Chapter 3
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Literature provides better comprehension of the problems being faced. Study of the related literature implies locating, reading and evaluating reports of research. The forthcoming paragraphs deal with the investigations carried out in India and abroad overtly or covertly dealing with the issues relating to ‘old age problems among women’ giving an empirical account of the literature and also bring forth the related factors of the variables investigated. Review of literature was necessitated to have better comprehension and familiarity with the topic of present study. The present chapter takes into account various related variables under study, namely living arrangement, social, economic, psychological and health problems among the elderly females.

National Sample Survey (1986-87) A National Survey on the elderly population was carried out by the 42nd round of National Sample Survey (NSS) to assess the nature and dimensions of the socio-economic problems of the aged. The survey had a nationwide coverage with rural-urban representation. In all, 50,000 households were surveyed in 8,312 villages and 4,546 urban blocks. Less than 10 per cent of the female elderly enjoyed economic independence in both rural (8.78%) and urban (4.84%). With regard to living arrangement almost 1 per cent elderly females live alone. On the health front, nearly 5 per cent older females suffer from chronic diseases. About two third of the elderly women participate in household chores and social matter each and nearly four fifth in the religious matters.

Darshan et al. (1987) conducted a study in Hissar, Haryana on ‘Health Needs of Senior Citizens’ with the objective to examine health problems among the elderly persons. Total of 85 subjects were interviewed by administering a structured pre-tested interview schedule. Significant percentage of the subjects depended on family members for their livelihood. Further proportion of the ill persons increased as the age advanced. The information revealed that majority of the elderly persons was physically disabled either due to partial blindness or deafness. Majority of the
respondents was either widow or widower. Concept of joint family appears to be diminishing as less than half of the subjects lived in such families whereas one-fifth was found to be staying alone.

**Punia and Sharma (1987)** undertook a study on ‘Family Life of Rural Aged Women’ to understand the family life of the aged women and suggest some long range measures to meet the challenge in the changing context. The present exploratory study was conducted on 100 rural aged women selected randomly from Hissar district of **Haryana** state. The information was collected through a pre-tested semi-structured schedule. Subjective responses and field observations were subjected to content analysis for making interpretations. The data unveils the fact that majority of the subjects were engaged in fulltime household chores. It is interesting to note that in old age affiliation of women increased with son and grandson as compared to husband. Abusing was common among the subjects. About one-fourth were manhandled by their family members. But percentage of such abuse decreased with increasing age and no such case in the highest age group. Nearly a quarter of the aged women never participated in any kind of decisions related to family or farm. Further with increasing age their participation and consultation decreased. Possession of property by the elderly persons enhances their status in the family and therefore, the aged should not transfer their property before senility. The aged women contribute in economic terms in their youth yet their participation in economic decision decrease in old age. This process disengages them and inculcates a feeling of economic dependence and burden on family.

**Chadha et al. (1991)** in a study on ‘Leisure Time Activities among the aged: A Comparative Study’ explored as to how the elderly persons spend their leisure time. Based on a **Delhi** sample (N= 120), consisting of 60 males and 60 females, the study attempted to analyze and comparer the LTAs. It has been observed that females are inclined to be involved in home-based activities like household chores while men are involved in outdoor recreational pursuits. Majority of the elderly seems to be involved in solitary family-based activities (reading books, magazines, newspapers, listen to radio, watch TV and taking a nap or rest during day).

**Chadha et al.(1992)** conducted a study on ‘Hopelessness, Alienation and Life Satisfaction among Aged’, with the objective to see the difference, if any, between
married vs. widowed group on psychological variables like hopelessness, alienation and life satisfaction. A sample of 109 including 60 females and 49 males was taken from Adarsh Nagar area of Delhi. It was noted that mean value of hopelessness was higher for married females where as life satisfaction score was found to be higher for married males. It was also observed that married differ significantly from widowed sample on hopelessness at 0.05 level of significance and on life satisfaction at 0.01 level of significance. The study revealed that female married significantly differ from female widows on alienation and life satisfaction.

Kareer (1994)\(^6\), in a study on ‘Life Satisfaction of the Aged: Psychological and Social Network Analysis,’ elicited information from 120 elderly persons taking equal number of males and females living in Delhi. It was found that more females are involved in religious activities than males. Majority of the respondents are involved in solitary activities- reading and viewing of TV and listening to radio. Females remain engaged in physical activities such as gardening and household chores.

