In recent times demographers have shown keen interest in population ageing and its implications on various aspects. As per recent demographic figures, the world as a whole is noticing an increase in the elderly population. Thanks to economic progress, medical innovations and advances in public health, more people are living longer than ever before. In fact, citizens of the world’s developed regions - North America, Europe, Japan, Australia and New Zealand - have gained 25 years of life expectancy in the last century alone. This is more than double the gain in all prior human history.

People are living longer and at the same time fertility rates are dropping. As a result, developed nations already have about equal numbers of children under 15 and adults 55 years and older. As a result the ageing trend is gaining momentum. People over 80 are the fastest growing segment of the population in many countries, and the number of people of over 100 is growing dramatically.

The ageing of the developed world is no longer a news. What is less well known is the fact that developing nations are also undergoing an ageing revolution. Developing nations are known as “young societies”: children under 15 make up a hefty 35 per cent of the developing world’s population, while people 55 and older comprise just 10 per cent. But these statistics obscure the fact that in terms of sheer numbers, more than half of the planet’s 65 plus population ahead lives in the developing world.

Developing nations are also ageing more rapidly than developed nations. Over the next 25 years or so, for instance, the number of Africans 60 and older is expected to grow by 146 per cent. In the Muslim world stretching from West Africa to Indonesia, the number of people is expected to grow by an astounding 200-400 per cent. By the year 2025, more than two-thirds of the world’s older population will live in developing nations. For almost every nation in the world, the older population is growing faster than the population as a whole (Global Ageing Report, 1999).
To get an idea of our greying world in the decades to come, let us look at the proportion of children (below 15 years) and elderly persons (60+) in the world as a whole. According to United Nations estimates and projections up to 2150, in 1995, children accounted for 31.3 per cent of the world's population, while the elderly claimed 9.5 per cent of the world's population. These projections will almost equal up by 2050 when the children's share will be 20.5 per cent and that of the elderly 20.7 per cent. By 2150, the proportion of children will dwindle to 17.5 per cent while that of the elderly will go up to 30.5 per cent. In short, in the decades to come there will be more elderly persons than children in our world. (Bose, Ashish, 2000)

The demographic transition which is popularly known as 'greying population,' with less babies born and more elderly surviving to later age was the result of advance medical technology and the sharp reduction in fertility. The United Nations forecasts that the number of elderly will increase more rapidly in Latin America and South-East Asia, than in Western Europe or North America. This is true both in terms of percentage to the total population and in gross numbers. Over the period 1980-2020 it is anticipated by the UN that Europe and North-America will witness an increase of about 90 per cent in number of people over 80 years of age. In tropical South America the forecasted figure is 405 per cent and for South East Asia 408 per cent. In the Indian context, the start line for the forecast in 1980 had 25 million people aged 60 to 69 and 12 million aged 70 and above, and the non-stop line at 2020 A.D. for the same age groups reach 83 million and 53 million respectively, and majority will be in rural areas (Kumar, Vijaya S, 1995)

Reasons for the Difficulty of Caring for the Elderly.

Today, at the dawn of the twenty first century, caring for the elderly has emerged to be increasingly difficult or impossible by the family as an institution. Considering that the elderly are becoming a large proportion of the overall population worldwide, we need to examine these causes for the difficulty in the care of the elderly by the family in this new social context we are living in. The following are the main reasons for this difficulty in caring for the elderly.

1. Low Fertility and Few Children. --- For various obvious reasons such as increased aware-
ness, medical advancement, better education, urbanisation, industrialisation, etc. we have observed decrease in the trend of fertility among women. When women have one or two children, they have a tendency to concentrate their attention and give care to their children, even though the elderly in the family also need care. The mother of these children is generally the daughter-in-law and her natural inclination for care is her children rather than her parents-in-law.

2. Employed and Working Women.— As industrialisation and urbanisation have increased, the role and status of women has also begun to change. They are more educated and skilled in some occupation or profession compared to women who lived in former times. As more and more women are employed, their role in the family has also undergone a change. Although the woman still remains to be the main care giver in the family, her main concern is domestic chores and looking after her own immediate family, giving her scant time and energy to look after the elderly in the home and the elderly are left at home alone.

3. Nuclear Family. — Nuclear families are generally residents of flats which are usually two-bedroom apartments. Living space is another problem. Bedrooms are not given to the elderly due to lack of space and therefore there is no privacy for them.

4. Expert Medical Care Needed. — As an individual ages, he is exposed to many ailments which needs expert medical aid and the family members are ineffective in caring for the elderly. Diseases such as chronic asthma, cardiac diseases, Alzheimer’s Disease, epilepsy, etc. need constant medical supervision and cannot be easily cared for by the family.

5. Urbanisation. — We are all aware of the trend in urbanisation during the past few decades. As a consequence of urbanisation, the elder care is also affected. Urbanisation has changed the family structure, made more women employed, brought about specialisation in every field because of which the elderly cannot seek care freely from the family but may have to depend upon some specialised institution for care.

6. Self-centredness. — Situations and circumstances in our present age such as industrialisation, urbanisation, individualism, specialisation, nuclear family, etc. has influenced people to be more
and more self-centred. Clearly there is no much reward and profit in caring for the elderly. Therefore the elderly are generally not well looked after if there is no profit or reward to the caregiver. Since the elderly are no more ‘productive’ they are left alone.

7. Individualism.— Individualism is another consequence of this modern age. Individualism in the family has its own consequences. The younger generation being individualistic do not consult the elderly on matters that concern the entire family and so the elderly feel that they are not having any esteem or regard. Such misunderstandings are the main cause for the aged feeling increasingly marginalised, prompting them to seek comfort elsewhere.

8. Insecurity Regarding Cremation and Burial. --- Sometimes the relations between the elderly and the younger members in the family may be so strained and deteriorated that the elderly fear that they may not be given a decent burial or cremation at the time of their death. Tragically, this is another reason why the elderly take succour in an old age home, so an to at least have a decent burial / cremation.

**Asia-A Demographic View.**

A significant section of the population in Asia and the Pacific lives to greater ages than was the case with previous generations, and as fertility declines, family relations are changing. Here there are 4 important points for consideration.

1. as a result of the ageing of populations, the size of non-working age populations relative to the size of the working age populations is expected to grow over the next half century;
2. the population ageing implies a greater number of women in the population over age 60 and that the proportion of women among the elderly will increase with age;
3. that the ‘old old’ will contribute an increasing proportion of the elderly over the next 55 years, and
4. that the population and more rapid population growth in the developed regions will lead to more and more of the world’s elderly concentrated in developing countries. *(Concepcion, M.B, 1997)*
The Demographic Scene in India.

In 1991, the population of the elderly (60+) in India (excluding Jammu and Kashmir) was 57 million compared to 20 million in 1951. According to the official projections of the Registrar General, India, in 2001 the elderly population was estimated at 71 million, and it would be 114 million by the year 2016. If we look at the proportion of elderly to the total population from absolute numbers, we find that in 1951 it was 5.4 per cent of the total population while in 1991 it was 6.7 per cent.

According to the United Nations in 2000, the elderly accounted for 7.6 per cent of India’s population. By 2025 the comparable figure will be 21.3 per cent. It should be noted that the projection of 60+ female population is invariably higher than that of the male population. According to the United Nations projection of 60+ male population was 7.1 per cent of the total male population while comparable figures for 60+ females is 8.2 per cent. By the year 2025, the male and female proportions is projected to be 11.9 per cent and 13.4 per cent respectively and by the year 2025, the comparable figures will be 20.2 per cent for males and 22.4 per cent for females. This is because of the higher life expectancy of females compared to that of males.

Earlier, the elderly were respected as they were very few in numbers; but over a period of time with improved medical care, longevity, the number of elderly has increased, resulting in an increase in the population of older persons. Demographers used to represent the overall population with the shape of a pyramid. A broad base representing newborns followed by a middle size tier of adults and at the top a thin layer of the elderly. However, now the over 60+ population has more than doubled (in the past 25 years) which has resulted in the squaring of the pyramid. This has resulted in various facets of the elderly to change, socially, biologically and as regards health and finance. (Dave, Bhojak, and John, 2002)

Demographic Issues: Certain Implications in the Indian Context.

Demography is the study of the size and distribution of the population of a particular region. It also covers various components such as fertility, mortality and
migration and their inter-relationship. Ageing is influenced by demographic transitions. Ageing of individuals is distinct from ageing of the population in general.

Mentioned below are certain demographic implications concerning the elderly in India.

- Ageing of the population occurs when there is decline in fertility. Fertility is sustained over a long period, resulting in reduced replacement population. But this declining population trend will be arrested at a particular stage, when couples begin to have one child each, on an average. This phenomenon can be observed in some developed western countries and Japan. In about 25 years from now, it is estimated that 48 per cent of the total population of these countries will be over 60 years old. Such a trend may be soon visible in India too.

- The birth rate has declined in India, and the mortality rate has also registered a steep decline with the result that we will soon have older people as a substantial percentage of the total population. It is therefore important for the elderly to be kept in good health, so that they can continue to remain socially and economically useful members of society.

- Infant mortality continues to be a problem. If an infant survives the first year, the chances of enjoying a good life-span is considerably high.

- An urban Indian male tends to live about 7 years more than his rural counterpart. Urban females generally live 3 years longer than the rural ones.

- The age pyramid (with infants at the bottom and progressively older groups towards the top) has a broad base now. With declining birth and mortality rates, the pyramid will soon acquire a narrow base.

- The elderly no longer enjoy the unconditional social respect, power and authority they had earlier. This has greatly affected their self-esteem.

- Widows outnumber widowers, the reason being that typically the wife is about 5 years younger than her husband, added to this women live longer than men on an average. In our country, a poor, old woman faces the additional tribulations of being a widow as well", (Balasubramanian, K, 2002). Apart from these demographic issues, V. Sárveswara Náik (1997) has also pointed out a few other issues related to ageing in India.
- Increased stresses on the ability of the traditional family system to provide adequate protection to their elders.

- Increased urbanisation and the consequent rise in the number of elderly people living alone in cities.

- The competition for scarce resources to meet the basic needs of the most vulnerable members of the population, generally consisting more and more frequently of older persons.

**The Vital Issue of Caring for the Elderly.**

From the preceding few pages it is evident that ageing has become an issue for concern in the present society as well as for the society of the future. As the proportion of the elderly increases in comparison to other age groups, our focus of attention on the elderly would also become greater. Ageing has several angles for consideration. There are different fields of specialisation related to the aged. Health specialists, particularly geriatricians are interested in the physiological and psychological conditions of the elderly, economists and policy makers are concerned with economic security and social security for the elderly, commercial entertainers are eager to provide recreational facilities to the elderly. The prime interest of sociologists pertains to the concern of the caring of the elderly in the current context of a changing society. Since the elderly are to increase in such large masses, it is the keen concern of the present day sociologists to penetrate the socio-cultural context of the present world and observe the place given to the issue of caring for such large masses of the greying population.

Societies since ancient times have tried to make provision for the weaker sections of society particularly for orphans, widows, the handicapped (mental and physical), the elderly, etc. Caregiving as a function has been vested in the centre and nucleus of society, the family. This is mainly because the family is central and vital in the life of most human beings. The family has dutifully been functioning its various roles for all age groups. Thus, the traditional family was an institution for education, personality development, economy, religion and so on. However, in our modern times we observe a steady erosion in the functional
roles of the family. The very young and the very old were the major recipients of care from the family care givers. Due to various changes the care of these age groups has shifted outside the home to specialised institutions like creches and day care centres for infants and toddlers. To the elderly old age homes and nursing homes are emerging to be places of care. In the modern family the elderly have gradually lost their earlier status and are considered to be more of a burden due to the loss of certain roles.

Side by side a large number of adult females (the traditional and conventional care givers) have entered the labour force giving them scant time to devote to the elderly in the home. These mature women who were once the caregivers of the elderly in the past are unable to give priority to nurture and care. “Many studies stated that care giving in India is essentially a feminine task and wherever such a facility is difficult to obtain, elder care in the family setting becomes impossible” (D. Jamuna, 1998)

“Much has been written about the joint family system and its demise in India. It was always assumed that the family system in India would provide the necessary social and psychological support to the elderly. But family structure is changing leading to what is called a ‘crisis in caring’. Nuclear families are becoming more common even in rural areas. When people live longer well into old-old age the possibility of illness and disability also increases. With more and more women in the paid labour force, informal care givers are not available for long term care of the elderly”. (Prakash, Indira Jai, 2000-2001) This leads open to formal care giving systems in India.

In the forthcoming paragraphs we will examine the emergence of old age homes as one means of care for the elderly in India.

**Emergence of Old Age Homes in India**

The care for the elderly is vital because as the elderly age further, there is a tendency to be gradually more and more dependent on individuals closest in their social context. This dependency stems from the slow deterioration of their mental and physical faculties coupled with their inability to partake in their social and economic world. “Generally, the main providers of care are the spouse or co-resident son/s and daughter/s-in-law and frequently
daughters. The main task of caring rested on the shoulders of the women folk be they spouse, daughters or daughter-in-law. In due course of time conditions created by the economic transitions, the caring of the elderly by these women has diminished. In the West, this economic transition took place about two generations before India experienced the same. Experts feel that the requirements of institutionalisation cannot be denied for these aged people who are neither able to manage their own affairs nor do they have any person to look after them. Frequently, admission of the elderly to old age homes are due to such pressures which forces family members to resort to such an action." (Chopra, Megha & Anand, Sarita, 2001)

It is evident that because of a decline in family functions (especially neglect of the elderly in the family) and an increase in the proportion of the elderly, the elderly will have to take resort for care in one manner or the other. If we observe the trend in Western countries where old age homes were established, we would not be far from the truth that there is every livelihood for old age homes to increase in numbers in India as well.

