number and percentage of its elderly population which has been projected to increase at a faster rate in the coming decades. The percentage of the younger population, on the other hand, is declining. The need for developing effective mechanisms of social security and specialised geriatric care services for the fast-growing elderly population is likely to expand faster in the near future, in view of multiple vulnerabilities accompanied with old age and increase in life expectancy. Apart from decline in physical and mental strength, increasing age also augments the risk of mental or neurological disorders. Rising cases of dementia among elderly in India, lack of awareness regarding dementia, widely prevalent stigma, lack of concern for diagnosis, lack of specialised services for diagnosis and treatment of dementia and lack of provision for long term support and care to the elderly suffering from dementia are posing serious challenges, which is a matter of serious concern. The major cause of concern is that the elderly, suffering from dementia, require long term regular care and attention while the informal support system available for elderly care is gradually breaking down due to socio-economic and cultural transformation in India. Increasing number of families are gradually finding themselves under pressure to take care of the elderly and consider elderly care a burden leading to rising cases of elderly abuse. Changing family structure, changing perception and pattern of elderly care, growing individualism and declining interest and concern among young generation for elderly care have far reaching implications on mental health and overall wellbeing of the elderly suffering from dementia, which need to be addressed properly with a particular focus on elderly living alone, elderly living with middle aged children, elderly living with working couples, elderly women particularly widows and poor elderly. Creating awareness, making effective health care systems and specialised services for geriatric care available to them and providing them with a protective, supportive and curing environment is the need of the hour which requires joint efforts by the families, professional caregivers, governmental and non-governmental organisations.

**Keywords:** Elderly population, Dementia, Elderly care, Social-values

## Addressing Dementia: Building a Dementia-Friendly Society through Awareness and Values



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The vital significance of addressing dementia in our society cannot be overstated, with the decline of traditional joint family systems and shifts in demographic structures exacerbating the severity of this issue. To foster a dementia-friendly society, increasing social awareness is imperative. While old age shelters play a crucial role, they are just one part of a larger solution needed to tackle the challenges of elderly care.

In addition to this, attention must be paid to various other aspects. Firstly, there's a pressing need to address the social-cultural context, promoting acceptance and understanding of dementia patients through targeted programs. Furthermore, respecting human rights in dementia care is paramount, ensuring dignity and respect for all individuals regardless of cognitive abilities.

Legislation also plays a crucial role, with a call for laws that leverage internet platforms to enhance accessibility and efficacy in dementia care. Additionally, the design of physical environments must be considered to support dementia-friendly living, recognizing the profound impact surroundings have on the well-being of those with dementia.

However, there's a poignant reminder of the importance of instilling values in the next generation. Through socialization programs, efforts are underway to revive respect and empathy for the elderly, ultimately aiming to create a society that upholds inclusivity and dignity for all, regardless of age.

**Keywords:** Dementia, Joint family, Understanding Dementia, Social care

## Ageing and Dementia: A Process of Stigmatization and Exclusion



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This paper investigates the relationship between ageism and dementia. Although the progression of age does not guarantee the development of dementia, it is the principal risk factor for this condition. The incidence of dementia increases with age; 95 per cent of those with Alzheimer's disease, the most prevalent form of dementia, are at least 65 years old. Dementia is frequently correlated with unfavourable connotations and is occasionally sensationalised by the media; as a result, those afflicted with the condition encounter ageism, dementia-related discrimination, and diminished familial and social support. The adverse stigma linked to dementia can have a substantial detrimental effect on an individual's quality of life, manifesting in diminished social engagements, diminished self-worth, heightened caregiving responsibilities, and substandard medical care. Inadequate healthcare support, low diagnosis rates, inaccessible care systems, and a shortage of training and empathy among medical professionals exacerbate this. Unsuccessful endeavours have been made by governments, NGOs, and civil society to combat the stigma and exclusion associated with dementia. It is crucial to spread knowledge about the experience of living with dementia and stop discriminating against those who suffer from it. This presentation explores the interconnections and intersections that exist among ageing, dementia-related prejudice, and the subsequent myriad forms of exclusion. An examination of the correlation between age and dementia, in addition to the stigmatising effects of dementia on both the individual and society, is of the utmost importance. An additional endeavour will involve an analysis of the

media's contribution to stigma propagation and the effects of dementia on the utilisation of health and social care services. The presentation and paper conclude with a discussion of how research, policy, and implementation reflect the stigma associated with dementia and its effects on social engagement. Furthermore, it is critical to analyse the discourse surrounding dementia-related issues prevalent in the public sphere.

The paper further delves into the correlation between ageism and dementia. While dementia is not an inevitable outcome of getting older, advancing age is the primary risk factor for developing this condition. Dementia becomes more common as people get older, and 95 per cent of those with Alzheimer's disease, the most prevalent type of dementia, are 65 years old or older. Dementia is often associated with negative perceptions and is sometimes sensationalised by the media, leading to individuals with the condition facing ageism, discrimination related to dementia, and receiving less support from family, friends and social networks. The negative perception associated with dementia can significantly impact quality of life by leading to reduced social interactions, lower self-esteem, an increased burden on carers, and inadequate healthcare. Low diagnosis rates, insufficient healthcare support, inaccessible care systems, and a lack of training and empathy among medical professionals worsen this. India is typically one of the most vulnerable in providing care support to this population. The challenges of healthcare services in the form of referrals could act as a blessing to the newly affected population and in an increased old population in India. The change in the demographic patterns in India would surely be impacting the older at a higher pace and intensity, and so cultural labels associated with dementia in the forms of stigmatised nomenclatures.

**Keywords:** Dementia, Triple Stigma, Public Policy, Narratives, Dementia Alzheimer's disease, Social exclusion, Geriatric Care/Old Age and Erving Goffman

**Panel Discussion I (Day 2)—"Illness Caregivers and Practitioners"**

**Chair: PROF. KULWINDER KAUR, D/O SOCIOLOGY, JMI**



**Abstract: Understanding Dementia: Causes, Stages, and Care Strategies for Patients and Caregivers**



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Millions of people worldwide are afflicted with dementia, a complex illness that is typified by a loss of cognitive without impairment of consciousness. This illness is categorized by the International Classification of Diseases as organic brain syndrome. One of the most prevalent types of dementia, Alzheimer's disease, has its roots in the groundbreaking research conducted by Dr. Alois Alzheimer. September 21st is World Alzheimer's Day, which honours his contributions to the field.

Dementia is caused by neuronal loss, which impairs cognitive function. Another common type of dementia is vascular dementia, which is caused by reduced blood flow to the brain. the fact that dementia can have untreatable and permanent causes. There are several forms of dementia that might manifest, such as primary, secondary, and prefrontal cortex dementia. It progresses in phases, starting with forgetfulness and moving on to severe memory loss and trouble communicating. Early diagnosis depends on identifying warning indicators such as memory loss and impaired judgment. A frequent tool is the Mini-Mental State Examination,

where a total score of more than 20 indicates typical cognitive function. Establishing schedules, making lists, and organizing tasks are essential for caregivers. When speaking with people who have dementia, it's important to be courteous and patient. Promoting an active lifestyle through social interactions, religious participation, and walks can improve general wellbeing.

Installing rails, adding emergency buttons, and giving caregivers self-care and support are all necessary to ensure safety at home. A few recommendations for improving dementia care are opening day care facilities, organizing volunteer groups, arranging for routine physical examinations, and giving family members training. By putting these strategies into practice, we can improve the lives of those who are caring for those who have dementia and themselves, creating a community that is accepting and supportive.

**Keywords:** Dementia, Alzheimer's disease, Infrastructure for Elderly, Community care

### **Navigating the Legal Landscape of Ageing and Caregiving: A Multifaceted Perspective**



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By 2050, the population of senior citizens is set to double from current levels. This demographic shift underscores the urgency of addressing the multifaceted issues surrounding ageing and caregiving. Legislation exists to safeguard the well-being of older individuals. For instance, the National Policy for Older Persons (1999) aims to provide comprehensive support. Additionally, initiatives like the National Helpline for Senior Citizens (established in

2021) and the Mental Health Act of 2017 signify steps toward addressing the holistic needs of older individuals, including their mental health.

Furthermore, the protection and care of the elderly population are underscored by various legal frameworks and judicial directives in India. Articles 25, 38, 41, 42, 46, and 47 of the Universal Declaration of Human Rights and the Indian Constitution guarantee fundamental rights to senior citizens, including access to healthcare, shelter, and social security. Acts like the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, aim to ensure the well-being of senior citizens by providing medical support and geriatric care.

Several court cases, including *Dr. Ashwani Kumar v. Union of India*, have resulted in directives to prioritize the rights and needs of the elderly, especially during crises like the COVID-19 pandemic. These directives include regular pension payments, access to essential goods and medical care, and the provision of personal protective equipment to caregivers.

Judicial observations, such as those in *Pelluri. Venkata Hanumantha Krishna Murthy Sharma v. Pelluri. Venkata Lakshmi Narasimha Rao and Rudra Narayan Ray vs Piyali Ray Chatterjee*, highlight the cultural and legal obligations towards serving elderly family members and ensuring their rights are upheld. Yet, despite these legislative efforts, gaps persist. Caregivers, who shoulder the responsibility of caring for the elderly, face a plethora of challenges.

Therefore, further enhance the welfare of senior citizens, recommendations include tax exemptions, free or discounted transportation fares, age-friendly infrastructure, elder care leave provisions, and dementia-friendly initiatives.

In conclusion, ensuring the dignity, rights, and well-being of senior citizens requires a comprehensive approach involving legal frameworks, judicial directives, and societal initiatives to create an inclusive and supportive environment for the elderly.