Easwaramoorthy (1995)\(^7\), carried an investigation on ‘Quality of Life among the Aged in Tamil Nadu: an Empirical Study’ in Tamil Nadu. Data was collected using an interview schedule from 580 aged persons (60 years and above) living in Delhi. The results suggest that respondents in the age group of 60-70 had more LTAs than 70+ elderly. Urban respondents had comparatively more LTAs their ruralites. Negative correlation was found between LTAs and loneliness, hopelessness, psychological distress, dependency in daily activities and negative perception of self-health. However LTAs had significant positive relationship with personal income, family income, perception of financial status, health awareness, life satisfaction, self-rated quality of life and happiness.

Chadha and Nath (1995)\(^8\) undertook a study on ‘Psycho-social Problems of Older People in Delhi: Project Report.’ Necessary information was obtained from a sample of 665 elderly persons (342 females and 323 males) living in Delhi. Females tend to involve in cultural activities (visit places of worship and attendance of community events). Respondents tended to pursue solitary activities (listening to music, watching TV, reading newspapers, magazines and books and taking rest during day time). Males tended to indulge in more social activities (looking after children, visits to friends, speaking on phone and helping others).
Mahajan and Madhurima (1995) in their study entitled ‘Family violence and abuse in India’ in the state of Haryana endeavoured to find out reasons behind socio-economic problems of the elderly women. Information gathered from 749 respondents unearthed that quite often or sometimes the respondents were abused by family members. Inability to work, lack of finances and failing health accounted for ill treatment.

Haven and Hall (1996) undertook a study on ‘Social Isolation, Loneliness and the Health of Older Adults in Manitoba, Canada’. Information was obtained from 1868 individuals whose minimum age was 72 with the help of structured interview schedule. Forty per cent of sample was male and sixty per cent was female. Nearly half of the respondents expressed the highest levels of loneliness. However more than four fifth of the respondents expressed some degree of loneliness. In majority of the cases reasons for loneliness were widowhood, living alone, chronic health conditions, fewer activities of daily living and only a few regular social contacts.

Ushasree and Basha (1999) in a study on ‘Domestic Abuse among the Elderly’ used a structured interview guide to collect data from a sample of 35 men and 40 women ranging in age from 65-86 years, residents of villages located around Tirupati, Andhra Pradesh. The data suggest that the elderly had been neglected of proper medical care and food and they also appear to be exploited financially to a greater extent. Apart from this, data also show considerable percentage of abuse experienced by subjects in the form of lack of attention, lack of affection, derogatory comments, physical confinement, violence, loud talking and legal abuse in that order.

Sharma (1999) undertook a study on ‘Elderly Women of Kachhi Basti’ Jawahar Nagar Kachhi Basti of Jawahar Nagar, Jaipur, Rajasthan. One hundred and fifty aged women (age ranging from 60-85 years) were selected randomly for this study. Information was collected to find out socio-economic and psychological problems with the help of an interview schedule especially designed for this purpose. Among the main deprivations or aspirations reported the subjects were: Proper food (47%) and clothes (44%). About 53 % of the subjects stated not having good health. Some of the reported health problems were difficulty in walking and doing some work as they
get fatigued. Poor eye sight (52%), blood pressure (51%), asthma, arthritis and gastric trouble were some of the other main problems.

Banerjee and Tyagi (2001), in a study entitled 'Role Adjustment and Status of Aged: A Case study of Bengali Population of Meghalaya' elicited information with the help of structured interview schedule from 123 aged persons (65 males and 58 females) belonging to Bengali community inhabiting in Shillong, the capital city of Meghalaya. Nearly a third of the females did not have any income whatsoever. Majority of the female subjects were dependent economically. Overwhelming majority of females has a feeling of loneliness. The study indicates that in terms of reduced income, reduced status and authority, reduced usefulness to family members as well as reduced social engagement are some of the factors which together lead to multiplicity of socio-economic problems of the aged women.