A ready list of old age homes in India is not freely available even though the first old age home in India was established as long ago as the early 18th century. A monograph ‘Care for the Elderly’ lists 329 institutions concerned with the care of the elderly. Of the listed institutions, 88 per cent were old age homes, 6 per cent provided health care and self-employment opportunities and another 6 per cent were voluntary organisations providing day care facilities.

According to the Directory of Old Age Homes in India published in 1995, 354 institutions catered to the needs of the elderly. Most of these institutions received their funds from religions organisations, private sources and other type of trusts and caste organisations. Voluntary organisations and non-governmental organisations have played a key role in the care of the elderly. This is so because central and state governments are not actively involved in maintaining and funding for the elderly (Kapur, Shankardas Mala, 2000)

According to more recent information available (2002) there are over 1000 old age homes in India. Few of these are run by the government but most are managed by non-government organisations. The total number of residents in these institutions is about 15,000. (Subrahmanya, R.K.A., 2002)
There are many changes occurring in the ultra modern society all over the world pertaining to the aged. One among these is a gradual but steady increase in dependency on old age homes for elder care. There are other facets to the phenomenon of ageing that have been of interest for sociological and related studies. It is most apt at this point to examine these research studies related to ageing as also identify the position of institutionalisation of the elderly in such studies. In the next sub-section, we shall pay due attention to these studies on the elderly.

**Review of Literature**

Spreading around the globe, specialists of fields related to the elderly have woken up to the call of alarm to the sticky situation faced by the elderly. This area of concern related to the elderly is of special and keen interest to sociologists and social gerontologists, among others. The main spheres for attention to sociologists and social gerontologists is related to health, finances, care, institutional set ups for elder care, policy matters. Participation of elderly in the political realm, elder abuse, spirituality and religion, preparation to face death, hospice care, etc. In this compilation of review of literature related to the elderly, various topics are classified into the following main heads

1. Institutional / Living Arrangements of the Elderly and Related Issues
2. The Elderly and Family Network Support
3. Caring for the Elderly.
5. The Socio-economic Situation of the Silvering World.
6. Adjustment and Life Satisfaction in Later Life
7. Significance of Leisure and Recreation.
8. Elder Abuse
10. Other Related Aspects of Elderly.

Before going deep into the review of literature, a few lines on why this research on old age homes is conducted would not go amiss. As it is evident the elderly population is increasing
steadily in India and side by side, the family is not really capable of taking competent care of
the elderly due to many social situations and therefore old age homes are set up to fill in this gap
of caring. Although sociological literature on old age homes in the West are profuse particularly
before the last two-three decades. Reading these studies would not help completely in the
understanding of old age homes in the Indian context because old age homes in the Indian scene
is quite different from those of the West due to socio-cultural and economic differences. As
such research undertaken for the elderly living in old age homes are few and far between in
India. The present research study intends to penetrate the living conditions of the elderly in old
age homes from a sociological perspective. This research work focuses on the charitable old
age homes in Goa with a view to cull sociological information for a thorough analysis. A
sociological study of old age homes in India would enrich Indian sociological research
literature enormously as it would throw light on the various dimensions of the elderly in old age
homes.

This research work on old age homes intends to make a comprehensive study of the
elderly living in an institutional set up. The main areas of concern include conditions before and
after admission of the elderly to old age homes, social network relations with the family,
financial and health conditions of elderly and attitudes towards religion and death, apart from
these, certain related issues have also been analysed in detail, for instance, living conditions of
the inmates in old age homes.

Thus as mentioned earlier the various studies related to the elderly are categorised into
10 groups to systematically analyse each group for a better understanding of the world of the
silvering population. The first category for our examination would be related to the institutional
and living arrangements of the elderly. This particular angle gains first priority for the review of
literature of this research work because it is closely related to the study of old age homes

So at this juncture it would be appropriate to consider certain sociological and social
gerontological related research work on the elderly living in the institutional set-up.

1. Institutional/Living Arrangements of the Elderly and Related Issues.

While examining and visualising the elderly in an institutional set up, it would be
prudent to bear in mind that the average elderly of today are ones who were not in constant contact with modern institutions for aid or support. The average elderly person has spent a limited number of years in educational institutions, not frequented doctors, hospitals or clinics for health problems, etc. Being in such a social situation, added to their great age, the prospect of entering old age homes for care is emotionally trying, mainly because for all their lives they have relied on their families for care. The elderly if institutionalised in old age homes, may face mental, emotional as well as social mal-adjustments. In this context Manabendra Mandal has stated the problems of institutionalisation of the elderly in the following manner ‘Even though the institutions or old age homes are called ‘home’, or ‘home away from home’, the approach towards the inmates or the elderly in many of these homes is highly institutionalised, depersonalised and bureaucratic. The elderly face problems of adjustment with the tight and rigid schedule, total or near total separation from the familial/social milieu, anxiety over entrusting oneself to an unknown and new environment, lack of mental stimulation, diminishing physical faculties and closer and more frequent encounters with deaths and ailments in the institution. All these may create for the elderly the problems of depression, apathy, and a process of resignation to fate.” (Manadal, Manbendra, 1998)

Since the admission of the elderly into old age homes forms a crucial issue in the lives of the elderly, certain studies have been undertaken by experts to divulge into the situation and problems faced by the elderly in old age homes. Bagga, Amrita (1991) revealed in her study that a majority of women staying in old age homes resided there because either they were widows or barren or both. If they have living children, either they have migrated to foreign countries or they are daughters and not sons. Indian tradition is still not free to permit a parent to stay in their married daughters’ houses generally constituting of her parents-in-law, sisters-in-law and brothers-in-law.

A similar study was conducted by Sreevalas and P.S. Nair (2001) concerning the causes for the admission of the elderly into old age homes. Their major findings pointed out the fact that the majority of the inmates were females in the age group of 60-75 years. 66 per centage of the inmates joined old age homes voluntarily. About 41 per centage of the inmates were
illiterate and those having less than 5 years of schooling. Among males, 43 per cent were never married while 9 per cent had their partners with them in old age homes. Further 21 per cent of the males and 51 per cent of the females were widowed. The majority joined old age homes due to family problems. Absence of caregivers emerged as only the second most important factor for moving to old age homes. About half of the elderly in old age homes had no children.

Another interesting paper presented by Vaithi, Savithri (2001) reveals the types of people seeking institutional care. Mentioned below are these categories of people more prone to be admitted into institutions for care.

- The poor, who need food, shelter and proper medical treatment.
- People who work in unorganised sectors, such as vendors who have few savings.
- Pensioners in the middle-income group are the worst hit, as they cannot go to either expensive institutions or charity homes.
- In some cases the relations between the aged and the younger members in the family are so bad the former fear they may not even be given a decent cremation or burial on their death. Tragically, this too is one of the reasons why they get into institutions, as they feel their last rites at least will be performed by the institution’s staff. Thus, the causes for the admission into old age homes are varied.

Yet another study was conducted in India. According to Bawa, I.S. (2002), by the Family Welfare Agency, Mumbai, under the guidance of Project Director, Dr. S. Sivaraju shows that old age homes are not properly managed. The inmates are not happy living separated from their children. This study throws light on the living conditions of the elderly and the emotional well-being of the elderly. The role played by the family in the lives of the elderly is stressed.

One particular study undertaken by Bazo, Maria Teresa (1992) dealt with the relationships of the elderly inmates with other residents and staff members in 5 nursing homes in Spain. Residents viewed relationships with staff members positively, while viewing
relationships with other residents negatively, due in part to residents' diverse backgrounds and the image of the nursing home that they internalised prior to entering the homes. It is concluded that the nursing home, for the residents, represents a minor misfortune.

Sacheweh, Svenja (1998) - also studied the relationship between the elderly residents with the nurses in nursing homes but from a different perspective. Here Sacheweh based his study on L.R. Caporael’s (1981) finding that a fair proportion of southern California nurses use secondary baby talk (SBT) when speaking with older residents. Sacheweh’s paper overviews a study of exploring if, and to what extent German nurses use SBT too. It was found that German nurses indeed used SBT, the typical SBT speaker being middle aged and female. The typical SBT recipient tends to be female, physically frail, and either little or very well liked by staff. Analysis of the study further reveals that SBT is not necessarily “bad” for residents, since some extremely positive reactions were documented.

Moving to another part of the globe, in Norway, Brink, Satya (1997) compares scale data from 221 nursing home and community residents, ages 80+, to explore the influences of social networks on loneliness among the elderly. There were no significant differences between the experienced loneliness of institutionalised and non-institutionalised individuals; however, nursing home residents who had existing contacts with former neighbors had lower levels of loneliness than those without such contacts. It is argued the social contact, particularly with significant others, is an effective means for reducing loneliness.

One aspect of an institutional set up is whether the caring institution has an atmosphere of homelikeness. In this connection Namazi, Eckert, Tarler and Lyon (1991) used interview data to examine factors contributing to “homelikeness” for 285 elderly residents of 177 unlicensed board and care homes in Ohio. Their analysis produced 5 constraints of homelikeness: affinity, ambiance, privacy, refuge, personalisation and operator’s altruism.

Closely related to Nazami, Eckert, Tarler and Lyons’ study of satisfaction of life in board and care homes due to qualities of homelikeness, Singh, A and Nicholas, N.E (1989) examined satisfaction level of nursing home residents. They investigated whether significant differences exist in the satisfaction of rural and urban nursing home residents. Findings indicate
that individual perceptions, cognitions and socio-cultural background play important roles in
the well being and life satisfaction of the elderly in nursing homes. In the same vein, Elliot,
Kathryn Sabrena (1995) have culled the factors causing enhancement of institutionalised life
for the elderly. Their findings suggest that the lives of institutionalised elderly can be enhanced
by structuring physical space of social opportunities in ways that facilitate cultural connections
between pre and post institutionalised lives.

As for utilisation of services and needs of persons living in institutions, Ilango, P. (2003)
made a comparative study of service utilisation and needs of elderly residing in institutions and
in the community in Kerala. On the whole when the variables were compared between the two
groups, there was no statistically significant difference with regard to awareness about old age
pension scheme, travel concessions, institutional services and national policy of the
government

Another comparative study on rather different lines was implemented by Chopra, Megha
and Anand, Sarita (2001) to assess the quality of life of the aged suffering from osteoarthritis
living in old age homes and families. The quality of life was found to be better among the
people living in families as compared to those staying in old age homes. Regarding the physical
aspects it was observed that respondents from families had higher severity and felt pain while
undertaking physical activities due to family support was reduced. They were fully engaged in
social activities and well connected to their kith and kin. Where as in old age homes, even
though the severity was not that high, the inmates felt depressed and were anxious because of
the fact that they had limited social activities.

On quite a basic level, Dupuis, Ann and Thorns, David C. (1996) explored in their
research venture what the concept of home means to 53 elderly home owners in New Zealand,
drawing on interviews with subjects mostly from 1989 house transmission documents. It is
found that the meaning of home for this group revolves largely around security and family
continuity; these concerns have given rise to the specific pattern of housing tenure found in
New Zealand, and are expressed by subjects through their strong focus on inheritance. It is
concluded that the meaning of home ownership are likely to be reconstituted with each
Having a glance at research conducted related to institutionalisation and family relation we have Stull, Donald E; Cosbey Janet; Bowman, Karen and Mc Nutt, William (1997) who undertook a 5 year study of 81 families who institutionalised elderly family members, and found that families remain involved in the care of the elderly after institutionalisation, although to a lesser degree and in different ways. Involvement in personal care tasks is reduced, not terminated; involvement in specialised needs of the elder, eg. for financial and legal concerns, continues; along with the new role of advocacy. The effects of caregiving are still felt by the primary caregivers, as are the effects of institutionalising the care recipient.

The research study of Erickson, Mary Ann and Dempster Mc Clainn, Donna (2000) examined whether the transition to a continuing care retirement community is linked to changes in role identities. Results show that the number of role identities tend to decline some what after the move to the retirement community. But those who identified with a wide array of family and community roles are less satisfied with their relationships at the retirement community and find it somewhat more difficult to make friends, suggesting that a large number of role identities may not be an asset for those entering a continuing-care retirement community.

A study of the elderly in a non-institutionalised setup a study conducted by Kehn, Diane, J (1995) on predictors of elderly happiness. Kehn reports a study on the influence of social variables on the happiness of non-institutionalised elderly citizens in Monmouth, New Jersey, based on demographic and scale data (N= 98 respondents, age 65+). Results showed that happiness was determined in part by living arrangements, with living with spouse most preferred, followed by living alone and living with one's children. Other factors included health and marital status and religious commitment. Age, educational level and number of children and grandchildren were not found to be significant and were weakly correlated.

Examining the impact of living arrangements Jylha, Marja and Jokela, Jukka (1990) study the influence of the community and family and it is shown that feelings of loneliness are more prevalent in areas where living alone was present and community bonds were strongest. It
is argued that loneliness reflects, through complex mediations, the mutual relationship between the individual and the community and the extent to which the ideology of individualism prevails in each society.

One more study by Bagga, Amrita (2002) brings out the relationship between living arrangements and mental health of older women. Women living alone with distant relatives or non-relatives showed the highest scores of neuroticism as compared to women living with their spouses or families. Thus the living arrangements of the elderly, i.e., where they live and with whom they live contributes highly to the quality of life. According to Bagga, where the older people live affects:

- The nature and amount of support they receive
- The status and prestige they enjoy
- The type and nature of care they get
- The loneliness they feel
- Access to emergency care.