**Keywords:** Senior citizens, Care givers, Court judgements, Legislations, Social Values

## Role of physiotherapy in creating a Dementia free society



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Dementia is a condition which is on a steady rise and it has been recognized by WHO as one of the leading causes of disability and dependency. As the age expectancy is increasing the incidence of dementia is also increasing. The effect of dementia on a patient's mobility as well as gait is difficult to simplify. The incidence of fall in this population is also closely correlated with decline in the cognitive and physical functions. Physiotherapy is one of the most important pillars which holds the foundation of therapeutic management of dementia. Regular physiotherapy intervention leads to substantial improvement in the patient's functional status as well as quality of life. Physiotherapists are movement experts who are tasked with establishing therapeutic relationships and developing precise motor retraining strategies to the needs of their patients and whose clinical successes routinely relies on modification in the methods of communication, interventions, and environments to facilitate the patient's improvement. The engagement with the patient is recognized as: make a protocol in which is structured to initiate physical activity, use this increased mobility to improve ADL, ascertain cognitive function, and provide autonomy to the patient. Appropriate physiotherapy treatment leads to decrease in falls, increased functional independence, increased generalized mobility, increased social skills and generalized safety. To achieve these goals the physiotherapy treatment protocol emphasizes on improving patient's mobility by muscle strengthening exercise, balance training, functional training etc. Exercise training specially resisted exercise, plays a significant role in improving the patient's overall



condition including the cognition. Hence, physiotherapy can not only improve the patient's physical condition but also brings about an improvement in patients overall health.

**Keywords:** Dementia, Physiotherapy, Physical and cognitive function, Exercise

**Panel Discussion II (Day 2)—"Organisations, Care Work and Policy"**

**Chair: PROF. SUMITA SAHA, PRESIDENCY UNIVERSITY, KOLKATA**

**Abstract: Role of Organizations, Care and policy for creating dementia free society for elderly"**



**DR. RITU RANA**

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According to the WHO, currently more than 55 million people have dementia worldwide. Over 60% of whom live in low-and middle-income countries. Every year, there are nearly 10 million new cases. India has 8.8 million individuals aged 60 and older with dementia, the number is expected to rise to 16.9 million in 2036<sup>1</sup>. Dementia is defined as Impaired ability to remember, think, or make decisions that interferes with doing everyday activities. Though dementia mostly affects older adults, it is not a part of normal aging. Globally it is the seventh leading cause of death and one of the major causes of disability and dependency among older people. In 2019, dementia cost economies globally 1.3 trillion US dollars. Approximately 50% of these costs are attributable to care provided by informal carers (e.g. family members and close friends), who provide on average 5 hours of care and supervision

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<sup>1</sup> Prevalence of dementia in India: National and state estimates from a nationwide study, published in 2023

per day. Women are disproportionately affected by dementia, both directly and indirectly, they experience higher disability-adjusted life years and mortality due to dementia, but also provide 70% of care hours for people living with dementia. Lack of awareness and knowledge about dementia make it difficult for family members and primary care givers to identify the problem at early and to manage it adequately. Dementia care is long term, time consuming and has high cost, however there is a paucity of trained human resource and inadequate infrastructure available in the country. Organizations working in the field of affordable elder care and dementia are few and concentrated in urban only.

Government initiatives like National program for Health care of elderly, National Mental Health Program and Mental Health Act are positive steps in elder care and mental well-being of elderly. Attention is needed to strengthen the infrastructure and care giving for dementia, like training of care givers, provision of affordable care giving, day care centres for persons with dementia.

**Keywords:** Dementia, Women and Dementia, Awareness, Dementia and policies

### **Vridhcare: Empowering Elderly Communities for Dignified Living**



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Vridhcare is a leading non-profit organization dedicated to serving underprivileged elderly communities in rural and urban areas. With a clear mission to uphold the dignity and well-

being of senior citizens, Vridhcare collaborates with charity homes to make a tangible impact in their lives.

Driven by a commitment to effect meaningful change, Vridhcare employs diverse strategies to meet the varied needs of seniors. The organization envisions a brighter future for seniors facing complex challenges, empowering them to lead independent lives. Bridging the gap between caregivers and elderly individuals is a key focus of Vridhcare's initiatives. By understanding individual needs, the organization connects seniors with essential resources, from basic necessities like glasses and hearing aids to advanced medical assistance for conditions like Alzheimer's and Dementia. Promoting well-being is paramount at Vridhcare, with recreational activities such as yoga and meditation fostering mental and emotional health. These activities also combat feelings of isolation and depression among seniors.

Vridhcare further empowers seniors by providing financial assistance and recognizing their talents, helping them secure dignified employment opportunities. Through these efforts, the organization aims to foster independence and purpose in seniors' lives.

**Keywords:** Vridhcare, Elderly, Alzheimer's, Dementia, Elderly care

## Paper Presentations I

Theme: “Dementia And The Elderly: Stigma, Caregiving And Remedies”

Chair: PROF. MANISHA T. PANDEY, D/O SOCIOLOGY



### Abstract: Stigmatization of Dementia



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While the world waits for a cure for dementia, we need more communities and cities to embrace and engage those living with dementia instead of isolating and excluding them.”

—First WHO Ministerial Conference on Global Action Against Dementia

WHO defines dementia as a chronic and progressive syndrome due to changes in the brain. Individuals experiencing dementia frequently exhibit symptoms such as memory loss or feeling depressed. Additionally, they may experience decline in emotional control, social interactions and problems in carrying out their daily routinised activities. Individuals with dementia might be completely unaware of these alterations and might not actively seek assistance. Their family members or closed ones could identify it. The people suffering from dementia are heavily stigmatised not only by the ‘generalised others’ but also by the ‘significant others. Cooper et al., (2009) has showed how family carers act abusively towards them. Healthcare providers stigmatize dementia more than the general public (Lock et al., 2023). L. Steele et al., (2023) shows how these people are confined in care homes and what problem it opens up. A study by Basting (2006) shows how people suffering from dementia are creative. It could be used to treat them and decrease stigma around them. While there isn't a cure available, early detection along with supportive interventions by family members and people around them can greatly enhance the lives of individuals with dementia. This paper discusses these forms of stigmatisation and also way forward to its reduction.

**Keywords:** Dementia, stigma, family carers, healthcare providers, creative, inclusive.

## Unravelling Dementia Care in India: Issues and Prospects



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Dementia care stands apart from traditional elderly care and requires special attention. In the undervalued realm of elderly care, attending to individuals with dementia is often seen as a less rewarding responsibility, especially in developing nations like India. As India's population ages rapidly, the prevalence of dementia has correspondingly increased, posing significant socio-economic challenges in caregiving. The lack of focus on dementia care within public policy results in insufficient treatment facilities and mental health resources, leaving informal caregivers without adequate support. This disparity is mirrored in mental health and dementia care research and literature in India, where there is limited understanding of how family caregivers cope with caregiving experiences, handle stigma, and access assistance. Recognized deficiencies in dementia care in the country include insufficient community awareness, declining family support, and inadequate governmental initiatives. These factors prompted me to investigate the current social and healthcare landscape, despite the scarcity of available evidence and literature specifically addressing dementia care. This paper aims to comprehend the distinctive challenges involved in dementia care and to explore potential remedies.

**Keywords:** Dementia, Elderly care, Dementia care, Public Policy

**Understanding Dementia: Exploring Socio-cultural and Economic Forces beyond  
Clinical Boundaries in Elderly Lives**



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Dementia is a multifaceted condition often misconstrued as an inevitable consequence of aging. However, it encompasses a diverse range of symptoms, with Alzheimer's disease being one of the most prevalent manifestations. This study aims to delve deeper into the complexities of dementia, particularly among the elderly population, by examining the intricate interplay of socio-cultural and economic factors. Socio-cultural influences play a pivotal role in shaping the experiences of individuals living with dementia. Cultural attitudes towards aging and mental health, societal stigma, and familial support networks all contribute to the psychological well-being of those affected. By acknowledging and understanding these socio-cultural dynamics, tailored interventions can be developed to address the unique needs and challenges faced by individuals with dementia.

Furthermore, economic factors exert a significant influence on the dementia experience. Financial strain, limited access to healthcare services, and disparities in healthcare provision can exacerbate the symptoms and burden associated with the condition. This research seeks to untangle the complex web of economic variables that impact dementia outcomes, shedding light on how socioeconomic factors intersect with the progression and management of the disease.

In striving for a comprehensive understanding of dementia, this study advocates for holistic strategies that take into account the diverse array of experiences within the elderly demographic. By adopting a multidimensional approach that considers both socio-cultural

and economic factors, interventions can be tailored to address the specific needs and challenges faced by individuals living with dementia. Ultimately, the goal is to enhance quality of life and promote well-being among this vulnerable population through targeted and comprehensive support systems.

**Keywords:** Dementia, Socio-cultural influence, Economic factors, Well-being

**Mental Health Problems and Well-Being of Elderly Care among Santhal tribals of Hooghly District, West Bengal**



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This cross-sectional, ex-post facto study was carried out to investigate the prevalence of various common physical health issues in order to gain an understanding of the general state of health of 100 senior tribal people from the Jang pada Sadar block. Data was gathered using a scheduled interview schedule. Information about various physical conditions was gathered from participant self-reports or past diagnoses. The majority of the issues and disorders that were researched had a high frequency within the study population, according to the current investigation. The aged Santhal population was prone to vision issues, joint pain, excessive intestinal gas, hypertension, and abdominal pain. Most of the time, the older population refuses medical assistance. What worries me the most is their notion that these issues are normal and a part of becoming older. Government health insurance schemes, more accessible

health care facility and awareness programmes can help improve the situation. The term "ageing" connotes both functional dysfunction and physical deterioration. One of the most crucial areas of concern for a functional disability is activities of daily living (ADLs), which arises when aged individuals are unable to carry out their fundamental personal care responsibilities. Conversely, assessing everyday life activities is the most important way to gauge an older person's functional capacity. Thus, the purpose of this article is to evaluate the activities of daily living (ADL) of the "oldest old" female residents of the rural villages under the Jangipada Sadar Block of the Hooghly District in West Bengal, India. On the other hand, the functional statuses for activities of daily life evaluate eating, clothing, getting in and out of a bed or chair, using the toilet, bathing, and continence; which exposed the degree of independence in daily living among the elderly population. Perhaps, the present study is a micro level study illustrated the physical performances of the rural elderly mental health disorder categories such as – Mood Disorders, Dissociative Disorders and Somatic Symptom-Related Disorders, Obsessive Compulsive-Related and Trauma-Related Disorders, Eating Disorders, Late Life and Neurocognitive Disorders, Personality Disorders, Schizophrenia, Anxiety Disorders etc.