Suman (2002) conducted a study on 'Ageing: Problems, Prospects and Strategies-A Comparative Study of Rural and Urban Himachal' in Shimla district of Himachal Pradesh with the objective to understand the socio-economic and living conditions of the elderly population in rural and urban areas and to examine the existing social and health services infrastructure accessible to elderly. A sample of 300 elderly was chosen for the study by giving 50% representation to the rural and urban areas. Necessary data were collected with the help of an interview schedule. The study revealed that better health facilities in urban areas contributed to low mortality. Higher number of women is dependent, as they do not have regular source of income. Land is the biggest asset especially in rural areas, gold jewelry being the other main asset. Arthritis, asthma, loss of eyesight and loss of hearing are some of the main health problems of the elderly persons.

Raju (2003) in a study entitled 'Health Status of the Urban Elderly: A Medico-Social study' endeavoured to know the health problems of the elderly and their health needs. Necessary information was elicited from 300 older persons, including 150 males and 150 females from Mumbai, Maharashtra with the help of an interview schedule. More than three-fourth of the elderly were found be suffering from some or the other ailments. An overwhelming proportion of the total elderly were
accompanied by at least one member of the family during their visit to a doctor. Findings suggest that the family support system in our society is very strong and that the elderly prefer to stay within that system. Further, sex wise results indicate a very high preference of the female elderly for the family support system when compared to the males. As regards living pattern of the subjects, majority of them stayed with their children. Almost half of the elderly opined that their opinion on day to day family matters was sought by the family. The son was reported by most of the elderly as the major source of financial support.

**Government of Himachal Pradesh (2004)** in its study entitled ‘A Project Report: Evaluation study of Beneficiaries under Old Age, National Old Age and Widow Pension Scheme’ covering ten districts of Himachal Pradesh examined the procedure adopted in identifying persons for old age pension and to assess socio-economic impact of pension. In this study, 150 Panchayat were surveyed at the sample six of 5% in rural and urban areas. The total beneficiaries under all the three schemes stand at 167121. For the selection of Panchayats random method was used and in each of Panchayat one village having maximum number of beneficiaries was completely enumerated. In this study a sample of 6140 beneficiaries were interviewed with the help of a questionnaire. The study revealed that mean age respondents being covered under Old Pensions Scheme was 72 years. However, mean age of informants taking the benefit of National Old Age Pension Scheme was 73.2 years. More than four fifth of the subjects stated that pension had helped improve their socio-economic position. Majority of the respondents lived with their family members but sizeable proportion was living all alone. Agriculture was stated to be the main source of income by majority informants. Overwhelming majority of the respondents spent the amount of their pension for purchase of household articles and medicines.

**Sandhu and Bakshi (2004)**, in a study entitled ‘Impact of Social Change on Elderly Women of Urban Punjab’ examined impact of changing social system on financial status of elderly women in urban Punjab. Data was obtained form a sample of 120 elderly women (60 years and above) with the help of a structured interview schedule from six cities, two each form Majha, Doaba and Malwa regions of state of Punjab. Majority of the respondents were of the view that ‘control of finances by elderly has decreased’ due their decreased importance, influence and authority these days. Value
of ‘allowances for elderly have decreased’ because of increased cost of living in recent times. Besides ‘demand of elderly remain unfulfilled’ because they no longer head the households. Substantial number of the respondents complained that they their position has been relegated to merely a signing machine to withdraw their pensionary amount. It was further asserted that they do not have a say in financial decisions i.e. what ‘shagun’ or amount of cash gift is to be given to relatives/friends/acquaintances. It is indicative or socio-economic problems the respondents have been facing.

**Sandhu and Bakhshi (2004)** undertook a study on ‘Views of elderly women on their Social and Mental well being in Modern Society’ Analysis of changing scenario and its impact on social life and mental well being of elderly women was done on 120 elderly female respondents from six cities of urban Punjab taking into account both positive and negative sides of these changes on their social life and mental well-being. Results of the study revealed mixed impact. There was positive impact on social life of elderly with changing times and the leading factors suggested by the respondents were better communication system and transportation facilities. A negative impact of changing times on mental well-being was evident from the views expressed by respondents and strongest feeling was ‘loneliness and alienation in the lives of elderly is fast growing due to changing society’, ‘Elderly are more sad and depressed in the materialistic world’ and ‘feeling of mental insecurity is more due to lack of moral support from children these days’.