On a rather different front, but related to the living arrangements of the elderly, Keigher, S.M. and Pratt, F. (1991) examine the key trends of growing significance during the 1980’s with focus on the erosion of federally subsidised housing programs for the ageing. Forces affecting the availability of affordable housing are discussed, outlining the causes of homelessness among elders in Chicago.

Lastly, we examine the work of Paul, Nancy L (2002) where she examines the trends in the living arrangements of the elderly in the U.S. According to her although there exist large residential communities where the elderly continue to migrate after they retire, particularly in parts of the country with a mild climate year round, more and more elderly are now preferring to remain within their own house and their community for as long as they are able to maintain their independence. This shift has resulted in an increase in home care services both in the private sector and with subsidised governmental services based on their ability to pay. There has been an increase in alternative living arrangements as well including assisted living facilities, senior apartment complexes, as well as physically adapting one’s own home for easier
accessibility due to physical disabilities. 5 per cent of the aged population are cared in long term care facilities, while 90 per centage of the elderly men and 80 per cent of the elderly women either live alone or with their spouse.

Thus, research work undertaken regarding institutionalisation and living arrangements of the elderly span from factors contributing to homeliness, meaning of home, enhancement of institutionalised life, to quality of life, satisfaction of nursing home residents, among many others.

2. The Elderly and Family Network Support

In this section we shall examine the significant position of the family as a contributing factor to the welfare and well being of the elderly. Sociological and social gerontological literature dealing with the significant role played by the family in the lives of the elderly are abundant and profuse. The status and role of the elderly in the family unit is frequently given a major priority by experts in the field of sociology and social gerontology.

Lewis R Aiken (1995) rightly pointed out that “Attitudes towards old age and the aged, as well as the status accorded to older adults, vary with the culture, sub-culture and individual. Agricultural societies have traditionally held older people in higher esteem than have hunting/gathering societies or more technically oriented societies. Older adults have also been respected more in Eastern than in Western cultures. The great majority of older parents desire to live in separate residence from their adult children but to maintain frequent contact with them. Older parents continue to attain satisfaction from their children, assisting and being assisted by them in various ways. The role of grandparents also provides them with satisfaction to most older people.”

Aiken’s work is an approximation of the socio-cultural scene in the western societies, whereas Kapoor, Satwnati and Kapoor, A. K. (2000) gives us the Indian outlook “In India as in other oriental and developing countries, the family has been a well knit social institution that met the social, economic and emotional needs of its members. Older people enjoyed a sense of honor and authority, had the responsibility of decision making in the family and community. The family with its extended structure consisted sometimes of 3 generations - parents, children
and grandchildren - a stable unit. The transition to a modern society has dealt a body blow to social institutions like the joint family."

Traditionally, the elderly have played a key role in the Indian family. **Bhatia, Sugan (2002)** has enumerated the “wisdom and expertise” of the elderly as recognised by tradition. According to him the family is enriched by the elderly in the following aspects.

“Socialisation of the younger members, particularly the infants and children, through transmission of values cherished by the family, the community and the society at large including caring for all human beings through the medium of story-telling.

Education and care of the younger members at least till the school stage of education, strengthening the process of inter-generational bonds within the family and the community.

Introduction of the younger members to the world of work either through initiation into the family occupation or through awareness generation concerning the functioning of the economy.

Support and guidance for sustaining continuity of the family tree through a process of expanding the network of relationships.

Sharing with the younger members various life coping mechanisms, particularly in situations of natural calamities and other man-made crises/disasters.

Respect for principles of and strategies in human governance within the community and society at large.

Orientation of the younger members to a spiritual perspective on human life“

Other than these areas of benefit to the family the elderly are also generally a treasure house of information regarding traditional systems of medicine and home remedies for common ailments.

Unfortunately, according to **Kumar, Ravindra (2002)** “Under the impact of modernisation/urbanisation these forms of joint families have disintegrated and the consequence of this process has been:

- the loss of support to the old aged people

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- loss in the prestige of elderly people
- onset of economic/financial difficulties for the elderly persons and therefore, old age becoming a social problem in the modernised/urbanised setting today"

To have an insight into changes in the structure and functions in the family in relation to the elderly in India Khan and Kaushik, Archana’s study (1999) reveals that with change in the social milieu, changes have come about in the family structure and functioning. This apart, on account of altered socio-economic conditions, the family’s capacity and interest in providing care to the elderly also seem to be somewhat reduced. In most of the middle and lower income group families, high cost of living and lack of proper accommodation facilities pose several limitations on their capacity, if not willingness to take care of the elderly. Financial structuring seems to be the main reason as to why middle and lower income group families, in spite of their best intentions find it difficult to maintain their elderly.

As for Ramamurti, P.V. (2002) inter-generational relations are a critical factor that affect not only the quality of elder care but also the quality of life of the elderly in their day-to-day transactions. The lesser the inter-generational disparities, the greater the attraction between them which forges their integration in the family and the community. The elderly, the middle aged and the young in the community at large, as well as the grandparent, the parent and the child in the context of the family, belong to different generations. Good interaction with them would mean peaceful social and familial life.

Passing on from India, to another part of Asia, Garrett, Mario D (1995) examines filial piety in Southeast and Eastern Asia. He argues that the concept of filial piety in the Asian region is reduced largely as a consequence of how transference of property inheritance binds children where the elderly barter their accumulated capital for care in the later stages of their lives. While demographic and economic imperatives have begun to change the family’s share of responsibility for elder care, it is noted that 60 per cent to 80 per cent of the elderly in this region still live with their children. However, several trends are identified that signal the erosion of capital transfer that currently undergirds the concept of filial piety: decline in the number of children, increased longevity and an increased livelihood that longivity will be
shared with a spouse. It is suggested that if these trends hold, capital transfer may be delayed to a point where children may be reluctant to bear the brunt of the burden for elderly care. Government policies that may alienate the worst effects of these trends are briefly considered.

Contrary to Garrett's study who suggested that filial piety has declined in Southeast and Eastern Asia, Sung, Kyu-taik (1998) in his study in Korea finds that the majority of Korean adult children still value and practice filial piety in day-to-day living. However, how they express this cultural value has changed in the process of adapting to rapid and massive social changes, example, many of them, because of job situation, schooling and need to explore better opportunities live separately from their elderly parents. In spite of this physical separation, most Korean adult children strive to practice filial piety in terms of affection, responsibility, family harmony, repayment, sacrifice etc. By expressing and practicing these basic values via telephones, letters, visitation and other communication forms, they maintain close relationships with their elderly parents. The relationship between parents and adult children in Korea is shifting away from submission to elderly authority to reciprocal care and support.

Another similar study conducted in South Korea by Rhee, Ka-Oak (1996) substantiates the study of Sung regarding the concept of filial piety being still strong in these regions. Rhee used data from 1994 National Survey on the status of South Korean elderly (N = 2,058 respondents age 60+) to examine the family relationship by analysing household size, living arrangements, frequency of family contact, and family financial, physical and emotional support systems. Of the respondents 41 per cent lived apart from children, and 21 per cent of these saw their children only once in every 3 months, however 44.3 per centage received financial aid from their children as their main source of income. Thus, the family still remains to play an important and comprehensive roles in caring for the elderly, even through the function of family support for the elderly has been weakened.

Moving to the Western world, but still focusing on filial piety, Warach, Bernard (1991) reviews the philosophical, ethical and legal issues revolving around filial piety.
responsibility for care of the elderly. With the enactment of the Medicaid and the Older Americans Act, the legal imposition of filial responsibility for financial support of parents become a major public policy issue. Only the poor are provided with comprehensive, prepaid medical and long term care through Medicaid. In many instances, adult care givers were disabled, elderly parents consideration is being given to public provision of incentives and support to encourage family care of impaired aged.

Forms of family support for the elderly varies from nation to nation and from one culture to another. Pertaining to family care to the elderly in certain specified cultures of the world, Hashimoto, Akiko (1991) analysis divergence in types of co-residence chosen and finds that co-residence with married children is highest in India, Singapore, Thailand, South Korea and less common in Egypt and Brazil. The skip generation household where the elderly lived with grandchildren only was found to be in rural samples of Zimbabwe and Thailand.

Scanning the issue of care of the elderly by the family in another part of the world, Phillipson, Chris (1997) surveyed research literature on family care in Great Britain which shows several important changers concerning the elderly. The number of those aged 65+ and age 75+ dramatically increased from 1951-1971. The per centage of the elderly living alone has likewise increased, primarily because far fewer widows are living with relatives despite greater independence, contact remains high between the elderly and their families. Further, results of the 1994 General Household Survey shows that the elderly continue to turn to their family for help care by family members remains unevenly distributed between the sexes: Usually female relatives shoulder the greater burden.

Thrusting further into the concept of elder care and family support to the elderly, John, Robert, Resendiz, Rosalva and de Vargas, Linda (1997) examined elder care among Mexican American primary family caregivers from Dallas and Fort Worth, Texas, using focus groups of 15 women and 2 men, ages 33 to 73. Although these caregivers expressed feelings of burden, their ethnocultural values of familism placed in a broader cultural context in which caregiving was viewed as an affirmation of fulfillment of core Mexican American cultural values. Mexican American familism includes expressions of family solidarity, ethnocultural
determinants of informal caregiving, distrust of culturally alien institutions (particularly nursing homes) and a desire to care for the elderly within the family regardless of the personal cost or consequences. In contrast to recent research, findings suggest that it is premature to dismiss familism as a continuing and central influence in the lives of Mexican American family caregivers.

The importance and significance of social relationships in an individual’s life cannot be overlooked. Social relationships contribute to a sense of satisfaction and self-worth. This is true of all age groups. But as an individual ages and begins to lose key roles, his main source of fulfillment is shifted to social relationships developed by him around his social settings. In this regard, Rosowsky, Erlene (1995) made an investigation of sustaining relationships including friends, siblings and lovers. Here the importance of sources of self-recognition and self-worth for older adults are analysed and relationships with lovers/marriage partners, friends and siblings, explored, including the psychological impact of ageing, the process of change, and the sense of loss on illness or death. It is maintained that the challenges of old age include those that enable the individual to maintain self-continuity in the face of loss, and that ego support from close relationships is key to this process.

In the same mode of thinking as Rosowsky, Silverstein, Merrill and Bentron, Vern L. (1991) examined data from the Union of Southern California Longitudinal study of Generations collected from 1971-1985 from 3 generation families (N=328) in Los Angeles drawn on to examine the association between solidarity in older-parent child relationships and the parent’s length of survival. It is hypothesised that close inter-generational relations have the capacity to reduce pathogenic stress among the elderly parents, thereby enhancing their ability to survive. The study indicates that greater intergenerational affection increased survival time among parents who were widowed under 5 years.

Again regarding the relationships among the generations, Andrew, Cherlin and Furstenberg, F. F. (1983) study data on grandparents who have teenaged grandchildren and who therefore may be older on average, than the typical American grandparent. The focus is on the relationship between these grandparents and their younger grandchildren could be different.
The grandmothers were intentionally over represented in the interviews because most of the parent respondents were female and women deeply involved in kin networks, according to many studies.

No doubt that, the bond between the generations are weakening in India for various reasons and the care of the elderly is affected by it. Therefore, Ramamurthy P. V. and Jamuna, D (2002) examine in their article the various measures to rejuvenate the intergeneration solidarity through suitable family interventions, to the extent possible.

- Introduce new factors which may build a new intergenerational dependence and attachments.
- Another approach is to allow intergenerational solidarity to weaken and deteriorate into natural death as a result of socio-cultural change in the direction in which it is progressing now and think of other means by which the elderly can be taken care of.

Most of the above studies have focused on the elderly as being dependent and being supported by their children and close contacts. Interestingly, contrary to these studies, Jayashree (2000) in her study finds a different angle. In her research work, it was brought into light that an overwhelming majority of the elderly were managing the finance by themselves and rendered moral and financial help to their children. In the context of mutual financial help, the study has shown that the respondents were not merely passive recipients of support, but they also helped their children substantially and exercised considerable authority within the family after retirement.

Thus, from this section of the review of literature, it is clear that the family has an important place in the life of the elderly. Spouses, children, brothers and sisters are key members of the family from whom the elderly may draw emotional and moral support for a sense of well being and fulfillment.

3. Caring for the Elderly

At every stage in the life of a human being care and affection from others around is needed. In the human life cycle, the early and the latter stages require comparatively greater care from individuals. During the stage of old age, an individual begins to be frail and therefore
sheds gradually his former care giving functions to become a recipient of care. Therefore, according to Prakash, Jai Indira (2002) caregiving for the elderly causes serious concern. According to her “caring has different dimensions and connotations. When it comes to older people, care usually means providing physical, social, economic, emotional and instrumental support on a continuous and long term basis. This is because of the possible dependency of the older people. The dependency may once again be physical, economical, social or psychological. There may be total dependency when the old person is physically frail, disabled or psychologically incompetent to look after self. Dependency ratios merely tell us about the economic burden to a society when a certain section of the population is unemployed or unemployable. When we talk of the problems in ‘caring’ for the elderly, they usually include the non-economical, socio-psychological consequence of providing care to the care provider or care giver.”

Bose A.B, (1997) provides a broad review of the range of caregivers which include informal caregivers such as family, friends and neighbours and formal caregivers such as the state, private sector agencies and NGOs including trusts, charities, endowments, co-operatives and mutual help societies. Bose also describes the principal types of assistance provided to the elderly (income security, health care, continuing education housing and welfare services) He concludes his chapter by making predictions about the future patterns of care for the elderly.