**Keywords:** Ageing, Physical Impairment, Functional Disability, activities of daily living (ADL), Old age, Geriatric, Tribal population, Disease, Mental Health

### **Dementia Patients and Caregivers: Negotiating Power and Agency**



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The abstract explores the intricate and complex relationship that dementia patients share with their caregivers, especially while asserting their rights and agency. Dementia is a medical syndrome where certain medical conditions or diseases may damage the brain cells and lead to a loss of memory, loss of speech, loss of mind and body coordination, and a loss of agency,



among many other such impairments. The role of the caregivers becomes crucial in meeting the needs of the patient and sometimes in becoming the voice and decision maker for the patients. The caregivers, too, need to get acquainted with the disease and cope with the demands and exigencies of the patients. The paper focuses on the role of caregivers and patients in navigating the dynamics of power and ensuring that care, dignity and autonomy of the patient is maintained.

Instances of the disease and caregivers' accounts have been collected from the dementia section under the Geriatric Department of Medical College, Kolkata, and from the Alzheimer's & Related Disorders Society of India (ARDSI), also located in Kolkata. Taking into consideration Max Weber's concept of Social Action, narratives from memoirs have been provided to develop meaningful insights into the complex relationship surrounding the negotiation of power between a patient and a caregiver.

The paper also delves into the accounts of healthcare providers such as doctors and psychologists, as they are involved as crucial stakeholders in the dynamics of power. By bringing Michael Foucault's concept of Governmentality, it can be said that patients and caregivers are, to some extent, subject to the powers of the doctors and psychologists who hold authority due to their specialised knowledge. Conversely, narratives reveal how patients and their families navigate through such structures of power and try to exert their own authority, sometimes with the aid of civic society volunteer groups.

This paper aims to raise youth awareness by sensitizing them to the problems faced by the elderly who suffer from dementia and the resultant blooming of the caregiving society. It endeavours to bring a national or regional collaboration between policymakers, healthcare providers, caregivers and family members, social workers, and the country's youth to sow the seeds for a dementia-friendly society.

**Keywords:** Dementia patients, Caregivers, Power, Social action, Governmentality

## Dementia and Abuse: Beyond the Biomedical Lens



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This analysis takes a critical look at the widespread abuse faced by individuals with dementia, including physical, emotional, financial, and neglectful forms. It argues that focusing solely on the biomedical aspects of dementia as a disease is insufficient. Drawing on the work of Foucault and his historical analysis of medicine, the text explores how dementia is socially constructed and how current perspectives on selfhood, biopolitics, citizenship, and post-humanism influence how we understand and respond to this condition. The growing number of people with dementia (predicted to reach 152.8 million worldwide by 2050) due to aging populations raises significant social and healthcare concerns.

As dementia progresses, people become increasingly reliant on others for care, creating a power imbalance that leaves them vulnerable to abuse from various sources. Social isolation further exacerbates this vulnerability, making it difficult for them to seek help or advocate for themselves. Negative societal representations of dementia often portray individuals as "incompetent" or "burdened," fuelling discriminatory attitudes and justifying neglect. Institutional care settings, including nursing homes, are sometimes plagued by understaffing, inadequate training, and financial constraints. These factors can create an environment conducive to neglect, misdiagnosis, and even overt abuse. The lack of accessible and affordable home care options forces families into difficult choices, often leaving them struggling to manage demanding care needs without adequate support. Abuse often occurs within trusted relationships, making it difficult for victims to disclose or seek help. Fear of reprisal, shame, and confusion further inhibit their ability to advocate for themselves. Additionally, power dynamics within families and care institutions can silence victim voices

and enable perpetrators to manipulate or dismiss concerns. The physical, emotional, and psychological harms of abuse have profound consequences for individual well-being and quality of life. Additionally, societal costs are significant, with increased healthcare utilization and diminished social participation among abused individuals. This research advocates for a multifaceted approach that tackles individual, societal, and institutional factors contributing to elder abuse in the context of dementia. Societal attitudes need to shift towards recognizing and respecting the agency of individuals with dementia. Robust support systems for families and caregivers, alongside improved training and oversight of care institutions, are crucial.

**Keywords:** dementia, elder abuse, support system, professional care providers, biopolitics

**Abstract: The Role of Non-Governmental Organizations in Addressing the Challenges of Dementia in India: An Academic Inquiry**



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India is no exception to the challenges posed by dementia particularly when the advancements in healthcare facilities are continuously increasing the numbers of the population in their sixties or more. Along-with many other ailments, the aging population has augmented the prevalence of dementia across the country. Dementia poses a significant public health concern in the country, and equally pushing the researchers and social scientists to dig out matters to address the challenges and eventually look for a remedy to defer the ailment or to minimize its consequences. Hence, despite governmental efforts, the complex

nature of dementia necessitates multifaceted approaches for effective management and support, where Non-Governmental Organizations emerge as prominent actors in addressing various dimensions of the issue, particularly outside India. Based upon the secondary data sources including academic literature, research reports, and welfare policies, this paper undertakes an academic inquiry into the role of NGOs in mitigating the impact of dementia, apart from the efforts put forth by the state in the form of welfare schemes, policies or legislations. Moreover, it will analyse the diverse strategies and interventions implemented by NGOs to raise awareness, provide care services, and advocate for policy changes related to dementia. This academic inquiry contributes to a deeper understanding of the social dynamics influencing dementia care and informs evidence-based policy recommendations for enhancing support systems for the dementia affected individuals so that there can be a significant delay in the onset of the ailment giving them more space and time to enjoy in the waning phases of their lives.

**Keywords:** Dementia, NGOs, Welfare policies, Legislations, Awareness

## Paper Presentations II

Theme: “Dementia and Society: Wellbeing, Representation and The Way Forward”

Chair: DR K.M. ZIYAUDDIN, MANNU, HYDERABAD

Abstract: Quality of Life of Elderly with Dementia in India: A Systematic Review



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&

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**Introduction:** Dementia significantly impacts the Quality of Life (QoL) of elderly individuals. Understanding the influence of dementia on the elderly’s QoL is crucial for improving their well-being. **Objective:** This systematic review aims to explore the existing research on the QoL of elderly with dementia in India. **Methods:** A comprehensive search of articles addressing the QoL in elderly individuals with dementia in India was conducted across major online research databases, including PubMed, Google Scholar, Web of Science, Scopus and other relevant databases. The search encompassed from January 2004 to January 2024, and considered full-text articles and studies with English language abstracts. **Results:** From an initial pool of citations, a total of 10 articles were identified for full-text review. These studies provided valuable insights into the diverse dimensions of QoL on elderly with dementia in India. **Discussion:** There is a complex interaction of socio-demographic, physical, psychological, and social factors in determining the quality of life (QoL) of elderly individuals with dementia. Factors such as age, education, and income influence cognitive decline, while physical aspects like activities of daily living and sleep quality significantly affect QoL. Psychological factors such as depression and autonomy, alongside social factors like social relationships and marital status, also play crucial roles in shaping QoL outcomes, emphasizing the need for holistic care approaches. **Conclusion:** The review concludes by

highlighting research gaps and proposing avenues for future studies to better inform dementia care strategies tailored to the Indian context.

**Keywords:** Quality of life, Dementia, Elderly, Systematic Review, India

**You're looking at me like I live here and I don't: Understanding Intersection of Dementia and the Social through Cinema**



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This article explores through a sociological lens the themes of the documentary film “You’re looking at me like I live here and I don’t” into the deeper and analytical understanding of dementia in a specific social context. The documentary is directed by Scott Kieschenbaum which leads us to intersecting themes of social interactions, identity negotiation and institutional structures with respect to dementia.

The plot of the documentary revolves around Lee Gorewitz, an elderly woman with Alzheimer’s disease living in a medical care facility. She is granted a camera to record her daily experiences shedding light on the complexity of an individual dealing with Alzheimer’s and the impact of the specific social context, that being the care unit. The documentary film portrays her narrative in a web of individual as well as social positions which are delved into

in this article with theoretical frameworks of Goffman's total institution and identity construction.

The article employs the method of qualitative content analysis of the film and therefore extracts above mentioned themes which are analyzed using the theoretical frameworks in the later part of the article. The paper addresses the film itself as the data source and acknowledges the effectiveness of qualitative content analysis in understanding dementia with respect to the social in the context of cinema. The aim of the article therefore lies in studying dementia from a sociological standpoint, holistically covering the impact of isolation, identity and relationships in a care facility.

**Keywords:** dementia, documentary, identity construction, total institution, care facility, sociological standpoint.

**Voices in the Void: Probing Mental Health Burdens and Communication Barriers  
Among Dementia Patients**



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Dementia is a syndrome that comprises of a group of progressive neurological disorders generally characterized by a decline in cognitive functions such as memory, reasoning, language, and problem solving and can result from a plethora of causes that manifest in several ways including Alzheimer's, Vascular Dementia, Frontotemporal Dementia, and so

on. It is a progressive disorder which means that its symptoms only worsen over time and there is no cure for it however, intervention, treatment in care facilities and medication can help manage symptoms, slow progression, and improve quality of life.

This comprehensive study supported by interviews with healthcare professionals, family members and patients in dementia care facilities based out of New Delhi, survey research and literature review, delves into and attempts to highlight the multifaceted challenges that dementia patients and their families face and elucidate upon their current living conditions, the medical treatment they receive and alternate ways of therapy.