**Lalitha and Jammuna (2004)** conducted a study on Memory Status in the Elderly and its Correlates: An Intervention Study Chittoor and Guddapah districts of Rayalaseema region in Andhra Pradesh taking a sample consisting of 300 community dwelling-elderly male and female from the rural and urban areas using a multi-stage random sampling technique. They were assessed by using standard tests. The sample consisted of 300 community dwelling older men and women who were drawn by a multistage random sampling technique. Results showed that self rated memory, self esteem and locus of control were found to be significantly correlated with memory performance. Since memory is the power or process of reproducing or recalling what has been learned and retained and lack of ability to retrieve from memory storage is main reason for poor memory in old age. Retrieval deficits in old
age may be due to failure in registration, organization and retention among 300 Indian elderly men and women. It was endeavoured to examine the association of different facets of memory with psycho-social variables viz., self rated memory, self reported physical and psychological health, self perception of social supports, life stress and self esteem among elderly men and women. It was observed that memory performance generally affected by two interrelated factors namely individual's socio-demographic status and the psycho-social status. With the increase of age there is a decline in memory performance in all most all the facets except in verbal memory and pictorial memory. The study had brought out clearly the role of certain psycho-social variables such as self rated memory, self-esteem, self reported physical and psychological health, life stress, internal locus of control, perception of social supports on performance in different facets of memory.

Prakash (2004) in a study on Aging in Place: Possibilities and Problems interviewed Ninety-one old persons, 41 men and 50 women living alone in the community in Bangalore City in Karnataka with the help of an interview schedule to understand their life circumstances. For household management these people depended on servants and in case of medical emergencies they sought the support of neighbours and relatives. Loneliness and concerns about progressive health decline caused them anxiety. They could not perceive any advantage in living alone but had adjusted to the reality. Majority (60%) depended on neighbours and servants (57%) for help during sickness and any medical emergency. The single major reason for living alone was that the spouse was dead and children were away. Loneliness was the major problems faced by these people and it was a major source of anxiety. Most acknowledge the fact that living alone gives them freedom to do what they want and when they want. Feeling isolated, worries about health, sense of being left alone bothered majority of the subjects. They shared that given a choice they would like to be with their family. It has been observed that it is essential to sensitize community to involve itself in long term care of older people living alone and to develop an appropriate support system does not exist in the society.

Jain and Sharma (2004) conducted a study on Quality of Life of Religious Older People: Effect of Productive Engagement in Activities and Gender. The subjects for the current research constituted of 100 older people of 60-75 years of age drawn from
different setups, of middle class socio-economic status inhabiting the city of Jaipur, Rajasthan. The older people were classified into groups on the basis of productive engagement and non-engagement in work and gender. Out of 100 subjects, 50 productively engaged and 50 non-engaged older people were taken up. Sample was further subdivided in terms of gender - male and female. The study discerned that participation in productive work was positively related to health. Older people who keep themselves engaged in work were found to have better social relationships. Religious participation was found to be positively associated with both the quantity and the quality of social relationships. The study also revealed that if a person remains actively engaged with various activities, it not only adds to a better materialistic front, but also contributes to enhanced psychological and emotional well-being. Many older people derived a sense of meaning in their life through their sense of connectedness to their homes, their neighbourhoods, and the natural environment. So, an understanding of the dimensions of religiosity in old age can lead to a more complete portrait of the dynamics of the aging as well.