Regarding the future patterns of care, Bose predicts that with the concept of welfare state losing its appeal and disenchantment which has led to with pressures for cuts in the public spending. At the same time the state may respond with income security programs, particularly for the need rather than on means or contributions. The state may also promote and increasingly require that industry provides pensions, provident funds and other retirement benefits for workers. Bose suggests the state could also provide tax incentives to stimulate the growth of privately sponsored pension schemes, long term saving schemes and annuities and lay down norms and minimum requirements to protect investors.

The most primary and basic caregivers to the elderly are their family members especially the spouse and children. Research work centered around care giving for the elderly
naturally focus on the role of the family as a source of care to the elderly. According to Hogan, Dennis P and Eggebeen, David, J (1995) the family is the main source of care to the elderly. They used data from National Survey of Families and Householders to examine the consistency between expected and observed sources of support and patterns of support during times of need for older Americans. They found that most older persons report they have someone, typically adult children, to turn to in emergencies. They also observed that routine assistance is commonplace among the elderly.

Ilango’s study, (2002) in India supported the study conducted by Hogan and Eggebeen. Ilango’s data reveals that in India, children are obliged by the social and cultural values to take care of their ageing parents. Thus filial love and affection is very strong. It also shows that the aged in India do not acquire any special negative characteristics. Advancement in age associated with ageism making it difficult for them to adjust with their children.

Another research work which supports the fact that the family is a fount of care to the elderly, is the work of Novak, Mark (1995). Novak examined the amounts and types of informal support received by Canadian elderly. Data from the 1985 and 1988 General Social Surveys suggest that much support between elderly comes from organisational participation. Support groups that provide personal care, visitation, and emotional assistance are often spouses, siblings, other elders, and networks of alternative family structures. Two models are used to explain the variations in support, and future predictions are made considering the effects of a demographic transition, increase of women in the work force and changing family patterns on informal support for the elderly.

However, Bhai, L. Thara (1988) contrary to Ilango and Eggebeen considers in her research work the changing role of the family as for caring for the elderly. According to her, traditionally, the elderly in India were regarded highly for various reasons, including their experienced wisdom, but today, old people are not generally respected, because of the changing attitudes towards old age. This changing phenomenon is analysed here across generations and sex. It is found that the meaning of old age, the approach to old age, and solving
the problems of old age have taken new shapes in contemporary society. The concept of old age is explored in the context of the caregiving-care receiving continuum.

Interestingly a study conducted in Africa by Nana, Araba (1995) corroborates Bhai, Thara's study that the traditional caregiving role of the family is breaking down. Here Nana, Araba describes an imminent crisis if caring for the elderly in Africa in which traditional caregiving systems are breaking down in the absence of alternative social policies. It is shown that urbanisation and modernisation have eroded traditional relationships within the African family in which the elderly maintained a measure of authority and dominance. A growing lack of respect for the elderly and the traditions they represent has been driven by modern attitudes viewing them as appendages to nuclear families and consequently, as drains on family resources. This growing disrespect has been coupled with a dramatic growth in the elderly population across the continent. It is suggested that the condition of the elderly can be enhanced by a general improvement in the economic situation of the continent in consequence with political stability. However, it is argued that in the long term, indigenous solutions are necessary; some of these are discussed in terms of traditional intergenerational support patterns.

From another perspective, Angel, R.J. and Angel, J.L (1997) examine the social flux of the ageing and the resulting heterogeneity of the older population, they examine how social class and culture gather together to create the elderly with different needs and resources and then they focus on the interdependence of the generations. First the work is a thorough, in-depth accounting of the changing social context of ageing and the resulting heterogeneity of the older population. The Angels offers compelling evidence as to why this diversity must be taken into account in the analysis of and planning for long term care.

The second important contribution is that a thorough and well detailed analysis of how social class and culture accumulate to create older Americans with a wide spectrum of differing needs and resources.

The third significant area of contribution is based on the different needs and resources
of the three groups, the Angels discuss on a number of viable alternatives to institutionalisation, from community based programmes for the elderly to adult day care centres.

The last, and perhaps the most significant contribution that the Angels make is to advocate the importance of an intergenerational connection. They note the connections between the generations and the growing need for interdependence.

Jamuna. D (2003) studies the caregiving aspects of the elderly from a three fold generation perspective. The data was collected as part of a panel study conducted in 1984, 1994 and 2001 to consider this problem. According to her, there is a clear difference in the perception of the elderly, middle aged and adult children towards eldercare. The elderly belong to past generation that mostly conditioned and laid the foundations of their thoughts and values. This contrasts with today's generation, who are in a totally different time period, fashioned by revolutionary technological scientific and social change and growing family nucleation. The three groups are under the impact of a different time periods. Children, probably reared as providers of social security and personal care in old age, are less and less available for that task due to migration and other pre-conditions, leading to a degree of disillusionment in the elderly. There is a declining trend in perceived elder care as their duty.

There is a growing realisation of the relevance of alternative eldercare arrangements in the changing context of modern times among the three generations. The patent reasons for this were pre-occupation with roles of rearing, occupation and other domestic centered tasks. Also the average higher age of the caregiver with increased frailty, sickness and consequent dependency is more strenuous. The middle-generation does not want to burden their children when they become old, and are deeply apprehensive about their future. Every generation perceives that in the future eldercare will be difficult and realises the importance of alternative/ supplementary eldercare services. The younger generation thinks that this is too distant a situation to bother about immediately. They feel that in the future there will be a growing trend towards selfcare, increasing demand for institutional care and a greater need for care support services.

Shifting to another sphere related to the care of the elderly is a study by Johnson, Rebecca
A; Schwiebert, Valerie L; Alvarado-Rosenmann, Patricia, Pecka, Glenda and Shirk, Norman (1997). In this study, data was obtained via questionnaires and semistructural interviews to explore residential preferences should they become unable to live in their own homes. The study also intended to cull their belief about eldercare. The respondents consisted of 10 elderly Mexican Americans, ages 63-89. Themes arising include nursing homes as places of last resort, the desire not to be a burden to children, intergenerational differences in lifestyle, extended family involvement in elder care. Implications for helping professionals and areas needing further investigation are discussed.

Another study by Bould, Sally (1990) distinguished between caregiving and social support. According to Bould, caregiving implies dependence, while social support implies interdependence - this is essentially critical for the oldest old. Interdependence permits self-determination, allowing the eldest to remain in charge of their lives. However, examination of the needs and resources of the oldest old indicates that they are at high risk for anxious adult children assuming premature caregiving roles. It is suggested that intervention strategies should aim to prevent caregiving by encouraging families to strengthen social support networks in general and helping networks in particular, in order to promote interdependence. Further, the study suggests that community supports should be designed to enhance and supplement helping networks.

One more interesting study concerning care for the elderly is the study organised by Mogey, John (1990) in context with elder care from the kin and the state. This study is divided into 3 broad section:

1) Households, Amity, Lifestyle
2) Individuals, Kinship, Networks, and
3) Kinship, Lifestyle, Policy.

In the first section is the decision to focus on the household, rather than the family, both conceptually and as a unit of analysis. The household concept links with the larger polity and economy in terms of the rules, availability and options for housing within a society.

Another key concept is that amity as aid provided between relations beyond the norm of
reciprocity, that is, whether or not it results in a balanced exchange. This "rule of generosity" is one of the hallmarks of intergenerational exchanges and plays a key role in provision of informal support to the old in all industrialised societies. The second section emphasises the important networks of kin and other social relations. The final section of the work turns to policy concerns.

An important and relevant aspect of caregiving to the elderly is the situation of the caregiver. Researchers have frequently focused on this issue of the caregiver as he/she is often a great strain due to the function of caregiving. Goldsmith, Elizabeth B and Goldsmith, R. E. (1995) have made an analytical study of full time employees and caregivers to the elderly. They report results of a two stage survey of 635 fulltime workers, comparing 108 who provided care to elderly dependents with 527 non-caregivers. In the first stage, caregivers were significantly more involved in their jobs than non-caregivers. Those providing care to the elderly dependents who maintained separate residences reported higher role over-load and more time conflicts between work and family life than did those in the same residence. Stage two, obtained a year later only from caregivers, showed that although female caregivers provided slightly fewer hours of care than male caregivers, they felt significantly more overloaded.

Yet again we analyse a study, the role and situation of caregivers in the care of the elderly. Here, Spacapan, S and Oskamp, S (1989), in their book have Melvin J. Lerner, Darryl G. Somers, David W Reid and Mary C. Tierney who specifically describe the stress and conflict experienced by adult children of dependent elderly parents, which results from insufficient resources to meet the parents' needs. The combination of scarce resources with the participants' biased information on the contribution of each makes the parents' well being produces a form of social dilemma. Lerner and his colleagues trace the consequent deterioration of sibling relations from one of an identity relationship, to a unit, and then to a non-unit relationship; and they present research that supports this hypothesized sequence.

Lechner, Viola M and Sasaki, Masahito (1995) substantiate the studies of the Goldsmiths and Lerner and his associates regarding the strain and stress borne by caregivers of the elderly. Lechner and Sasaki examine the current crisis in familial care of elderly
relatives in Japan and the U.S. For women managing the dual role of outside employment and caregiving is often highly stressful, which is negotiated in the US context through greater reliance on institutional support and divisions of social space and reliance on traditions in Japan. Governments in both countries are making attempts to ease these strains, particularly through enacting tax exemptions, workplace training and support, and community partnerships, though projects are more thoroughly integrated in Japan.

Apart from the family, institutions and the individual who cares for the elderly, the community itself is an important agent to facilitate the care of the elderly. In this regard, Barnes, Lynne (2001) cites three aspects of caring for the elderly. — Access to a Safe Environment: Creating physically safe conditions for elders is an important responsibility. For eg. stairs can be supported with railing for support.— Social Support: An old person’s family and friends can greatly contribute to his healthy ageing by being supportive and loving and understanding. — Elders Services: Some elders find their independence and physical movements compromised by a slight impairment of some faculties like eyesight, etc. They are benefited immensely by services like the Dial-a-Driver programme which make the services of a driver available or also the services of a counsellor.

Thus, regarding the issue of caregiving to the elderly, there are a wide range of topics that have been researched, including the role of family members in caregiving, changes in the family and its impact on caregiving, caregiving outside the home such as the role of the state, community retirement communities, etc. as also the care givers in caring for the elderly.

4) Health and Well being of the Elderly.

An important aspect while studying about the elderly is their health and well being. Health and a sense of well being is very significant to any individual no matter what the age. When an individual is healthy, he is able to function as a normal member of society. To the elderly, health is of paramount importance as it affects every area of their lives. According to an expert in ageing, Prakash, Indira Jai (2001), “First of all, elderly in India show considerable morbidity. Surveys show everywhere between 45-55 percente of older people to be having chronic illness. This coupled with the fact that Geriatric Medicine has not yet taken proper
roots in the country and existing health system is not geared to the needs of a large group of elderly. About 4 million older people are reported to have psychological problems. In India mental health issues in old age is not very well attended. Most developing countries are still struggling to bring down maternal mortality and child mortality. The idea that health care of the elderly is as essential as that of the younger age group, though theoretically accepted may not be translated readily into practice. Since age is associated with increase in physical illness and disability, ageing becomes a cause for concern. B. Krishnaswamy’s (2003) paper listed the following diseases that usually afflict the old: hypertension, diabetes, coronary artery disease and osteoporosis. Some predisposing factors of these conditions are obesity, stress, alcohol, smoking etc as hereditary. In another paper, Dr Rao, Kalluri Subba (2002) lists out some other physiological conditions of the elderly. According to him old age can take an ugly turn resulting in prolonged senescence period marked by pathological suffering. This could be due to inherent poverty, lack of awareness and deplorable family environment precipitation of chronic diseases like account rolled diabetes, cancer and neurological syndromes like Parkinson’s, Alzheimer’s, Huntington’s, multiple sclerosis and motor neuron disease. Science has developed to a stage where it can perhaps reduce the suffering but not yet able to eliminate them totally although knowledge is advancing towards the goal.

Concerning the health of the elderly, Kastenbaum, Robert (1979) throws a ray of optimism. According to him results of an official health survey in America actually show a decreased incidence of certain illnesses among adults aged 45 and over. Older people are strikingly less vulnerable than young and middle aged to a variety of diseases caused by infection or parasites. But Kastenbaum agrees that the elderly are susceptible to a variety of diseases.

Another author Bagchi, Kalyan (2000) also examines the general physiological decline in old age. According to Bagchi’s paper, there are three important factors due to which the sickness in old age are more complicated and deadly. The following are the major reasons:
1. Sickness in old age (e.g. increased blood-pressure), is very often regarded as a manifestation of old age. As a result, the alteration of the doctors is brought to these diseases quite late in an
advanced condition.

2. Due to the ageing process and the loss of resistance, the progress of the disease is very fast, sometimes being fatal. A common condition like bronchitis in a child and young adult is a passing episode, but is a killer in the case of the elderly.

3. Very often the aged individuals have two or more clinical disorders needing attention and medication. The common components of clinical disorders in the elderly are - a. Hypertension b. Osteoarthritis, and c. Diabetes. There are many other clinical disorders in an older individual which need multiple medication, a condition which might cause undesirable drug interaction and might even be fatal.