I tried to understand how dementia significantly altered the life outcomes of these patients. My research focuses on communication barriers encountered by individuals with dementia that include linguistic difficulties and impaired non-verbal cues; and focus and emphasis on mental health which may include stress, trauma, isolation, loneliness, and depression as a prevalent outcome. This research is qualitative in nature and is based on visits to care facilities for dementia patients where I interacted with patients, their families and conducted well-structured informant interviews with healthcare professionals employed in this field. In doing so I aim to expound the profound impact that dementia exhibits on everyone it touches.

**Keywords:** Dementia Care Facilities, Communication Barriers, Linguistic Difficulties, Impaired Non-verbal Cues, Mental Health Challenges, Trauma, Isolation, PTSD, Loneliness, Depression, Medical Treatment, Alternate Therapy, Solutions



## Working Memory and Perceived Stress Among the Elderly



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&

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Since older populations are rising worldwide, scientific research focuses on the complex relationship between working memory and stress. Working memory temporarily stores and manipulates cognitive process-related information. This cognitive tool is essential for complex mental processes including problem-solving, decision-making, and learning. Studies suggest that working memory function declines with age. Older adults' stress is a critical mental health issue that needs more research.

Perceived stress is how people view life events as stressful and their ability to handle them. To understand cognitive ageing, one must understand how stress affects working memory. This interplay affects human health and cognition, especially in old age. Working Memory is crucial to short-term processing, retention, and usage. Viewing the prevalence of stress in modern society and its potential impact on cognitive capacities throughout life, working memory and Perceived stress were taken for the study. The primary objective of this study is to examine Working Memory and Perceived Stress among the elderly people and further relations between the two variables. On the basis of review of literature two major hypotheses were formulated. It was presumed that Males and Females Elderly would differ on Working Memory and Perceived Stress performance. Data was collected from 30 males and 30 females. Working Memory was assessed on the basis of cognitive tasks and Perceived Stress

was assessed with the help of a tool. The results showed that the females were low on working memory but were high on stress and both the variables were related to each other.

**Keywords:** Working Memory, Perceived Stress, Cognition, Elderly, Retention

### **The Impact of Social Engagement on Cognitive Health: Reducing the Risk of Dementia Among the Elderly Population in India**



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Dementia, encompassing various cognitive impairments such as Alzheimer's, Vascular Dementia, Lewy Body Dementia, and Parkinson's Disease, presents a significant public health concern globally. According to the World Health Organization (WHO), a new person is added to the over 55 million Alzheimer's patients worldwide every 3.2 seconds. In India, the estimated prevalence of dementia among adults aged 60 and above is 7.4%, with females outnumbering males (National Institute of Health, 2023). This paper delves into the critical role of social engagement in preserving cognitive health among older adults, thereby reducing the risk of dementia. Extensive research indicates that regular social interaction is inversely correlated with the incidence of dementia and contributes to slower cognitive decline in elderly individuals. Bassuk et al. (1999) corroborate this by highlighting higher risk of cognitive decline is associated with disengagement. Social engagement not only stimulates cognitive processes but also fosters emotional well-being and provides a protective buffer against the negative effects of isolation and loneliness. Despite its significance, social

engagement among the elderly is often hindered during the third (65 to 84 years) and fourth (85 and above) phases of the lifespan due to various factors such as age-related limitations, societal perceptions, opportunities for socialization, and the ability to maintain social ties (Tim et al., 2016). This emphasizes the need for targeted interventions and support systems to promote social engagement among older adults, particularly in India. Based upon the secondary review, this paper seeks to inform evidence-based interventions and policies aimed at creating a dementia-friendly society and enhancing the well-being of elderly individuals from social work perspective.

**Keywords:** Dementia, Social Engagement, Elderly Population, Wellbeing, Social Work Perspective

### CARE WORK AS A LIMB OF DEMENTIA FRIENDLY SOCIETY



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Alzheimer's disease comprises more than 50% of the elder people being diagnosed with dementia. It is estimated that 165 million people worldwide will have Dementia by 2050, with an approximated medical expenditure of \$1 Trillion by 2030. Dementia, an incurable neurological disease, not only affects the patient but also takes a toll on the mental health of the carer. 'Caring for' as an activity in the silver line economy has a role that can never get compensated. But what category of carers is in the limelight here? This paper intends to highlight the relevance of informal caregivers of people with dementia, that is, family and

friends who are at a high risk of falling into depression and are vulnerable to experience 'burden' of care. Considering the famous phrase that old age is a second childhood, people with Dementia come with a multiplied load of responsibilities on the part of the caregivers. It is unlikely to detect Dementia in the early stages and by the time it gets detected most of the essential care has already been provided that goes unaccounted for and unpaid owing to the very reason that it is provided by the informal group of caregivers. This paper looks at care work through a neo-Bubeckian framework, as an activity that encompasses emotional, cognitive and physical labour to meet the needs of a person who cannot otherwise fulfil those needs himself or herself. In the case of people with Dementia who are sometimes a constant threat to themselves, the care thus provided has to be careful, diligent and delicate. The cognizance of availing social as well as economic support to the informal caregivers of people with Dementia is the aim of this paper.

**Keywords:** Dementia, Care work, Social-support, Informal Caregivers

## **Dementia, Migration and Care Economy: Why Government Social Programs are Essential**



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The sociological implications of diseases go under-recognized or under-evaluated. The societal angle of the increase in dementia should be immediately addressed owing to the higher waves of internal and external migrations. By 2050, over 75% of cases of Alzheimer's disease and related dementias (ADRD) are expected to occur in low-and middle-income countries. In India, the estimated dementia prevalence for adults of 60 and above is 7.4%. This means around 8.8 million adults who are over 60 years of age suffer from dementia. The number of migrations from India to OECD, European, North American countries is increasing. A new trend of illegal migrations and increased tendencies of students to convert student visas to care visas or job visas indicates a possible brain drain. The latest report on internal migration released in 2023 states that nearly 1 % of the workforce in India is migrating to states like Kerala, Karnataka, Tamil Nadu, Goa, etc. for better job opportunities. Both internal and external migrations result in the isolation of age-old people. The government must create a dementia-friendly eco-system after collecting data on migrations and the old-age population that is left behind in India. A social security program by diversifying the existing old-age pension schemes and collaborations with local governance bodies should be constituted. The outreach programs for diagnosis, continuity of care, and providing socio-economic assistance must be ensured in both rural and urban areas. A robust decentralized care economy must be envisaged. Adequate budget allocation and routine consultation with state governments and institutionalizing the care for dementia patients,

especially those who are left alone in their houses due to migrations must be done immediately.

**Keywords:** care economy, dementia, migration, brain drain, national policy, social security

### **Effect Of Exercise On Fluid Intelligence In Dementia: A Review**



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#### **BACKGROUND:**

Dementia describes an overall decline in memory and other thinking skills severe enough to reduce a person's ability to perform ADLs. It is characterized by the progressive and persistent deterioration of cognitive function. The cognitive domains affected encompass attention, memory, executive functions, language, and visuospatial abilities, with fluid intelligence being particularly susceptible to the aging process. Physical exercise shows a beneficial effect especially from a weekly practice and in tailored manner. This review explores the impact of physical exercise on fluid intelligence in individuals with dementia, acknowledging the pervasive decline in cognitive function associated with this condition.

#### **METHODOLOGY:**

A systemic search was performed to analyze the effects of physical exercises on fluid intelligence in dementia patients using the keywords fluid intelligence, exercise, physiotherapy, dementia along with appropriate Boolean terms. The search yields total of 3809 results among which 20 included in our review: Scopus: -2, Web of Science: -12, PubMed: -6.

### **RESULTS:**

The results reveal that exercise interventions, spanning 6 to 12 months are instrumental in assessing their effects on fluid intelligence. Various exercise modalities, including aerobic training, cognitive training, dual-task training, resistance training, and mindfulness training, contribute to the observed positive effects. Notably, early exercise interventions exhibit superior outcomes, indicating the potential for timely intervention in cognitive decline. The study suggests that physically active older individuals exhibit superior executive functioning, leading to enhanced fluid intelligence performance. The findings tell the importance of tailored exercise interventions in maintaining cognitive function, promoting independence, and enhancing the overall quality of life for individuals grappling with the challenges of dementia.

### **CONCLUSION:**

Analysis of the gathered data underscores the protective effect of physical exercise against the age-related impact on fluid intelligence. In conclusion, the review finds that older adults engaging in frequent physical exercise demonstrate resilience against cognitive aging, preserving higher levels of fluid intelligence compared to their sedentary counterparts.

**KEYWORDS:** fluid intelligence, dementia, physical exercise, physiotherapy.

### **Paper Presentations III**

**Theme: “Dementia and Ageing: Policy, Impact & Caregiving In Contemporary Times”**

**Chair: PROF. SHAFIQUE AHMED, D/O SOCIOLOGY, JMI**



**Abstract: Understanding the impact of Loneliness and Risk of Dementia**



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**Introduction:** The world’s population including India is rapidly ageing with the improvements in health care. However, the longevity of life is resulting in the increase of non-communicable diseases among the elderly, including Dementia, a hidden epidemic. In India, approximately 5.3 million people are currently living with dementia and the number is projected to double in the next 20 years. Indian government is yet to recognize Dementia as a public health priority though it is the primary cause of disability among the elders. There are several risk factors for dementia. The medicalization of dementia considers it solely as a pathological disorder of brain dysfunction and disregards the non-medical aspects of which loneliness appears to be a crucial modifiable risk factor for dementia in recent times. Objective: It is against this background that the present study attempts to address the question of how the experience of loneliness and social isolation exacerbates cognitive impairment and dementia in particular among the older adults. Method: Google scholar searches were conducted for relevant research articles and reviewed. Search terms included demented elderly, risk factors, loneliness and social isolation. Results: The findings



indicates that loneliness might increase the risk of dementia. The increasing prevalence of loneliness particularly in old age due to changes in living arrangement, family structure, marital status, loss of social networks, and dementia emphasizes the need to understand their association to improve the prevention and treatment of dementia. Additional studies are required to understand the role of feelings of loneliness in dementia, its impact on individuals, families and society and would provide the knowledge base to facilitate government, policy planners to mitigate the burden of dementia.