Thus the elderly are vulnerable to various diseases and need constant care. Hence, while studying about ageing, an important aspect for concern to researchers is their health. Health is a holistic issue since it not only involves physical health but also psychological, emotional and spiritual health. Thus, according to the World Health Organisation, health is not only the absence of disease in a person, but also the presence of a feeling of social, mental and spiritual well being.

Authors and researches have focused expansively on the elder’s physical and psychological health. There are comparatively fewer writings on their emotional health. According to Chandrasekhar, K. (2002) important indicators of a person’s emotional health are:

• Productive involvement: Old people’s experience and expertise must be productively be utilised by the younger generation.
• How well he relates himself to people around him.
• Financial status: dependence or otherwise on others.
• Cognitive ability, i.e. the person’s ability to understand, retain and use new items of knowledge.
• Ability to cope with and enjoy the changed atmosphere of a ‘retired’ life. Sudden loss of appetite, keeping awake all night, remaining conspicuously silent for long periods, are all manifestations of a person’s feeling of emptiness.
• Ability to withstand the loss of near and dear ones, through physical separation or death.
Looking on to the issue of ageing and health from another angle, according to Renganath R (2002) there is a relationship between the socio-economic status and health of an individual. These socio-economic parameters among others include economic, educational, cultural, age, sex, location and occupation.

Economic—older persons, compared to younger age groups have low income. Therefore, health care, is a neglected area. Education—a large segment of the current elderly population is either illiterate or have low education. Therefore they lack behaviour conducive to good health.

Age—with age an individual becomes susceptible to generative and chronic disease.

Gender—Given the norms of society coupled with discriminations women face illness of various types.

Residence—Environmental factors such as availability of safe drinking water, sanitation and hygiene play an important role in the presence/absence of illness.

Culture—Societal discrimination against women characterise their life style and are reflected in their access to education, nutrition and medical attendance resulting in various morbidities. Thus, Socio-economic factors are powerful determinants of health in old age.

Studies conducted on the health and well being of the elderly are many sided. For example, living arrangements and their impact on health or income and its impact on health or deaths due to diseases. We shall now consider these various studies in connection to health of the elderly.

One important factor contributing to the health of the elderly is physical exercise. A study conducted by George, Lukose (1999) reveals that physical exercise has become increasingly popular as a method of health enhancement. But voluntary participation in strenuous physical activity on a regular basis is an unusual pattern of behaviour that is not observed in most ageing animals. Studies have shown that humans tend to decrease their physical activity as they grow older. In modern societies the voluntary physical activity begins to decline after people reach adult maturity.
Similar to the work of George Lukose is a study cited in Vernatwala, Dinaz's paper (2002) by Grove and Londree on exercise and physical fitness. Grove and Londree state that walking was as effective as high impact regimes in maintaining bone mass density. Regular physical activity retains calcium in the bones and reduces the incidence of fractures. Exercise and stretching can improve the range of motion, increase the production of joint fluid and stimulate the repair of worn-out joint cartilage as a consequence of age.

The role played by the family, friends and other significant others in the well being and health of the elderly cannot be underestimated. It has been proved beyond a trace of doubt that the elderly depend on their informal relations to derive physical, mental, emotional and social well being. The study organised by Fulks J. Steven and Molinari, Victor (1999) clearly proves that the physical and mental welfare of the elderly depends upon the family and formal and informal support systems. Fulks and Molinari consider the differences between the two age groups ages 65-75 and 85+ respectively in areas of physical and informal support systems based on demographic overview. Statistical data show that the old-old segment in the US has grown at a faster rate over the last 50 years, those age 85+ suffer more from health problems, encounter more stress, are less satisfied with life and rely more on the extended family.

On similar lines, Blieszner, Rosemary (1995) analyse the role of friendship processes and well being in the later years of life using interview data from a Greensboro, NC, study of 28 women and 25 men ages randomly selected on the basis of telephone numbers and sex-age category. It is suggested that social structure and psychology both shape behaviour and influence friendship interaction patterns, and the friends hold similar attitudes, values and beliefs. Study results highlight the significance of affinity, frequency of contact and significance of shared activity in the well being of the elderly.

Apart from the role played by the family, friends and other significant others who have an impact on the well being of the elderly, the living arrangements and the environment also has its effects on the health of the elderly. In this respect, Angel, Jacqueline L; De Jong, Gordon.F; Cornwell, Getchen T. and Wilmoth, Janet M. (1995) have studied health and living
arrangements of rural elderly Americans. They compare functional capacity and living arrangements among rural and urban US elderly residents over a 4 year period, using 1988 longitudinal study of ageing. They examined whether diminished health is associated with a differential probability of institutionalisation among metropolitan and non-metropolitan elders. One major focus is the impact of family support on these outcomes. Results show that although very old non-metro residents are more likely than metro elderly to be poor, there is no consistent metro/non-metro differential in the explantory factors for declines in health or institutionalisation. It was found however, that the rural elderly individuals who entered a nursing home suffered less of a decline in functional capacity than elderly nursing home patients in urban areas.

As for Kapoor, Satwanti and Kapoor, A.K. (2002) environment plays an important role in the life of the elderly. They made a comparison of the elderly in Himachal Pradesh and Haryana. In this study Himachal Pradesh older persons were found to be physiologically more active than their Haryana counterparts. However, the elderly in Haryana were found to be financially more secure and socially more active.

One more indicator of good health is the income of the elderly. Regarding the relation between health and income, Li, Li (1995) has interpreted the subjective well-being of Chinese urban elderly. Li, Li examines individual life satisfaction and well-being of the urban elderly in the People’s Republic of China, drawing on survey data collected in Guangzhon from 520 respondents ages 60+. In examining how an individual’s demographic and socio-economic characteristics are related to perception of well-being and satisfaction of late life, it is revealed that income is the most important factor significantly influencing subjective well being.

After studying the influence of income on the well being of the elderly, we shall move on to the physiological dimensions. Kameswaran S (2001) analyses hearing disorders among the elderly. According to him man needs to live with the ‘herd’, hearing all the familiar noises of the world around him. Deafness deprives him of this basic psychological need. Samuel Rosan, an America ENT surgeon, discovered after an extensive
research among the Moben tribe of Sudan, the Bantu tribe of South Africa, and the Toda tribe of the Nilgiris that, contrary to popular belief, even 50 or 60-year-old people could hear almost as well as the younger people. The impairment of hearing with advancing age, known as prismaticis, seems to be common only in urban areas, where one is constantly bombarded with loud sounds every day.

Among the various physical conditions of the elderly that reflect their health, dental health is a good indicator. Good dental health reflects an overall good health of an individual. Here Prakash, Praveen (1999) examines dental problems in old age. Dental problems according to him could be due to change in diet, decrease in old hygiene self-care and diminished salivary flow. Alteration in the diet is generally due to retirement, economic factors, loneliness, change in taste and the ability to masticate or a combination of these factors. The result can be devastating to oral and general health as a whole. Oral hygiene self-care, specially the mechanical removal of dental plaque from the mouth plays a vital role in controlling dental problem. Often, older people decline in their ability to practice good oral hygiene, for various reasons. Physical impairments, such as arthritis, limited movement in the hands and arms. A decline in visual acuity might interfere with optimal oral cleanliness. Depression or decline in memory has been found to be a barrier to personal oral hygiene.

Some studies have focused on common diseases among elderly. Siva, Raju, S (2002) in his work has reviewed certain studies which enlist the various diseases suffered by the elderly. According to his work, some clinical studies have found that multiplicity of disease were normal among the elderly and that a majority of the old were often ill with chronic bronchitis anaemia, hypertension, digestive troubles, rheumatism, scabies and fever. Some of the cases of disability among the elderly, as reported by a few medical studies, were difficulty in walking and standing, partial or complete blindness, partial deafness, difficulty in moving some joints, indigestion and mild breathlessness. Thus, the elderly suffer from a wide array of diseases.

We also examine Kumar, Vijaya’s work (1999) which analyses deaths in old age due to diseases. On the basis of existing evidences (1985). It appears that the majority of the deaths among the older population stems from cardio-vascular disorders followed by respiratory
disorders (about 10%) and infectious diseases such as tuberculosis and lung infections. Next comes nutritional, metabolic and gastro-intestinal and genito-urinary disorders. According to NSSO (between July 1986 and June 1987 with 50,000 households) about 45 per cent of the elderly were suffering from chronic disorders. Joint problems, coughs and cold, hypertension, diabetes, heart diseases, visual, locomotor and hearing were the major disabilities. Thus, it may be concluded that in India the increased life expectancy is not free from morbidity or disability and in general it is not a healthy life expectancy.

An ailment frequently suffered by the elderly is Alzheimer's Disease (dementia). According to Nalini, B (2001), in earlier times, it was only old people in the West who usually suffered from Alzheimer's Disease. With the adoption of modern lifestyles, compounded with altered family structures, the disease is becoming increasingly common in India too. Some characteristics of dementia are: serious disturbances in thinking, feeling, marked impairment in the person's ability to distinguish between reality and his own subjective experiences, severe disruption in his relationship with other people and his environment.

According to Dr. V Shanta (2001), another disease that manifests itself in old age might be cancer. Although no age is exempt from cancer, it is observed that those over 65 are more at risk than the very young. 1 in 8 among women and 1 in 9 among men are at risk of cancer.

Thus according to Rao, Kakarla Subba (2002) the health problems of the elderly extend from head to foot. Physiological changes like greying of hair, loss of hearing, loss of sight take place. Changes in the circulatory system, respiratory system gastro-intestinal system and urinary tract also occur. Besides these, cancer is a great threat to the old. Hence, the health of the elderly is a many dimensioned issue, making it a fertile area for scientific and social research.

According to Government of India statistics, cardiovascular disorders account for 1/3rd of elderly mortality. Respiratory disorders account for 10 per cent of mortality, while infections and tuberculosis account for 10 per cent neoplasm accounts for 6 percent and accidents, poisoning and violence constitute less that 4 per cent of elderly mortality with similar rates for
Elderly individuals usually face a higher risk of developing mental as well as physical morbidity. Their vulnerability to mental problem is due to ageing of the brain, physical problems, socio-economic factors, cerebral pathology, emotional attitude and family structure. In most cases, mental illness co-exist along with physical problems in the elderly persons. Chronic physical disorders and sensory impairments (vision and hearing defects) are known to be especially associated with mental problems of the elderly. (Joshi, P.C and Sengupta, S.N. 2000)

With health problems being so prominent among the elderly in India, health care services for the elderly are negligible. According to Singh, D.P. (1999) health care services have not so far accommodated the aged and there are no specific programmes and services for them. Singh brings out various possibilities to resolve this situation of health care for the elderly. Some of his suggestions include:

- There should be exclusive geriatric clinics and reserved geriatric wards specifically for the elderly.
- The elderly should be provided care at subsidised charges.
- Public health services should include the elderly.
- The government should bring out a National Health Policy for the aged along with some National Health Insurance Programmes for them.

In the following section of the review of literature we shall examine relevant works of research related to the socio-economic situation of the elderly.


There are three strong determinants of the overall welfare and well-being of the elderly - good social relationships, good health and sound finances -- if these three are fulfilled the elderly would be ensured of stability. Various problems of the elderly stem if these three conditions are not met, example, the problem of accommodation can be solved if there is economic security. Thus, according to Kinjawadekar, Shankar (2002), the financial insecurity of the elderly in India takes several manifestations such as insecurity of life and property, lack
of proper accommodation, that 33 per cent of the 60+ are below the poverty line and 33 percent are a little above it, only 10 per cent get pension, about 40 per cent depend on interest on deposits in post office, banks, etc and the National Old Age Pension (Rs. 75/month) for the destitute elderly is very low.

Regarding the socio-economic situation of the elderly, there are several interesting and enlightening research works undertaken. Because the elderly are one of the most vulnerable groups to be economically insecure, several studies have focused their attention on this area pertaining to the elderly. Social policies, planning and budgets of the government are also targets for social research. In this connection, Cockerham, William (1999) have compared U.S. social policies for the elderly to those of other industrialised countries. This study reveals that 1) the percentage of the elderly is increasing; 2) the cost of supporting the elderly is and will remain a social problem in the near future; 3) national governments tend to be supportive of efforts to help the elderly; and 4) a world wide crisis in national spending for the elderly is likely by the mid-21st century. Although no superior method has yet been devised to pay for the costs of elderly care, the governments of the world will be forced to expand and improve health and social services for older people. Thus, policies and planning for the elderly by the governments world wide has become a burning issue not only for researchers but also for the common man.

Moving on more specifically to India, there are studies undertaken to gauge the situation of the elderly in the socio-economic context. One such study was conducted by Nayar, Usha (1998) where she attempts to analyse the situation of the aged in terms of rapid changing technology. She discussed the major issues and concerns in the life of the aged, the implications of these for the future and the impact that much higher per centages of elderly people will have on society and indirectly on social planners and planning.

She identifies a number of emerging issues pertaining to social change. These include the unprecedented rapid growth of the elderly population in the Asian region; the need for health care which will help the elderly live disability free lives; support for the elderly who are left behind in rural areas when younger family members move into cities to find work; the
disproportionate number of women in the elderly population, many of whom have no source of income, the difficulties of today's smaller families have in caring family members who can no longer look after themselves; the decline in income-earning opportunities for the elderly, who largely lack the education and skills needed for today's jobs; the increasing isolation of the elderly and the fact that little concern is paid to the rights of the elderly nor to the contributions they have made over their lives.

The hardest hit among the Indian elderly population are women in remote, isolated and in inaccessible villages. One study conducted by Chaudhary, Abha (2002) revealed that the development programmes of aged persons are more or less absent, especially in the remote and in inaccessible villages of the hills. The presence of a large number of destitute women in hilly regions is due to several reasons such as desertion by the husband, out migration of sons, death of children, having no children and in a few cases break up of the joint family. They constitute a vulnerable group, living in impoverished state without any source of income or support structure, dependent only on the charity of the village community. Widowhood is a curse as it results in isolation and restrictions, economic dependency and higher morbidity among the females in a traditional rural setting.

One more research work focusing on the elderly in India is the work of Bali, Arun P (2002). Bali through this study proclaims that the main problem with the elderly in India is poverty. There is no income security for the aged when they can no longer work. The pension of the people who have been in the formal or organised sector is generally meagre and the ones working in the subsistence economy carry on as long as health permits with no hope of ever receiving pensions. The high incidence of poverty affects substantially the quality of life of older people. Low incomes of older people is affected by different forms of deprivation which have an impact on the elderly in meeting their basic needs. In later life the question of dependency among older people is pronounced in the lack of financial and material resources as well as health and domestic caring. Thus, the socio-economic conditions of the elderly needs to be critically examined for further improvement.

There is no doubt that the elderly are living in a changing social context and therefore
need to make efforts to adjust themselves to such changes. Joshi, Uma (1999) examines in her work the changing social context in India and the pertinence of the elderly to accommodate themselves to such changes. According to her, it will be useful to impress upon the aged the need to adjust to the changing circumstances and live harmoniously with the younger generation. No wonder, despite the materialistic comfort and psychological security provided to the aged, the twilight years of ageing and exhaustion are far from enjoyable. When turned down by one’s own kith and kin, life in the greying years become all the more intolerable and unbearable. Many suffer the agony in silence without letting the world know that their children have neglected them. About 12 per cent of India’s ageing population has been officially declared as destitute and they are forced to live off the meagre pension they receive from the government.

Unlike India the Socio-economic scene of the elderly is quite different in Japan and more optimistic. Bass, Scott A (1996) considers the reasons for the comparatively high rate of working elderly in Japan vs. other countries:

1) less generous pensions than in other countries;
2) better health of the elderly;
3) greater employment opportunities for the elderly;
4) greater interest in working;
5) higher valuation of work;
6) policy and incentives conducive to hiring.

While the socio-economic scene of the elderly in Japan is bright, in Hong Kong the picture portrayed is bleak. Kwan, Alex Yui-huen (2003) has enumerated as documented by the Hong Kong Association of Gerontology the main problems of the elderly:

- A lack of vision of the role of older persons in society
- A lack of comprehensive and operational plans.
- Lack of integration and co-ordination of service policies.

Thus, according to Kwan, Hong Kong has to make various efforts to bring about a change in the socio-economic scene of the elderly.
Many experts on ageing advocate the practice of the elderly to be productive and active in order to solve many of their problems. Chang, Tan Poo (1998) has written comprehensively in this regard. Tan is concerned with changing the widely held negative perception of the elderly as dependent and no longer able to contribute to society. In discussing productive ageing, Tan calls on society and elderly persons themselves to recognise the wealth of experience and talents that older people have and to tap their under-utilised resources. Tan states that this is important not only on a national level but also within families and the community, to ensure that the elderly have a place in this rapidly changing society. To improve the living condition of the elderly; Tan advocates that all persons in the population become fully aware of ageing issues and concerns so that they make sure that the needs of the elderly are considered in development planning. Younger persons must maintain a healthy lifestyle and make provisions for their old age income through various security schemes. Along with public awareness, campaigns on ageing issues, Tan advocates programmes for the elderly themselves which focus on three main areas: health maintenances, skill development and income support.

Another area which needs an understanding regarding the elderly in the socio-economic situation is the role played by the government and other authorities to enhance and uplift the socio-economic situation of the elderly. There are several authors who have extensively written on this aspect of the elderly. An examination of these writings would throw light regarding this issue Meeks, Carol B; Nickols, S.Y and Sweaney, A. L (1999) in their paper examine the world-wide socio-economic situation of the elderly. The UN General Assembly declare 1999 to be the International Year of Older Persons to increase the awareness on ageing world wide. The UN identified five principles for older persons: independence, participation, care, self-fulfillment, and dignity. All over the world the number of the elderly are increasing. Developing countries are hard hit because of the high cost of maintaining support programmes. Also in developing countries the traditional care systems are dissolving and are not being replaced by institutional care. Women all over the world live longer than men and may not have economic resources backing them. As populations change, it is necessary to form
a partnership between policy makers, family members and older persons for alternative solutions. Hence, worldwide the elderly are placed in a precarious situation.

Shankardas, Mala Kapur (1995) examines policy concerns concerning the elderly in India. Shankardas has drawn on primary and secondary data to examine India’s policies concerning the elderly in the light of the demographic transition that is increasing the elderly population and recent difficulties brought about by modernisation and urbanisation. The government of India has been drafting very few programmes for the elderly from 1945 to 1993 when the National Policy on the aged was implemented. As the government’s efforts have targeted population reduction, the needs of the elderly have been neglected particularly in health care. Current provisions are only considering senior’s economic need and are leading to more elderly dependence.

From a somewhat similar angle, Kulshestha, Laxmi Rani (1999) in her paper presents an overall view of the financial scene of the elderly in India. According to Kulshestha, the rights of the elderly are still largely undefined and action on a number of fronts is required. If there is to be a significant improvement in the quality of life for elderly people, the government will need to plan an equitable and effective social security system. Retirement policies need to be developed which will allow elderly people both access to employment and genuine choice about retirement, government should take serious steps to enhance retirement age from 60 to 65 years because of longevity and late entry into labour force and late marriage. Thus, various authors have expressed strongly their views regarding the placement of the elderly in the socio-economic scene.

One major policy implemented by the government of India for the elderly is the National Policy for Older Persons in 1993. The well-being of older persons is the goal of the National Policy, which will be achieved by securing them their place in society so that they live this phase of life with purpose, dignity and peace. The policy believes that action is necessary:
- To help the elderly, offer them protection from abuse and exploitation, and create opportunities to them to improve the quality of their lives.
- To ensure the rights of the elderly, gaining their share of development funds to
ascertain that elderly women are not subject to the triple evil of age, widowhood and gender

- To regard life as a continuum and the age after 60 is another phase. As such, there should be opportunities to lead an active, creative, satisfying life.

- To create an age integrated society in which there are strong bonds between the generations and conditions are suitable for the elderly to stay with their families.

- To acknowledge the potential of the elderly and to use them like other human resources.

- To empower the elderly so that they can take decisions concerning themselves, having regard to the fact that they constitute 12 per cent of the electorate.

- To provide more money for the well being of the elderly with contributions from the community and society.

- To do more for the rural old who constitute 75 percent of the aged population and are terribly neglected.

These are the main highlights of the National Policy of Older Persons for the elderly in India. With such a national policy, it is hoped that the elderly would have a better social and financial life. (The Hindu, Folio, Ageing 1998)

While the National Policy for the Older Persons are uplifting the elderly in socio-economic areas, the concept of active ageing has often been highlighted to enhance the lives of the elderly. D'Souza, Victor (1993) has examined the concept of active ageing with a view to bring out the importance of the elderly to be productive. According to D'Souza, Victor in modern societies, not only is the proportion of the ageing population vastly expanding, but their status and security are declining. Instead of treating the elderly as a vulnerable resource as in pre-modern societies, they are regarded as a burden. Besides family care, in pre-modern industrial societies the developmental opportunities enjoyed by the ageing enabled them to function usefully at the level of their declining capacities accompanying old age. But in modern societies their survival mainly under humanitarian considerations, tends to deprive the ageing of a benefit of a lifetime of knowledge, experience and wisdom. This results in a rapid deterioration of their declining resources. The concept of Active Ageing refers to the social
reconstruction of the situation of the ageing in modern societies, which would provide the ageing with developmental opportunities besides humanitarian care, benefiting both the ageing and the society.

Thus, regarding the elderly in their socio-economic scene, various efforts are made to thoroughly research it in order to make improvements for the elderly. These research studies on socio-economic issues drive home the point that one of the most telling issues of the elderly is their social and financial position. If these areas of their lives are sound without complaints, several of their problems would be cut down drastically.

(6) Adjustment and Life Satisfaction in Later Life.

Adjustment to changing situations in the later part of life is an important concern to specialists studying about the elderly. According to Tolstykh, Alexander,(1985) there are difficulties which carry psychological implications in solving this problem of adjustment in old age. Today, 15-20 years of living in old age is 15-20 years away from the satisfaction that is derived from one’s work and in varying degrees this places individuals in a situation of “forced leisures” to which they are not accustomed. This intensifies a feeling of contrast between one’s own idleness and society’s own active life. Many aged individuals experience that contrast as somewhat demeaning since they are still able to work. This is the reason why some countries take measures to make it possible for retired persons who wish to work to do so. Still another reason why it is important is that for many persons forced idleness is a pathetic factor, both physically and psychologically. Accordingly, the right to work following one’s retirement constitutes an important gain to a society.

Thus, adjustment in later life is possible if there are several contributing factors which facilitate it. According to Rao, U. N. and Parthsarathy R (1999), in making efforts at facilitating adjustment, counselling services may help resolve problems of housing, finances, health, occupation, socialisation and recreation. Proper information and guidance may be all that our older person requires to continue to maintain self respect and intensify the feelings of self sufficiency.
According to Rapoport, Rhona and Rapoport, Robert (1980) there seems to be three ways in which people can meet the challenge of retirement in a positive way - (1) The Psychological Approach: Cultivating Joy (2) The Activity Approach: A Middle Range Option (3) The Social Approach: Communities for the Old. The first is to cultivate a capacity for joy. This is a capacity for which one’s experience as an infant are crucial. The way of feelings of love and hate, anger and envy, optimism and despair are handled early in life is the foundation for happiness all through life.

A second approach (put here by Englishman Beric Wright) is a middle range option, the most readily available. Success in retirement depends on a lot of things, but one of the most important factors is happily to shed the anxieties, or boredom, pressure and routine of going to work every day and replacing them with purposeful enjoyable activity which keeps you gently on the hop until bedtime.

But the third social approach has been deliberately tried mostly in Canada and the U.S.A. That is the creation of new communities expressly for the old people.

Thus, another important angle in the spectrum of the ageing issue is adjustment and life satisfaction in old age. Old age brings with it changing roles and situations and therefore the elderly are needed to make suitable adjustments in order to increase their life satisfaction.

Bikson, T. K. and Goodchilds J.D. (1989) have analysed the concept of adjustment in the life of the elderly. They suggest that after a year or more of being in the elderly stage, adjustment is regarded as relatively easy by them, both for themselves as well as their wives.

While Bikson and Goodchilds consider the duration of time needed for adjustment to the new life situation of being elderly, Shanas (1972) identifies how the individual adjusts to the stage of being elderly. Shanas in his study of the transition to the elderly stage, identifies two alternative assumptions:

1. The individual finds substitutes for lost roles or satisfaction provided by the job,
2. The individual adapts to old age by accommodating his or her lifestyle to changes in health and income status, changes in the daily routine as a result of an increase in free time.
Some studies have focused on the various factors which contribute to better adjustment during old age. In this connection Bhatnagar and Randhawa's (1987) study in Patiala city in Punjab have focused on the adjustment during the phase of being elderly. They have emphasised the role of education and class background of 87 elderly respondents. The study concludes that the better educated, who are both economically sound and have an urban background adjust better to a post retired life, than those who retire from low paid jobs. The study of Mishra S. (1987) substantiates the study of Bhatnagar and Randhawa as regards the role of educational and economic status as factors contributing to adjustment after retirement. Mishra in his study finds the following -

1) A high level of education co-relates with a high level of adjustment.
2) Economic status positively determines the adjustment level.
3) Interaction with family members and friends in society were signs of better adjustment.
4) Occupationally active members showed better adjustment. Frequently, being occupationally active has been associated with greater adjustment in old age. In this regard, Stanley, Mandy (1995) examines how 58 elderly people spent their time in valued occupations to test the hypothesis that life satisfaction scores increased as time spent in valued occupations increased. According to Stanley, Mandy's study the hypothesis that as time spent in valued occupation increased, life satisfaction was not correlated with any occupation category. This is contrary to the study of Mishra which stated that having an occupation meant greater adjustment to the elderly. Further, Stanley's study showed a positive correlation between participating in social occupations and increasing satisfaction.

Moving on to life satisfaction in old age, Kastenbaum, Robert (1979) examines satisfaction in life in old age and he exposes the fact that surprisingly, the elderly have considerable life satisfaction in old age. According to his study, although the quality of experience in old age depends much upon the individual, it is interesting to examine the patterns revealed when a large number of elderly men and women are asked to describe their experience. A major survey of this type was conducted for the American National Council on
Ageing by a leading private research organisation. Using a careful sampling technique, more than 4000 interviews were conducted with people ranging in age from 18 to over 80.

The assumption that old age is a time of unmitigated misery took quite a beating from the results. Older men and women reported almost as much life satisfaction as did their juniors. In fact, chronological age by itself was a poor indicator of satisfaction. Knowing a person’s age did not provide a reliable clue to his or her quality of experience at the present time. Income, education, employment status were far more powerful indicators of life satisfaction. An old person with a reasonable income, high level of education and opportunity to continue his employment generally expressed more life satisfaction than the younger person of more limited income and education especially if he was unemployed at that time.

Closely related to adjustment and satisfaction in life is regrets in later life. Regrets in later life are pointers to the level of satisfaction of life in old age. Here we have De Genova, Mary Kay’s (1996) study which studies the regrets of the elderly in later life.