**Keywords:** Dementia, risk factors, loneliness, social isolation, elderly

### **Mental Stress, Feeling Of Loneliness, Depression And Dementia Among Elderly People**



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Dementia is a chronic syndrome, characterized by a progressive deterioration in intellect including memory, learning, orientation, language, comprehension, and judgement due to disease in brain. It is a degenerative disease., So delay in diagnosis and treatment may affect psychosocial interventions too. The generation gap, loneliness, depression and mental stress are the most important causes of negligence for caregiving to old age people, especially suffering from dementia. The present article is going to discuss the issues related to the present status of the people suffering from dementia in India and suggestions for the further improvement of the policies for them in our society, it's causes and intervention to help in managing old age and dementia patients. Dementia may start at late adulthood or maybe in the period when the patient is working or at home. It will only raise the issues of generation at many levels like home, workplace etc. and raise concerns to resolve them timely to avoid certain mis happenings too. The present article will be going to make aware to the members of the society and especially young generation towards the nature of the complications of

dementia and how to resolve them in order to reduce toxic environment at home and at workplace and proper contribution in the intervention of the patients suffering from dementia.

**Keywords:** Generation gap, mental health issues, parental expectations, intolerance, rejection, conflict, dementia, Loneliness, Stress

**FACTORS AFFECTING THE LIFE OF PEOPLE AT ‘OLD AGE HOMES’: A  
SOCIOLOGICAL STUDY OF AGEING IN HARYANA**



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The present research delved into the intricate web of factors influencing the quality of life among elderly inhabitants of 'Old Age Homes' in Haryana. In Indian culture, the place of old people in the house is very important but with the change in social structure, the status of old age people is also changing. As a result, old age homes are becoming an important topic of study. Employing a comprehensive sociological approach, the study aimed to decipher the multifaceted nature of ageing within this context. Through meticulous analysis of social interactions, healthcare provisions, emotional well-being, and other pertinent dimensions, the research shed light on the nuanced influences that shape the lives of seniors in such environments. This research unveiled the intricate dynamics of ageing within 'Old Age Homes' in Haryana, highlighting the significance of social connections and healthcare

provisions. By drawing on secondary sources, this study provides valuable insights into the multifaceted influences that shape the lives of elderly individuals, offering a comprehensive perspective on their quality of life within these settings.

**Keywords:** Ageing, Haryana, Health, Old age homes, Social Structure, Social Factors

### **UNDERSTANDING OF THE STATE POLICY FOR SENIOR CITIZENS BY THE ELDERLY OF URBAN AREA**



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Ageing is a natural process which brings several problems with itself beside physical ailments. At the dusking stage of life, remaining conscious about the facilities for elderly is a necessity which is inevitable in order to lead a proper healthy and stress-free life. It is a stage of life that tends to make one dependable on other humans be it kin or caretakers. Therefore, it is extremely essential to have adequate grasp over the matters related to governmental policies and programmes, technology, economy etc.as it is during the days of youth and middle-age. The United Nations adopted the Principles of Older Persons in 1991. The National Policy on Older Persons was announced by the Government of India in the year 1999. The Assam State Policy for Senior Citizens, 2016 has been approved under section 32 of the Maintenance and Welfare of Parents and Senior Citizen (Act 2007). There are 17 clauses in the Assam State Policy for Senior Citizens. It has been 8 years since the

formulation of the policy. The study attempts to understand about the awareness, grievances and positive aspects of the policy upon the elderly living in the urban region of Guwahati. This analysis was conducted among 40 elderly citizens residing in both old age homes and the household. The tools of data collection were interview schedule and observation. It is important to understand that the aforesaid policy is implemented well so that the older generation lead their lives well.

**Keywords:** Elderly, Policy, Awareness, Ageing, Health

### **THE BENEFITS AND BARRIERS OF TECHNOLOGY FACED BY AGED POPULATION**



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United Nations Department of Economic and Social Affairs points out that with the increasing population older persons are a growing demographic group in society. All societies in the world are in this midst of this longevity revolution. Every society will pass through the transition, in which the chance of surviving to age 65 rises. This paper ‘The benefits and barriers of technology faced by aged population’ looks at the motives of the elderly in using technology in their daily lives and also the impact of technology to support their quality of life. The method used for the present research is qualitative research where descriptive research analysis was also used with the source of information being based on secondary data. This study explores the fact that older adults combine the use of technology with feelings. Some use it to meet their ends whereas some use it to feel inclusive and enlightened

and be connected to the outside world. These modern technologies like the tablets, smart phones, and other assistive technologies like ambient assisted living have helped the senior citizen in many ways. Through this technology they feel less isolated and more creative. However, the lack of confidence or the physical disabilities to access the technology or the expenses to afford such technology acts as a barrier in smooth use of modern technologies. But helping the older adults with new technology as well as teaching them to use it might help to enhance their technological capabilities and confidence.

**Keywords:** older adults, motives, quality of life, technology.

### **A Care Justice Pathway to Empower Older Women with Dementia**



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The World Health Organization findings suggest that 55 million people across the globe are living with dementia out of which 60 per cent are within the geographies of low-to-middle-income countries. Dementia, a neurodegenerative illness often conflated with short-term memory loss, can be broadly categorized into reversible and irreversible dementia. Irreversible dementia like the vascular dementia or Alzheimer's Disease (AD) has no discernible environmental cause and cannot be cured. There are broadly three identified stages of dementia delineating onset to progression - early-stage symptoms (mild decline), mid-stage symptoms (moderate decline) and later-stage symptoms (severe decline). While women outlive men and hence experience a longer lifespan, they are more likely to experience morbidity. Due to this, a large number of older women are prone to live with

dementia. In 2014, 62 per cent women above the age of 80 (also known as the ‘oldest old’ or the ‘super agers’) were diagnosed with dementia. This poses a paradox as on one hand, the disease burden of dementia will be borne highest by older women while on the other hand their traditional role as primary caregivers within the private sphere of family will exacerbate their care burden. The shift in identity from a caregiver spurred by conditioning to a care receiver due to dementia onset can recalibrate their lives inducing disruption, grateful guilt and low self-esteem. Studies have shown intellectual development through robust education inoculates against developing dementia and building brain resilience. The corollary to this is an education gap between men and women are likely to work against women and push them to the crevice of dementia. Framed as a review commentary, it seeks to interweave gender as an axis in experiencing dementia, MHCA, 2017, and person-centered dementia care geared towards inclusion, empowerment, participation, autonomy and agency aligned with care justice.

**Keywords:** person-centered; dementia-friendly communities; gender; empowerment; MHCA, 2017

**The maintenance and welfare of parents and senior citizens Act, 2007 and Amendments: An Analysis**



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The world population over the past few years has traversed its course of demographic transition from the states of high birth and high death rates to the states of low birth and low death rates. This transition has led to the increase in elderly population. According to the United Nations, in 1990, “elderly population (aged 60 or above) constituted 6 % of the population of the world and is projected to reach 16% by 2050”. In India, “the percentage of elderly has increased from 5.4 % in 1951 to 11 % in 2011 and is projected to reach 20% by 2050”. This increase in the number of elderly population has become a major social challenge, as the elderly need more attention and protection. Many efforts have been taken nationally and internationally to protect the elderly people and provide them a dignified life. The United Nations convened two world assemblies on aging in 1982 and 2002 to which India was also a participant and evolved the “United Nations Principles for older persons” as guiding principles that call upon the states to improve the condition of elderly in many areas. In India though the Criminal Procedure Code, and personal laws of Hindus and Muslims contain provisions for the maintenance of parents but the need for a more effective legislation to be at par with the United Nations principles on older persons and to achieve constitutional mandate was felt and hence “the maintenance and welfare of parents & senior citizens Act, 2007” was enacted. Even after the enactment of this legislation the elderly people are still suffering as reported by various studies that in India 7 out of every 20 elderly people is suffering abuse on a daily basis. In the present study, the researcher performed an in-depth analysis to determine how for the Act is protecting the rights of elderly and providing them a dignified life, and whether the Act is sufficient to protect the elderly rights or there is any need to amend it.

**Keywords:** Elderly, Demographic transition, Elderly rights, dignified life, elderly abuse, Laws, maintenance, welfare, Protection

### **Valedictory Session**

A Valedictory Session was conducted on 7th March 2024 at 4:00 PM to conclude the two-day National Seminar and discuss the way forward. The Chief Guest for the Valedictory session was **Dr S Farooq**, President of Himalaya Wellness Company; the Valedictory Address was delivered by Prof. Mala Kapur Shankardass, University of Delhi, **Prof. Arvinder Ansari**, Department of Sociology, JMI chaired the session. **Prof. Azra Abidi**, HOD, Department of Sociology, JMI, gave the welcome address, and **Dr Pradyumna Bagh**, Department of Sociology, gave the vote of thanks.

Prof. Abidi expressed her heartfelt gratitude to everyone for participating in the seminar and mentioned how to delve into the intricacies of this complex condition, exploring its multifaceted impact on individuals, families, and society at large.



**PROF. ARVINDER A. ANSARI**

**Department of Sociology, Jamia Millia Islamia  
New Delhi**

**Prof. Ansari** gives her inputs on how Dementia care often intersects with women in various ways, as they are disproportionately affected both as caregivers and as individuals living with the condition. Furthermore, she adds that women's experiences of Dementia may be influenced by societal gender norms and expectations, impacting their access to support and resources. Recognizing and addressing these gender-specific challenges is crucial for providing effective and equitable dementia care. Strategies may include tailored support programs for women



caregivers, increased awareness of gender disparities in dementia research, and advocacy for policies that promote gender equality in healthcare and caregiving.