According to De Genova, with the various options of life choices in the US culture and the great opportunity for choosing one’s own path, there is also great opportunity for regret. Here, data on regrets in later life were collected both qualitatively and quantitatively through interviews and mailed questionnaires from 140 retired individuals in one city. Both men and women reported they wish they would have pursued more education, but women had significantly higher regrets in this area. In general, the desire to have spent more time understanding the self and developing the mind and intellect was especially evident among women.

Another basic parameter to gauge adjustment and satisfaction in old age is the presence of depression among them. In this regard Patil, Prema B, Gaonkar, V and Yadav, V. S. (2003) have studied the factors contributing to levels of depression among the elderly. According to them, as the respondents’ health condition, economic status, social interaction, family background and other family solidarity improved, their depression levels were also considerably reduced. Those who took their reduced income levels positively were less depressed. Active participation in social activities was a major factor in controlling depression.
A good family background also reduced depression. Other positive factors were absence of abnormal children, their proper education/settlement/marriage etc.

Complementing the study conducted by Patil, Gaonkar and Yadav is the study conducted by Gaonkar, Patil and Khadi (2003) regarding factors contributing to happiness in later life. According to them the elderly can be happy if -

- They are busy in some fulfilling, meaningful activity.
- Their family members are loving and affectionate towards them.
- They keep a positive outlook on life and ageing
- They develop a tolerant, sacrificing temperament.

Adjustment and satisfaction in life form an important aspect in the study of the elderly. In this connection Batra, Sushma (2001), Ph. D. thesis, University of Delhi makes a study of changing social roles of retired women where she examines life satisfaction in terms of education, family support, planned retirement, successful management of time, positive self concept of health, positive self concept of economic condition, quality of network, degree of involvement in social roles, participation in social activities and a flexible attitude. These variables can be taken as makers of successful ageing. (Singh, R. R., 2002)

Another study (Gupta, Niharika : 2001, Ph.D. Dissertation, TISS) has directly addressed the determinants of successful ageing in terms of demographic and social characteristics, economic condition, health condition, family involvement, community participation and awareness and utilisation of social support system. Her study has concluded that perception of high level of successful ageing was associated with current marital status, joint family, work, education and economic status, involvement in household work, community participation and economic status and social support systems. Variations in perceptions have also been noted between income groups and gender in this study. (Singh, R.R. 2002)

Thus, adjustment and life satisfaction is an important concern in studying comprehensively about the greying population. The key factor contributing to adjustment and satisfaction in later life is having a meaningful and fulfilling activity to pursue.
Another key factor is a certain length of time after retirement for adjustment and also the economic and educational level of the elderly, for it is estimated that a better education and economic status facilitates the adjustment process in later years.

According to Prakash, Indira Jai (2000), growing old is universal and inescapable. What is needed is concerted efforts to create an environment, a social system and mental attitudes that help people maintain their dignity in the face of assaults on their self esteem due to physical and mental decline. With assistance from family, community and government, older people could lead useful and fulfilling lives. The old must also learn to help themselves. Ultimately, no matter who - family, community, society or state- that helps them, it is the individual who has to make an effort, reach out, use the social supports available to make old age bearable. Not every old person will be demented, depressed or disabled. Old people need to fight such stereotypes actively, then growing grey would be a graceful experience.

7) Significance of Leisure and Recreation:

The significance of leisure and recreation forms an important aspect in the lives of the elderly. If he has given up gainful employment, there is plenty of scope for him to be occupied in one form of entertainment or the other. Hence, social researchers and specialists in the field of the study of the elderly hold considerable interest in how the elderly spend their leisure hours. If the leisure time hours are spent in a meaningful way, it results in greater satisfaction to the elderly or else it hampers their satisfaction in life. In the proceeding paragraphs we shall examine various research works related to the leisure and recreation of the elderly.

It is interesting to note that most of the studies conducted regarding the leisure time activities of the elderly corroborate each other.

Mohanty R.P. (2001) made a case study of people living in the urban fringes of Bhubaneshwar. As per this study a number of older men who are retired from formal institutions are settled in their native village after retirement, feel more lonely compared to others, like their spouses and family pension holders and the aged male non-pensioners or those...
who have not served any organisation. However, irrespective of any category of aged, a majority of the aged men spend their leisure time mostly in gossiping with their counterparts with whom they can share their sorrows and happiness at various places like village tea stalls, meeting pendals etc. and at playing cards. But a majority of the aged men as well as aged women simply sit at home and spend their time.

Contrary of Mohanty's study, Bickson and Goodchilds, J.D. (1989) expose more positively the leisure time activities of the elderly in their study. They focused mainly on the way in which respondents use their leisure time. The respondents were asked to indicate the use of their time spent. Their study reveals that retired men spent significantly more time with their wives than employed men did. They also found that retirees were significantly more satisfied than the employed with their overall use of time.

Prakash, Indira Jai (2000) considers the various leisure time pursuits of the elderly. The chief activities pursued by the elderly include gardening, looking after potted plants, domestic gardening or even farming. Other ventures include music (an important part in their lives) which includes sessions with others and even religious and social events. For women handicrafts such as sewing, knitting, crochet, lace making are traditional skills. Their leisure time activities even include visits to fairs, beaches, religious places which are both recreational and also help in socialising the elderly. Keeping of pets have also been a source of companionship, satisfaction and caring for the elderly.

Ilango P. (2003) reveals in his study recreation and leisure time activities of the elderly. His study backs other studies such as Mohanty and Prakash, Indira Jai’s works. According to Ilango it is apparent that aged persons have a lot of leisure time with hardly any decent recreational activities. Their main leisure activities include going for morning and evening strolls, listening to religious discourses, visiting places of worship, ect. Ilango suggests in his study that it would be rewarding to organise recreational day centres where provisions for indoor games as well as light reading material, such as newspapers and magazines can be made.

Another study (Patil, P. B., Gaonkar, V and Yadav, V. S. 2003) reveals in a similar manner as earlier mentioned studies about the recreation pursued by the elderly. According to
them the chief forms of entertainment include religious activities like meditation, reading philosophical books, attending bhajans, puranas and kirtanas organised by various religious centres.

There are some studies that paint a bleak picture about the leisure time pursuits of the elderly. One such study is that of Mishra, S (1993) who studied 800 retired individuals of Jabalpur and Chandigarh to assess their level of involvement in various activities. This study reveals that a considerable number of retirees were not leading contented lives. Only one third of the respondents opted for occupational activities after retirement, while 52.20 per cent had no special interest in life. Gardening, walking, reading papers were the popular hobbies. However, 37.36 per cent were spending more than two hours daily in religious activities. Therefore, Mishra concluded that occupational activities and hobbies have a strong positive association with life satisfaction.

Yet another work which analyses leisure time ventures of the elderly is that of Sharma K.L. (1969). He has found that after 55 years of age the barriers of income, caste, education and marital status cease to exert their restrictive influence on the allocation of time on the leisure time activities. He has listed 20 leisure time activities which the respondents ranked in importance. The mean rank order was: reading newspapers, household activities, morning and evening walks, listening to radio, sitting and gossiping with children or grandchildren, chatting and gossiping with friends, conversing with wife, Kirthan and bhajan (religious activities), inviting and entertaining friends at home and day sleeping.

In marked contrast to the earlier studies on the leisure time pursuits of the elderly is the study of Malkit Kaur, Grover and Aggerwal (1987). Their study reveals that a majority of the old people feel that old age is a curse. The problems expressed by the old people were sickness, loneliness, feeling of alienation and isolation, and physical and economic dependence.

Thus, all these studies on the leisure time activities of the elderly point to the fact that leisure time pursuits are important to the elderly in their lives. Most of the elderly pursue light and relaxable types of activities during their leisure time. Sometimes their activities are
meaningful, giving them greater satisfaction in their lives. As our society is getting to be more and more progressive, many voluntary organisations are beginning to take a keen interest in this area of the lives of the elderly by providing fulfilling recreation, especially in large cities. If the leisure time activities of the elderly are channelised in right directions, it could lead to healthy and satisfying old age as also having a positive influence on the people around the elderly.

8) Elder Abuse.

To elicit the very best from the elderly, a few conditions have to be fulfilled. These conditions include their good health, mental and emotional security, financial security, etc. Among these mental and emotional security for the elderly can be bestowed if they receive love and affection, respect and attention from their loved ones and the people living around them. Elder abuse stems from the neglect by their near ones who may not rightly satisfy their emotional and mental needs but go to the extent of downright neglect of the elderly’s physical, mental and emotional needs, and sometimes physical, mental or emotional harassment or violence. We understand that the elderly are weak and frail and therefore need the care of the people around them. But sometimes because of their frailty, even their family or near ones may dominate excessively over them and proceed to abuse them in several respects like neglect to satisfy their needs for food and clothing (on the material level) or mete out harsh words of abuse or even physical violence. Elder abuse is one factor that has contributed for the enrolment of the elderly to charitable old age homes. In this section we shall analyse research works related to elder abuse.

Thus, concerning elder abuse, Korbin, Jill E; Anetzberger, Georgia J, Thomasson, Rhoda and Austin, Craig (1991) focus their research work on the types of elders likely to be abused, nature of abuse and the person/s with whom the elderly coreside at the time of abuse. In their study, interview data are used to explore the demographic and case characteristics of 29 elders who used the legal system in response to adult offspring perpetrated abuse. When compared with 23 agency identified abused elders, those using the legal system were younger more likely to be of African-American descent. The abusive adult offspring were overwhelmingly male and had a history of mental illness and/or substance abuse. The elder
parent was likely to be living with the perpetrator at the time of the abuse and making substantial contributions to his welfare while getting little in return.

A similar study was conducted by Srinivas S and Vijayalakshmi B (2001) in which they examine the most vulnerable to abuse, forms of abuse, the most likely abusers and they make suggestions for appropriate programmes. Data were gathered from a quota sample of 140 elderly subjected to abuse or neglect by their family members. The respondents include both men and women living in Vishakhapatnam city. The results indicate that the most likely victims of elder abuse are widowed women, elderly with poor economic background and dependent. As regards the forms of abuse, verbal abuse of the elderly was reported more frequently followed by material request. A sizeable portion of the respondents have reported physical abuse. It was also found that abuse has negative implications, social, psychological and behavioural for the elderly. Further, the data indicated that the son, the daughter-in-law and the spouse in that order are the frequently reported abusers. It is recommended that programmes should be designed to provide adequate opportunities for participation of the elderly to reduce social isolation and to provide support service to families caring for the elderly to help reduce stress of the caregivers.

Veedon, Rosamma (2001) based her paper on the analysis of calls that came to a leading newspaper office over a two-week-period in response to a request by an NGO for information about elder abuse. Over 200 calls were received. The cases recorded were related to issues connected to one’s residence, financial vulnerability, environmental stress, dysfunctional parent-child relations, misuse of power, cycle of violence and violation of rights. Efforts required by individual, community and the government to reduce elder abuse are suggested. A training programme to develop skills to work in situations of elder abuse is also suggested.

Jamuna, (2002) examines in her paper elder abuse while dealing with the issue of elder care. Elder abuse in India, according to Jamuna may be latent or patent in most families. The incidence of abuse is high if an elderly is female, disabled and economically dependent. This may be in the form of humiliation, harassment, abandonment, neglect, verbal abuse or physical
violence. Strategies are to be planned to tackle this invisible issue. She suggests besides this abused elderly, the need for certain strategies at the family level towards better treatment of the elderly.

Vaswani, Thirity G (2001) studied elder abuse from a slightly different perspective and examines the care of the elderly in a home setting. Second, it discusses the lack of quality of care resulting in abuse, neglect and abandonment. Existing research on abuse is presented, followed by the study that found the prevalence of neglect in 50 elderly slum dwellers. Results indicated physical, economic and emotional neglect. Finally, the article presents recommendations for future research and training on the care of the elderly.

In the phase of the changing social system in India, Shah, Gita; Veedon, Rosamma and Vasi Sabitha examine the situation of elder abuse in the Indian context. They also expose the most likely categories of elderly prone to abuse and they finally make suggestions for improvement to the point under consideration. According to them the tradition of familial care for the elderly in India is being eroded, due in part to the rise in modernisation and the ensuing increase of individualistic and materialistic attitudes and lifestyles. Also at play are issues such as a lack of old age security benefits, expensive and cramped urban housing and fewer children to depend on, with today's norm of smaller families. Abuse can be physical neglectful, financial and psychological but the latter two are more to fall victim, due to their lower societal status, as are those of low socio-economic status. Religious and spiritual beliefs often contribute to these vulnerabilities. There has been insufficient attention to the problem, though non-governmental agencies are beginning to provide some mobile geriatric care services. Some remedies also suggested by the author are the privatisation of social services, provision of adequate housing and greater urban migration will determine the future of elder abuse.

Prakash, Indira Jai (2001) compares elder abuse in India and the West. Described as 'granny bashing', in the United Kingdom, and as 'parent battering' in the U.S., it is not conceptualised in India. Prevalence rate of maltreatment of elders range from 4 to 10 per cent of older people surveyed in the West. In India, neglect of the older people is assumed to be much more prevalent than active abuse. Global response to elder abuse has been in terms of
legislative measures, creating public awareness as well as intervention with victims and abusers. In India, recently, some initiatives have been taken to identify this problem, assess the prevalence and attend to the issues of intervention and prevention.

Thus, these studies have penetrated the various aspects of elder abuse, including the forms of abuse, persons who are the most vulnerable to be abuse, issues related to abuse, suggestions to reduce abuse through various programmes, etc.