**DR. S. FAROOQ**

**President, Himalaya Wellness Company**

**Dr. S Farooq** began with an Urdu couplet and then further dived deep into the intricacies of Dementia. He discussed the various steps one can undertake to find out if a person having Dementia. He then talked about nature, stating that nature is kind and wants us to care for our bodies. One crucial way to take care of our bodies is to consume nutritious food, which is medicine. We should decide what kind of food we want to eat so that we are faced with fewer chances of having Dementia in old age. Nutraceuticals are chemical substances nature provides in food items that should be consumed to avoid Dementia. When we don't drink it in food items, we must take them artificially through medicines. He then mentions the names of certain herbs, such as Brahmi and Ashvagandha, that help with Dementia, which Himalaya produces. He later suggested humour as a coping mechanism for Dementia patients. He emphasised that the elderly should be provided with positive and happy environments around them.



**PROF. MALA KAPUR SHANKARDASS**

**University of Delhi**

**Prof. Malakapur Shankradass** began by discussing her book, 'Dementia Care: Issues, Responses, and International Perspectives'. She states the importance of taking the initiative to create a dementia-free society. It is a crucial endeavour with many challenges and issues, but awareness should be raised through initiatives. She then moves ahead to talking about the problems of social exclusion, which is generally observed with dementia patients. An inclusive approach is vital; social exclusion can lead to more problems and physical and environmental barriers should be encountered. She stressed that countries should focus on the policy changes that various government organisations should make at different levels. She then suggests a wide array of measures that can be taken to improve dementia care facilities. Some devised person-centred strategies that are tailor-made for each person's need, empathy, and a compassionate approach to the staff. Elderly patients can also be taken to therapy; social interaction is necessary, and socialisation should be encouraged. It should be made sure to provide well-balanced and appealing meals; nutritional needs are generally overlooked, which makes them further weak; patients should be kept hydrated, and support from family members works wonders. She concluded by mentioning that we should employ a holistic approach to caring for dementia patients to enhance comfort and dignity.



**DR. PRADYUMNA BAG**

**Department of Sociology Jamia Millia Islamia**

**Dr Pradyumna Bag** talked about the negatives of capitalism and how it indirectly impacts dementia patients. He focussed on how Dementia affects people differently depending on their socio-economic status. People have differential access to resources in the class structures within the hierarchy. Everyone cannot afford the same care and facilities that people from higher-class structures can access, and policies need to be made on similar lines.

After the vote of thanks, **Prof. Azra Abidi** delivered the conclusion remarks; she thanked everyone and expressed her heartfelt gratitude for their valuable participation and intellectual contribution to the seminar. She felt that the two days of the seminar had been an enriching and insightful experience for everyone.

## FINAL SEMINAR REPORT

Two-day National Seminar on "Creating a Dementia Friendly Society for Elderly Citizens: Issues and Challenges" organized by the Department of Sociology, Jamia Millia Islamia in collaboration with Senior Citizen Division, National Institute of Social Defence, Ministry of Social Justice and Empowerment, Govt. of India held on 6th & 7th March 2024 at FTK CIT, Jamia Millia Islamia, had total eight sessions including an inaugural session, four-panel discussion, followed by three technical sessions, having 21 resource persons, 25 presenters more than participants including Research scholars, students and faculties from all over the India.

**Prof. Eqbaal Hussain**, the Officiating Vice-Chancellor of Jamia Millia Islamia and seminar chair, provided a comprehensive analysis of the prevalence and management of diseases, mainly focusing on Dementia. With a deep understanding of socio-economic and cultural determinants, Prof. Hussain illuminated the concerning trajectory of dementia cases, projecting a significant rise from 8.8 million in 2016 to an expected 16.9 million by 2036. This projection underscores the urgent need for proactive measures in addressing this growing public health challenge.

Prof. Hussain emphasized the multifaceted nature of health challenges, highlighting the critical roles played by factors such as illiteracy, inadequate nutrition, chronic stress exacerbated by financial constraints, and cultural stigma and taboos. By contextualizing Dementia within broader socio-economic and cultural frameworks, he underscored the importance of adopting holistic approaches that address medical aspects and the social determinants of health. Prof. Eqbal further elucidated recent legislative and policy developments concerning dementia diagnosis, signalling the evolving landscape of healthcare interventions. By bringing attention to these advancements, he underscored the importance of staying abreast of changes in healthcare policies and practices to ensure effective and timely interventions for individuals with Dementia in concluding his discourse.

**Prof. Azra Abidi** introduced the national seminar, delineating its core themes and significance as a platform for fostering a dementia-friendly society. She articulated the pressing challenges within the healthcare domain and underscored the seminar's pivotal role in addressing these issues.

Prof. Abidi emphasized the seminar's objectives, from raising dementia awareness to promoting initiatives for early identification and proper treatment. Furthermore, she highlighted the imperative to enhance the support provided by caregivers and actively involve civil society in safeguarding dementia patients in public spaces. Prof. Abidi also underscored the importance of exploring socio-cultural and economic factors contributing to dementia onset among the elderly. She elaborated on how societal attitudes towards Dementia often contribute to the stigma surrounding the condition. This stigma can lead to social isolation and discrimination against individuals living with Dementia. Addressing these societal perceptions is crucial in creating a more inclusive and supportive environment. She highlighted that over the next two days, the seminar aims to strategize and identify pathways towards cultivating a more supportive environment for the elderly affected by Dementia.

**Dr Parvaiz**, former Vice Chancellor of Maulana Azad National Urdu University (MANUU), Hyderabad, during his address as the Distinguished Chief Guest, elaborated on the multifaceted nature of Dementia, highlighting its connections to social and psychological factors rather than solely medical aspects. Dr Parvaiz illuminated how broader societal trends, such as social isolation and the rise of virtual engagement platforms, significantly impact the experience of individuals living with Dementia.

Dr Parvaiz's analysis delved into the adverse effects of social isolation, noting how it can exacerbate dementia-related challenges and contribute to fragmentation within families. He underscored the profound impact of virtual engagement platforms, which, while seemingly connecting individuals, may actually lead to heightened individual preoccupation and further exacerbate feelings of isolation among those affected by Dementia. Central to Dr. Parvaiz's discourse was the call for a holistic approach to addressing Dementia—one that not only encompasses medical interventions but also recognizes and confronts these broader societal influences. He stressed the importance of raising awareness and promoting dialogue surrounding the social and psychological dimensions of Dementia.

In the seminar, **Prof. Sanghamitra Sheel Acharya** addressed the keynote speech. She elucidated the transformative concept of 'WE,' emphasizing its crucial role in fostering a socially inclusive environment for individuals with Dementia. Through the lens of 'WE,' Prof. Acharya underscored the significance of collective understanding and engagement among society members in providing meaningful support to those affected by Dementia. By transcending individualistic perspectives and embracing a communal approach, she

advocated for creating a compassionate and supportive network that values and empowers individuals living with Dementia.

Moreover, Prof. Acharya shed light on the pivotal role of caregivers in the dementia care continuum, emphasizing the profound impact of caregiving responsibilities on their mental health and well-being. She articulated how caregivers often grapple with immense emotional and physical challenges, necessitating adequate support systems to safeguard their mental health. Additionally, Prof. Acharya highlighted a pertinent issue within working-class families - the phenomenon of "buying care" to address the complexities of caregiving. This practice, she noted, introduces another layer of complexity to the caregiving dynamic, reflecting broader socio-economic disparities and underscoring the need for equitable access to support services.

In the seminar, Khan thanked all the delegates from every corner of India. He extended his deep sense of appreciation to the organizing committee members. He said that the seminar laid a strong foundation for the seminar's objectives of raising awareness, fostering support networks, and addressing the multifaceted challenges of dementia care.

### **Day 1: Panel Discussion I**

The first panel discussion was held at 12:30 PM on 6th March on the theme "Navigating Dementia, Stigma and Ageing: Perspectives from the Social Sciences. **Prof. Saghamitra Sheel Acharya**, Jawaharlal Nehru University, chaired the session.

**Professor Purendra Prasad** from the University of Hyderabad said that to understand Dementia, we should also look at larger structures such as capitalism and consumer culture that lead to the risk of society and marketing as deviant. He also mentioned the sociological perspective of understanding Dementia and mental health by highlighting the theories of Durkheim, Foucault, Bourdieu, Vina das, and Amartya Sen.

**Prof. Raj Lakshmi Guha**, IIT, Kharagpur, defined the difference between normal forgetting and Dementia. Changes in personality patterns, memory loss, clinical depression in the elderly population, oxidated stress, diet, and genetic causes are the reasons for Dementia.

**Prof. Sumita Saha**, Presidency University, Kolkata, pointed out the Multilayer factorial analysis of the disease, such as social aspects, economic factors, caregiver's perspective, Structural inequality, and Gender dynamics to understand Dementia.

**Prof. Nishi Pulugurtha**, Brahmananda Keshab Chandra College, Kolkata, highlighted the difference between understanding and dealing with the disease and discussed the importance of using words to create an environment for patients suffering from this situation.

### **Panel Discussion II**

There were three panellists and a chair in a panel discussion, and the Chair was **Prof. Abdul Waheed**, who chaired the session.

**Prof. Sameena**, Aligarh Muslim University, defines Dementia as a neurological disorder. Nearly 27% of the population is suffering from either Dementia or depression, according to WHO. She ended her speech by focusing on the need for a supportive environment for the elderly and stating that the caregivers' well-being must be ensured.

**Prof. Mohd Arshad**, Dr Bhimrao Ambedkar University, Agra, said that creating social awareness is necessary to make a dementia-friendly society. Old-age shelters are essential to address severe problems, but they are not the only solution for the elderly. He further added some dimensions that need to be taken care of.

**Dr K.M. Ziyauddin**, Moulana Azad National Urdu University, Hyderabad, talked about ageing and Dementia and its stigma. He says that the social construction of the body in a particular context leads to the idea that stigma is not homogeneous. It varies in context based on an individual's social location, such as class, caste, and socio-economic status.

**Dr Zubia Veqar** and Jamia Millia Islamia define ageing as not a disease or disorder but as a normal part of the life cycle. She further talked about healthy ageing. By defining this, she says that it is a continuous process of maintaining skill ability and mental well-being.

### Technical Session I

The central theme of Technical Session 1 was "Dementia and the Elderly: Stigma, Caregiving and Remedies" **Prof. Manisha T. Pandey**, Jamia Millia Islamia, was the chairperson. A total of eight presenters presented their papers. The session ranged from mental health problems and well-being of elderly care, negotiating power and agency in caregiving, stigmatization and abuse. Some presenters argue that accounts of healthcare providers such as doctors and psychologists are crucial stakeholders in power dynamics. The lack of accessible and affordable home care options forces families to make difficult choices, often struggling to manage demanding care needs without adequate support.

### Technical Session II

The theme of Technical Session 2 was "Dementia and Society: Well-being, Representation and the Way Forward", and the Chair was **Dr. K.M. Ziyauddin**, Moulana Azad National Urdu University, Hyderabad. A Total of 8 presenters presented their papers. In this session, the major focus was on understanding the intersection of Dementia, its depiction in cinema, social progress, and the impact of social engagement and communication barriers. The presenters discussed socio-demographic, physical, psychological, and social factors affecting Dementia.

### Day 2: Panel Discussion I

The first panel discussion, day 2, on the theme "Illness, Caregivers and Practitioners" was held at 10:30 AM at FTK CIT. There were three panellists, and the Chair of this session was Prof. Kulwinder Kaur, Jamia Millia Islamia.

**Dr Faraz Ul Islam**, a Medical Practitioner at Alshifa Hospital, explained the meaning, types, and international classification of disease and stages of Dementia. He further discussed the mini-mental state examination and some actions and tips, including taking dementia patients walking and indulging in social and outdoor activities for caregivers. He also said caregivers should take care of themselves so that they can take care of the patients.



**Dr Asad Malik**, faculty of law, Jamia Millia Islamia, threw light on rules, legal provisions, and amendments in the last two decades, which can be broad with different examples.

### **Panel Discussion II**

The central theme of this session was "Organisations, Care Work and Policy". This session had three panellists, and **Prof. Sumita Saha**, Presidency University, Kolkata, was the Chair.

**Ms Gargi Lakhanpal**, a member of Vridhcare, highlighted the needs of senior citizens in nursing homes, the identification of old-age people heading towards Dementia and the need for timely intervention

**Dr Ritu Rana**, a member of Helpage India, presented the national and global dementia statistics and discussed the government initiatives and policies regarding Dementia.

### **Technical Session I**

Technical Session 1 was held online at 3 PM. The theme of this session was "Dementia and Ageing: Policy, Impact & Caregiving in Contemporary Times". The Chair of this session was Prof. Shafique Ahmed, Jamia Millia Islamia. A total of 7 presenters presented their papers online mode. In this session, we understood the nuanced aspects of policy caregiving and ageing in Dementia. The presenters discussed the challenges that older people with dementia face in the time of technology and AI. There was discussion over the implication of the law concerning the maintenance and welfare of parents and senior citizens.

A Valedictory Session was conducted on 7th March 2024 at 4:00 PM to conclude the two-day National Seminar and discuss the way forward. The Chief Guest for the Valedictory session was **Dr S Farooq**, President of Himalaya Wellness Company; the Valedictory Address was delivered by Prof. Mala Kapur Shankardass, University Of Delhi, **Prof. Arvinder Ansari**, Department of Sociology, JMI chaired the session. **Prof. Azra Abidi**, HOD, Department of Sociology, JMI, gave the welcome address, and **Dr Pradyumna Bag**, Department of Sociology, gave the vote of thanks.

Prof. Abidi expressed her heartfelt gratitude to everyone for participating in the seminar and mentioned how to delve into the intricacies of this complex condition, exploring its multifaceted impact on individuals, families, and society at large.

**Dr. S Farroq** began with an Urdu couplet and then further dived deep into the intricacies of Dementia. He discussed the various steps one can undertake to find out if elderly is a patient with Dementia. He then talked about nature, stating that nature is kind and wants us to care for our bodies. One crucial way to take care of our bodies is to consume nutritious food, which is medicine. We should decide what kind of food we want to eat so that we are faced with fewer chances of having Dementia in old age. Nutraceuticals are chemical substances provided by nature in food items that should be consumed to avoid Dementia. When we don't drink it in food items, we must take them artificially through medicines. He then mentions the names of certain herbs, such as Brahmi and Ashvagandha, that help with Dementia which Himalaya produces. He later added to the discussion, suggesting humour as a coping mechanism for Dementia patients.

**Prof. Malakapur Shankradass** began by discussing her book, 'Dementia Care: Issues, Responses, and International Perspectives'. She states the importance of taking the initiative to create a dementia-free society. It is a crucial endeavour with many challenges and issues, but awareness should be raised through initiatives. She then moves ahead to talking about the problems of social exclusion, which is generally observed with dementia patients. Having an inclusive approach is vital; social exclusion can lead to more problems, and physical and environmental barriers should be encountered. She stressed that countries should focus on the policy changes that various government organizations should make at different levels. She then suggests a wide array of measures that can be taken to improve dementia care facilities. Some devised person-centred strategies that are tailor-made for each person's need, as well as empathy and a compassionate approach to the staff. Elderly patients can also be taken to therapy; social interaction is necessary, and socialization should be encouraged. It should be made sure to provide well-balanced and appealing meals; nutritional needs are generally overlooked, which makes them further weak; patients should be kept hydrated, and support from family members works wonders. She concluded by mentioning that we should employ a holistic approach to caring for dementia patients to enhance comfort and dignity.

**Dr Pradyumna Bag** talked about the negatives of capitalism and how it indirectly impacts dementia patients. He focussed on how Dementia affects people differently depending on

their socio-economic status. People have differential access to resources in the class structures within the hierarchy. Everyone cannot afford the same care and facilities that people from higher-class structures have access to, and policies need to be made on similar lines.

After the vote of thanks, **Prof. Azra Abidi** delivered the conclusion remarks; she thanked everyone and expressed her heartfelt gratitude for their valuable participation and intellectual contribution to the seminar. She felt that the two days of the seminar had been an enriching and insightful experience for everyone.



**DEPARTMENT OF SOCIOLOGY, JAMIA MILLIA ISLAMIA  
IN COLLABORATION WITH  
SENIOR CITIZEN DIVISION, NATIONAL INSTITUTE OF SOCIAL DEFENCE,  
MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT, GOVT. OF INDIA  
IS ORGANISING  
A TWO-DAY NATIONAL SEMINAR ON  
“CREATING A DEMENTIA FRIENDLY SOCIETY FOR ELDERLY CITIZENS: ISSUES  
AND CHALLENGES”  
DATE: 6<sup>th</sup> & 7<sup>th</sup> March, 2024  
Venue: FTK CIT, JAMIA MILLIA ISLAMIA, NEW DELHI  
GATE NO. 13**

**PROGRAMME SCHEDULE**

**Day 1: 6<sup>th</sup> March, Wednesday, 2024 Inaugural Session  
(10:30 AM to 11:30 AM)**

**Chair: Prof. Eqbal Hussain, Officiating Vice- Chancellor, Jamia Millia Islamia, New Delhi**

**Welcome Address: Prof. Azra Abidi, Head, D/O Sociology, Jamia Millia Islamia, New Delhi**

**Chief Guest: Dr M. Aslam Parvaiz, Former Vice Chancellor, Maulana Azad National Urdu University (MANUU), Hyderabad**

**Keynote Address: Prof. Sanghamitra Sheel Acharya, Jawaharlal Nehru University (JNU)**

**Vote of Thanks: Prof. Muslim Khan, Dean Faculty of Social Sciences, Jamia Millia Islamia**

TEA BREAK (11:30 AM TO 12:00 PM), NEHRU GUEST HOUSE

PANEL DISCUSSION I: (12:00 PM TO 1:00 PM)

THEME: “NAVIGATING DEMENTIA, STIGMA AND AGEING: PERSPECTIVES  
FROM THE SOCIAL SCIENCES”

**CHAIR: PROF. SANGHAMITRA SHEEL ACHARYA, JNU**

PANELLISTS	
1.	PROF. PURENDRA PRASAD, UNIVERSITY OF HYDERABAD
2.	PROF. RAJ LAKSHMI GUHA, IIT, KHARAGPUR
3.	PROF. SUMITA SAHA, PRESIDENCY UNIVERSITY, KOLKATA
4.	PROF. NISHI PULUGURTHA, BRAHMANANDA KESHAB CHANDRA COLLEGE, KOLKATA

PANEL DISCUSSION II: (1:00 PM TO 2:00 PM) THEME: “NAVIGATING DEMENTIA, STIGMA AND AGEING: PERSPECTIVES FROM THE SOCIAL SCIENCES”

**CHAIR: PROF. ABDUL WAHEED, ALIGARH MUSLIM UNIVERSITY**

	PANELLISTS
1.	PROF. SAMEENA, AMU
2.	PROF. MOHD ARSHAD, DR BHIMRAO AMBEDKAR UNIVERSITY, AGRA
3.	DR K.M. ZIYAUDDIN, MANUU, HYDERABAD

LUNCH (2:00 PM TO 3:00 PM) NEHRU GUEST HOUSE

**PAPER PRESENTATIONS SESSION I: (3:00 PM TO 4:30 PM)**

THEME: “DEMENTIA AND THE ELDERLY: STIGMA, CAREGIVING AND REMEDIES”

**CHAIR: PROF. MANISHA T. PANDEY, D/O SOCIOLOGY HONY. DIRECTOR, CENTRE FOR NORTH EAST STUDIES AND POLICY RESEARCH, JMI**

PAPER PRESENTATIONS SESSION II: (4:30 PM TO 6:00 PM)

THEME: “DEMENTIA AND SOCIETY: WELLBEING, REPRESENTATION AND THE WAY FORWARD”

**CHAIR: Dr K.M. ZIYAUDDIN, MANUU, HYDERABAD**

S. NO.	PRESENTORS
1.	MOHD SHOIB IRFAN, JAMIA MILLIA ISLAMIA (JMI)
2.	ALISHA AFRIN, JMI
3.	SAMRA KHAN, JMI
4.	NAZI WAHEED, JMI
5.	MUSHTAQ ALI, JMI
6.	KRITIKA GHEEYAL, JNU
7.	ALAN PAUL VARGHESE, UNIVERSITY OF DELHI
8.	Dr SAYANTANI GUIN, IGNOU
9.	SOMYA JHA, JMI