9) Later Life, Death and Religion.

Religion and spirituality have a great impact on an individual especially in later years. Hence, while dealing with the study of the elderly in later life, it is important to draw the connection between religion, spirituality and death. We shall be dealing in this section of the review of literature about religion, spirituality and death in the later life of the elderly.

We shall first take for our consideration the work of Baker, David and Nussbaum, Paul D (1997) who examine spirituality in later years at a continuing care retirement community. In this study data is drawn from 60 residents in Pittsburgh retirement center. Results indicate that respondents believed they were more spiritual and had a greater emotional attachment to their spirituality than when they were younger. Further, the nature of their spiritual beliefs has been stable for some time, thus, it is postulated that changes in spirituality occur around the age of retirement. It is also suggested that the heightened spirituality in the elderly is a natural process which helps buffer them from the negative impact of increasing medical problems.

The study of Baker, David and Nussbaum, Paul is backed by the study of Martin, Daine S. and Fuller, W.G (1991) who maintain that a faith based discussion group can enhance the quality of life of residents in long term care settings. Each individual’s spirituality is a link between self and others, past and present. The facilitator of such a group can use validation techniques and sociotherapeutic principles to lead members toward feelings of community wholeness, outwardly focussed behavior and a renewed desire to contribute to society. The discussion draws on the experience of a faith group at the Wood-View Facility in South Boston.

Menachery, G, (1987) examines the importance of the elderly as realised by the elderly themselves. According to Menachery one has to explore empirically what type of activities are
of interest to them and would promote their adjustment. For example, in the present sample, though drawn up from a wide spectrum of society, indicates a tendency towards religious and spiritual matters and this is also supported by other studies (Pieper, 1981). A practical conclusion from this is that music, religious dramas, the religious discourses can be expected to bring results in terms of psychological well being than by just feeding the retired with any programme. According to Menachery similar insights should be gathered from the studies and be incorporated into policy making and programme planning.

In the current study by Leder, Drew (1996) studies spirituality in later years from a different perspective i.e. to introduce a paradigm from ancient India to the situation of the elderly in the West. Leder exposes deficiencies in certain Western cultural models of old age and an alternative paradigm from ancient India is suggested, based on a Hindu notion of the four-staged life cycle, in which the elder years are set aside for spiritual development. The losses of ageing are reconceptualised as modes of liberation and as the stimuli to self development. To foster this creative alchemy in the West, the formation of elder spirit centres-spiritually oriented communities and resource centers for older adults - is recommended. After exploring in detail how such model center would work, needed reformation of existing institutions is addressed so as to better support psychospiritual growth in later life.

Lastly in this section we examine the research work Patel, J. M.A. and Broota, A (2000) who deal with religion, loneliness and death anxiety in the silvering years. The main findings of their study revealed that no significant gender difference was found in experience of loneliness and death anxiety, also no significant difference exists between the elderly from nuclear and joint families in the experience of loneliness and death anxiety. The results of the hypothesis confirms that “religious elderly experience less lonliness than non-religious elderly” and does not support the hypothesis that “religious elderly experience less death anxiety than non-religious elderly” Thus this study does not subscribe to the view that religion helps in the alleviation of death anxiety.

Hence, studies pertaining to religion, spirituality and death in later life focus on a range of issues including the fact that the individual becomes more spiritual in later life as he has
need of it, how spirituality acts as a buffer to the problems peculiar only to old age, how religion helps the elderly to be better adjusted to their life situation, how religion reduces loneliness, etc. in the twilight years.

10) Other Related Aspects of Elderly

Studies pertaining to the elderly are issues galore. This section has a variety of studies that will throw further light into the life situation and problems of the elderly. We shall now consider and analyse these research works.

Let us begin with a comparative study of the construction of meaning in old age where 500 young and elderly Germans were considered by Dittmann-Kohle, Freya (1990). These respondents were made to state their thoughts and feelings about themselves and their lives. Self-description statements and sentence completion tests were used, accompanied by a coding scheme to identify age specific meaning patterns. The elderly showed a significantly more use of negative references about their own ageing process. Analysis of overall patterns of cognitions in both age groups suggest that, within existential constraints of old age, positive meaning is created by elderly people through various cognitive effective strategies. Thus, the elderly were shown to have mixed feelings concerning their own ageing process.

Generally, old age is a period of life where in an individual prefers to conform to a life of routine. In this connection, Reich, John W and Zautra, Alex (1991) examine the trait of routinisation in older adults. Their study included factor analysis of data obtained during interviews with 233 participants in the life Events and Ageing Projects which revealed two underlying factors: (1) having order and routine in daily living, (2) disliking disruption. The relationship of the instrument to other standard personality instruments was only modest. Most of the respondents preferred order and routine in their daily living and a majority of them disliked disruption and preferred their usual routine. Therefore, routinisation is an important element in the lives of the elderly according to this study.

The study of Finer, Catherine Jones (1996) who examines Eastern and Western trends in ageing and responses to ageing over time, with particular reference to European experience. A review of evidence from historical, cultural, religious, political and
sociopolitical perspectives points out different patterns of this experience and of policy response characteristics of different countries and regions within Europe both past and present. A review of the latest trends and prospects in community care, which could signal a seeming point of convergence between Eastern and Western attitudes towards ageing is presented. Thus, there is a common point of reference between Eastern and Western trends in ageing according to Finer, Catherine J.

Passing on to a somewhat different perspective on ageing is the study of Williams, Barbara and Roberts Pamela (1963) who study social interaction and friendship patterns among cognitively impaired adult day care participants in southern California, involving 53 clients age 66-93. Findings indicate that the clients engage in a variety of social interactions and friendships, enabling them to maintain a sense of self as well as to adjust to the norms of the group. Specific areas discussed are: general socialising, enduring friendships, helping relationships, and client integration.

Angelini, Monica and C. Shobana (2002) have conducted a study in Chennai as regards the profile of senior citizens including their involvement in social welfare activities, their emotional/physical health and their status in their families. The following are their main findings on these senior citizens.

- 77 per cent of them were married, 15 per cent were widowers and 8 per cent were widows.
- 54 per cent of them were not comfortable with their jobs and only 46 per cent were comfortable.
- 35 per cent of them were members of social clubs. 65 per cent did not have any memberships in clubs.
- 98 per cent of them assisted in household chores and 2 per cent were not interested.
- 56 per cent of them were not doing a second job, 13 per cent were in business, 13 per cent were consultants, 5 per cent took tuition classes and 23 per cent were self-employed.

The problems faced by the elderly are several. Accordingly, several studies have focused on the problems of the elderly. One such paper was presented by Mathur, Mohini (2002). In her paper, Mathur cites the problems of the elderly.
Physical - The different and real imaginary complaints related to the functioning of the body.

Mental - The psychological problems of loneliness, a feeling of being neglected or sidelined.

Economic - Economic dependence due to gender inequality.

Interpersonal - Due to generation gap, there are misunderstandings and strain in the interpersonal relationships among family members.

Religious and Occupational - These are situational problems which the elders find difficult to handle.

Thus, the problems faced by the elderly are many sided and need careful considerations for suitable solutions.

In connection with the problems faced by the elderly, we have another work penetrating this issue, the work of Kumar, G. Stanley Jaya (1996). This paper examines the problems associated with ageing in India. About 80 per cent of the elderly require financial assistance, as they have a difficult time making ends meet and are often faced with unsatisfactory housing. Familial problems are primarily a result of neglect and poor upkeep, and contribute to emotional and psychological distress. Common psychiatric problems include neurosis, depression, paranoia, and dementia. Common medical problems include impaired vision, poor dental health, insomnia, impaired hearing, deafness, giddiness/hypertension, forgetfulness, nervous disorders, and restrained bodily mobility. Thus, Kumar, G.S. Jaya considers an overall view of the problems faced by the elderly in India.

In some instances, the elderly are faced with memory problems and therefore they have behavioural problems peculiar to them. Concerning such memory problems and the resulting behavioural problems arising out of this state of mind, K. Lalitha (2002) takes for the analysis of her paper a purposive sample of 120 community dwelling elderly men and women in the age group of 70-95 years from urban and semi urban areas of Chittoor and Cuddapah districts of Andhra Pradesh. The salient findings of this study are-

- The elderly in the age group of 70-79 years and those who live in urban areas have reported a higher frequency of behavioural problems.
- Lack of interest in daily activities, indifference to dressing, etc.
- Aggressive behaviour, indecent exposure, screaming for no reason, damaging household articles, etc.
- Over reacting, restlessly wandering about at night, etc.
- Repetitively asking the same question, or talking on the same point.

Lalitha concludes from the above findings that interventions are to be directed at tackling these aspects and improving memory function with an overall objective of promoting Quality Of Life (QOL).

Yet another problem faced by the elderly is the prospect of migration from the place of residence. Migration and its implication on the elderly is extensively dealt with by B. Nalini (2002) in her research paper. According to her the elderly wish to lead a calm, peaceful, well settled, restful, happy and problem-free life. Due to the following problems, they are forced to migrate:
- To resocialise to a new atmosphere, people, language, set-up and daily routine.
- To seek financial stability.
- To overcome emotional problems of various kinds. Given the above compulsions, migration sometimes becomes inescapable, according to B. Nalini.

Apart from memory problems, behavioural problems and migratory problems, etc. the elderly are also faced with the problem of dependency in old age. In this connection, the work of Barnabas, AP (2001) reveals the plight of dependency of the elderly. According to Barnabas, referring to the research work of Bali (2000) conveys the fact that research indicates that there is an increasing evidence that intellectual ability does not decrease even through the eighth decade. On the other hand, research findings suggest that 50 per cent of the elderly experience difficulty in life. The dependence ratio is 12:6 for the elderly. Poverty, unemployment and lack of institutional care are the main cause of dependency.

Shifting to the domestic front that affects most of the elderly, Sandhu, P and Bakhshi, R (2002) examine strategies for making kitchen work easier for elderly women by devising help-aids and improved technologies. Sandhu and Bakhshis' study considers 120 older women.
in Punjab with a mean age 75\pm 3 years which revealed that the major complaint of women in that age group was that of body pain, caused by bending and stooping while doing kitchen work. This followed by strain on eyes due to reduced sight, difficulty in changing postures frequently, poor health and early onset of fatigue. In such uncomfortable conditions, use of assistive technological aids like high stool cushioned and with lumber support and footrest led to less work stress. Use of a reacher to reach out for high shelf, and a magnet picker to pick up items lying on the floor, jar opener, peeler, chopping board to chop cabbage and rocking knife were found to be much more satisfactory by the users and led to an improved quality of life. Thus, strain in doing kitchen chores can be mitigated to a great extent by the use of devices in help-aides and improved technologies.

From kitchen and domestic chores we progress to the role of counselling and listening to the elderly in erasing their various problems. In her work, Comley, Maggie (1996) throws light on the importance of counselling for the elderly. She examines how counselling skills can be used to help the elderly by revealing various theories about ageing. She exposes a range of helping skills for the elderly, for instance how to start the helping process, setting boundaries and ending the counselling relationship.

Thus, counselling has been used to soothe the elderly of their various problems. Apart from counselling, meditation has often been suggested to relieve the strains of life for the elderly. Here we have the efforts of Kumar, Kiran S.K (2002) who explores the possibilities of improvement in life of the elderly through the technique of meditation. Kumar, Kiran's work examines meditative phenomena in its contextual form, culminating in a study, which reveals that the understanding of meditation depends on the mediator, or the person as a context. Hence meditation has been understood to be another aid by means of which the elderly may find succour from various problems.

Finally, to conclude this section in the review of literature, we shall examine a research work of Jamuna, D (2001) where she examines issues pertaining to preparations for old age by the middle-aged (40-50 years). These middle-age respondents were asked whether they had any inkling as to who would take care of them in old age, to which 26 per cent of them expected
their son to take care of them, none expected their daughter to care for them while an overwhelming 70 per cent of them expected their own selves to take care, while only 4 per cent expected to gain admission in an old age home. To the question of whether they have saved for old age, 26 per cent of them replied in the affirmative, 42 per cent were to begin to save shortly, while 32 per cent stated that about whether they were worried about their health in old age, a majority of 59 per cent said that they could not say now, while 41 per cent of them said that they worried about their old age. This study gives as pointers as to the mind set of the people in their middle age who will over a period of time become old and hence gives us a glimpse of the future of these middle aged people.

These various studies in the preceding pages have thrown light into the various areas in the lives of the elderly. Each piece of research work is a contribution in itself for the furtherance of the field of social gerontology. The range of topics covered spans from studies related to the living arrangements of the elderly, the institutions of the elderly for elder care, the family as a caregiving unit, the various modes of care for the elderly, the diverse aspects of health and well being of the elderly, their socio-economic field, the issue of adjustment and life satisfaction, the sphere of leisure and recreation, the crisis of elder abuse, and finally matters touching later life, death and religion. All these research studies are of great significance in the relatively green area of social gerontology, especially in the Indian context. But despite their great significance, the research work in the area of the study of old age homes in India is very lightly and scantily touched upon. This is mainly because of the rather recent emergence in the significance of old age homes as a mode of care for the elderly in the Indian scheme. This study of old age homes in India by studying the living conditions of the elderly in charitable old age homes, the relationship between the residents in the old age homes, the authority and care takers. A part from this efforts are made to examine the relationship between the elderly and their family members. In the area of health and finance the study also tried to ascertain their health and financial status. Lastly we gain glimpses into the lives of the elderly as regards their attitudes towards religion, death and spirituality and their conception of life after death.