**DAY 2: 7<sup>TH</sup> MARCH (THURSDAY)**

SESSION I: (10:30 AM TO 11:30 AM)

PANEL DISCUSSION I

TITLE: "ILLNESS, CAREGIVERS AND PRACTITIONERS"

**CHAIR: PROF. KULWINDER KAUR, D/O SOCIOLOGY, HONY.DIRECTOR CENTRE FOR COMPARATIVE RELIGIONS AND CIVILIZATIONS, JMI**

	<u>PANELLISTS</u>
1.	DR FARAZ UL ISLAM, MEDICAL PRACTITIONER, ALSHIFA HOSPITAL
2.	DR ASAD MALIK, FACULTY OF LAW, JMI
3.	DR ZUBIA VEQAR, DIRECTOR, CENTRE FOR PHYSIOTHERAPY & REHABILITATION, JMI

TEA BREAK (11:30 AM TO 12:00 PM) OUTSIDE CIT, FTK AUDITORIUM

SESSION II: (12:00 PM TO 1:00 PM)

PANEL DISCUSSION II:

TITLE: "ORGANISATIONS, CARE WORK AND POLICY"

**CHAIR: PROF. SUMITA SAHA, PRESIDENCY UNIVERSITY, KOLKATA**

	NGOs
1.	VRIDH CARE – MS. GARGI LAKHANPAL
2.	HELPAGE INDIA– Dr RITU RANA
3.	AGEWELL

LUNCH BREAK (1:00 PM TO 2:00 PM) NEHRU GUEST HOUSE

SESSION III: (2:00 PM TO 3:45 PM)

ONLINE PAPER PRESENTATIONS

THEME: "DEMENTIA AND AGEING: POLICY, IMPACT & CAREGIVING IN CONTEMPORARY TIMES"

**CHAIR: PROF. SHAFIQUE AHMED, D/O SOCIOLOGY**

S. NO.	PRESENTORS
1.	Dr MALLARIKA SARKAR DAS, ASST. PROF., UNIVERSITY OF CALCUTTA
2.	Dr SMITA TIWARY OJHA, ASST. PROF., AMITY UNIVERSITY, PATNA
3.	OKESH & PORAS YADAV, CENTRAL UNIVERSITY OF HARYANA
4.	SOHINI GANGULY, JADAVPUR UNIVERSITY, KOLKATA
5.	ANINDITA DAS, NORTH EASTERN HILL UNIVERSITY, SHILLONG
6.	SHUBHAMOY BARMAN, JADAVPUR UNIVERSITY, KOLKATA
7.	GUNJARI BHATTACHARYA, WEST BENGAL
8.	Dr SAYENDRI PANCHADHYAYI, NATIONAL LAW SCHOOL OF INDIA UNIVERSITY, BENGALURU
9.	SAMREEN BASHIR, CENTRAL UNIVERSITY OF KASHMIR, SRINAGAR

Valedictory Session (4.00 PM To 5:00 PM)

Venue: FTK, CIT, Jamia Millia Islamia

Welcome: Prof. Azra Abidi, Hod, D/O Sociology, JMI

Report Presentation: Taranum Nishan & Nupur Rastogi

Chair: Prof. Arvinder Ansari, D/O Sociology, JMI

Chief Guest: Dr S. Farooq, President Himalaya Wellness Company

Valedictory Address: Prof. Mala Kapur Shankardass, University of Delhi

Vote Of Thanks: Dr Pradyumna Bag, D/O Sociology, JMI

High Tea (5:00 PM), Nehru Guest House

Press Release

March 12, 2024

**JMI organizes Two-Day National Seminar on- “Creating a Dementia Friendly Society for Elderly Citizens: Issues and Challenges”**

The Department of Sociology, Jamia Millia Islamia (JMI) organized a two-day National Seminar on “Creating Dementia Friendly Society for Elderly Citizens: Issues and Challenges” on 6<sup>th</sup> march & 7<sup>th</sup> march, 2024 in collaboration with Senior Citizen Division National Institute of Social Defence, Ministry of Social Justice and Empowerment, Government of India at the FTK CIT, JMI.

The inaugural session moderated by Niharika and Daniya, Research Scholars, Department of Sociology, JMI commenced under the esteemed chairmanship of Prof. Eqbal Hussain, Officiating Vice-Chancellor of JMI. The event was graced by distinguished guests, including Chief Guest Dr M. Aslam Parvaiz, Former Vice Chancellor of Maulana Azad National Urdu University (MANUU), Hyderabad.

Prof. Azra Abidi, Head of the Department of Sociology, JMI delivered the welcoming address. Her address underscored the profound impact of dementia on critical aspects of individuals' lives, including memory retention, personality, cognitive abilities, and everyday functioning. Following this, the keynote address was delivered by Prof. Sanghamitra Sheel Acharya, Jawaharlal Nehru University (JNU) offering insightful perspectives on the seminar's theme. The Vote of Thanks for the inaugural session was given by Prof. Muslim Khan, Dean Faculty of Social Sciences, JMI. The session laid a strong foundation for the seminar's objectives of raising awareness, fostering support networks, and addressing the multi-faceted challenges of dementia care.

The National Seminar was marked by two panel sessions and two paper presentation sessions in which a total of sixteen papers were presented followed by discussions on first day. The panel discussion, titled "Navigating Dementia, Stigma and Ageing: Perspectives from the Social Sciences," was chaired by Professor Sanghamitra Sheel Acharya from JNU. The



esteemed panelists for this session included Prof. Surendra Prasad from the Central University of Hyderabad, Prof. Raj Lakshmi Guha from IIT Kharagpur, Prof. Sumita Saha from Presidency University, Kolkata, and Prof. Nishi Pulugurtha from Brahmananda Keshab Chandra College, Kolkata. Together, they brought diverse expertise and insights to the discourse on the intersection of dementia, societal stigma, and the ageing population from the lens of social sciences. These discussions highlighted the interdisciplinary approach to dementia and emphasized the significance of language and active engagement for dementia patients, offering valuable insights into addressing societal stigma and the challenges of ageing population from a social sciences perspective.

The second panel was chaired by Prof. Abdul Waheed, Aligarh Muslim University (AMU). Esteemed panelists included Prof. Sameena from AMU, Prof. Mohd Arshad from Dr. Bhimrao Ambedkar University, Agra, and Dr K.M. Ziyauddin from MANUU, Hyderabad and Dr. Zubia Veqar Director Centre for Physiotherapy and Rehabilitation, JMI. Together, they provided insightful perspectives on the intersection of dementia, societal perceptions, and ageing, drawing from the rich tapestry of social sciences. This session was moderated by Smriti and Ruksana, Research Scholars, Department of Sociology, JMI.

Session one of paper presentations commenced with the theme “Dementia and the Elderly: Stigma, Caregiving and Remedies”. Seven scholars presented their work in this session, which was chaired by Prof. Manisha Pandey, Hony. Director of the Centre for North East Studies and Policy Research at JMI. The session covered diverse aspects, including definitions of dementia, its social stigma, holistic implications, community mental health initiatives, power dynamics between patients and caregivers, and the role of NGOs in providing support and fostering empathy towards dementia patients.

Paper Presentation Session II commenced with eight scholars presenting their research on “Dementia and Society: Wellbeing, Representation and the Way Forward” chaired by Dr. K.M. Ziyauddin from Maulana Azad National Urdu University (MANUU), Hyderabad. The paper presentation session delved into crucial topics such as the societal impact of dementia, strategies for enhancing wellbeing, representation in various contexts, and pathways for progress in addressing the challenges posed by dementia.

The captivating and insightful seminar was followed by an engaging interactive session, where faculty members and attending scholars actively participated by posing thought-provoking questions. This session provided an opportunity for further exploration of the seminar's themes and allowed for stimulating discussions on various aspects of dementia and its societal implications. The session concluded on a note of gratitude, with the moderator extending heartfelt thanks to all participants for their valuable contributions and enriching the seminar with their insights and perspectives.

The second day had two panel discussions. The first session, moderated by Prof. Kulwinder Kaur from the Department of Sociology at JMI, included panelists Dr. Faraz ul Islam, a Medical Practitioner from Al Shifa Hospital, and Dr. Asad Malik from the Faculty of Law at JMI. The second panel discussion, chaired by Dr. Sumita Saha from Presidency University, Kolkata, focused on organization, care work, and policy concerning dementia. The session was moderated by Ms. Gargi Lakhanpal from Vridh Care, NGO and had Dr. Ritu Rana from Help Age India, Foundation as a panelists.

The session featured eight online paper presenters from various parts of India, including prestigious institutions such as the University of Calcutta and Jadavpur University, Kolkata, the Central University of Kashmir, Srinagar, North Eastern Hill University, Shillong, Central University Haryana, Amity University Patna. The chair of the session was Prof. Shafique Ahmed, D/O Sociology, JMI.

The valedictory address was delivered by Prof. Mala Kapur Shankardass from the University of Delhi. Dr. S. Farooq, President of Himalaya Wellness Company, graced the occasion as the chief guest. The session was chaired by Prof. Arvinder Ansari from the Department of Sociology at JMI, with the welcome address given by Prof. Azra Abidi, Head of the Department of Sociology at JMI. Dr. Pradyumna Bag from the Department of Sociology at JMI extended the vote of thanks. Additionally, the report presentation was conducted by Taranum Nishan and the session was moderated by Ph. D Scholar Ramsha Aveen.

In total, the two-day National seminar comprised 8 sessions, with participation from 21 resource persons and 25 presenters, including research scholars, students, and faculty members from various regions across India.

**Public Relations Office,  
Jamia Millia**







Jamia Millia Islamia Celebrates Proceedings of the Seminar 2024





# Proceedings of the Seminar



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