Jamuna et al. (2004), conducted a study on Psycho-Social Contributions to self-esteem among older widows. This study is an attempt to investigate the psycho-social factors contributing to self-esteem of widows. The sample consists of 320 community dwelling elderly widows from the age groups of 60-89 years living in rural and urban areas of Chittoor and Cuddapah Districts, Andhra Pradesh. The results indicate that the economic status, age and psychological health were the significant contributions to self-esteem of the elderly women. It has been observed that education and economic status play a significant role in the self-esteem of an older widow. The study suggests that with increasing age there was a gradual decline in self-esteem scores among widows. Urban older women reported higher self-esteem compared to rural older women, the ones with higher level of education, and those who belong to middle income and living in nuclear families reported higher self-esteem. From this, one can infer that education and economic status play a significant role in the self-esteem of an older woman. Implications of the findings in the context of intervention for the betterment of older widows are indicated.
Khan (2004) undertook a study on Decay in the Family Dynamics of Interaction, Relation and Communication as Determinants of Growing Vulnerability amongst Elderly in the rural and urban areas Gulbarga district of Karnataka state with the objective to understand the socio-economic and psychological conditions of the elderly persons. Necessary information was collected from 112 subjects including 23 males and 83 females with the help of an interview schedule. It was endeavoured to trace the roots of vulnerability growing among elderly out of rapid changes in the dynamics of family, structurally and functionally. Psychological distancing is occurring in both joint and nuclear families. The study revealed that age-old traditional emotional and moral bondage and boundaries have already entered into risk zone particularly in the urban settings. Status of substantial number was found to be reduced to that of domestic help. Frequent serious arguments with daughter-in-law in the presence of son became base of humiliation. Indignity, disgracefulness, embarrassment, dishonour, disheartening, disregard, indifference, injustice, lack of care, psychological torture and host of negative behaviours and attitudes towards elderly were noticeable.

Batra (2004) conducted a study on Health Problems of Elderly - An Intervention Strategy in Delhi. The study aims to study the health problems of the elderly belonging to varying socio-economic backgrounds. The main objective of the study was to identify the health problems of the elderly. The variables with which they were associated included sex, religion, marital status, economic status, and self-perception. The sample consisted of 150 males and 150 females belonging to two age groups less than 70 and more than 70 years. The main tool used for data collection was a semi-structured interview schedule. As the health problems are likely to increase with age, it has been taken as stratification variable. The elderly of both the sexes have been covered in the study. The findings of the study have been discussed with two-way tables using age or sex as one of the variables. Based on their need and nature of medical treatment being taken by them an attempt has been made to develop an intervention strategy to improve the health of the elderly. There was an increase in the frequency of respondents suffering from various diseases of all the systems. The significant variation in males and females was that nearly the entire group of females suffered from diseases of musculo-skeletal system. It increased to 90 percent after they were 70 years old. The other common diseases were found in the effective
functioning of sense organs. The problems relating to sense organs included difficulty in walking and standing, partial or complete blindness, partial deafness and difficulty in moving some joints etc. The respondents who had serious health problems had a poor self-perception of health. Chi-square was calculated to find out association between the two variables. It was found to be significant at 1 percent level of significance. With increasing age, the health problems increase but the economic resources of the elderly usually show a decline. For them, seeking medical aid is a costly affair unless it is from a public hospital.

Sudha et al. (2004) in this study on Intergenerational Family Support for Older Men and Women in South India tried to examine the pattern of intergenerational familial support among older men and women. Necessary information was gathered from 1755 elderly persons (664 women and 1091 men) in three states of South India (Kerala, Tamil Nadu and Karnataka). The main aim was to examine different models of family support of older persons. Cross sectional information on socio-economic variables, health status, residence patterns, and support networks among family members was collected from the respondents (with the help of interview schedule) randomly selected from two rural and on urban settings from one district each from all the three states. Significant sex differences do not emerge in considering subjective health perception and self-reported physical health status. Those who are widowed, have more economic assets, male, are more likely to live with children. Older persons appear less likely to live with children. Women, rural residents are less likely to receive financial support; and contrary to expectation, those in better health are more likely to receive financial support. Among men, those who are older and Hindu are more likely to receive financial support from children. The subjects who have more assets are consistently likely to receive residential and financial support. The emerging picture that higher asset ownership promoted familial support, and that need factors did not, suggests that poverty in general is more a source of vulnerability for older persons of both sexes in India.

Panda (2004) in this study on 'Grandmothers: Needed or Avoided' attempted to look into the role and status of aged women as grandmothers and to explore the
factors facilitating or inhibiting their role as grandmothers. In this regard, information has been gathered from 350 aged females (over 60 years of age) from a government colony in South Delhi. A structured interview schedule was developed to collect the data to study whether socio-demographic variables like age, marital status, educational and occupational status influence roles of grandmother played by aged women and to find out the linkage, if any, between physical health, loneliness, worry and tension and the role of grandmothers played by aged women. Results show that activities performed by grandmothers for their grandchildren are independent of socio-demographic variables like age, marital status, educational level and occupational status. Even poor health condition does not interfere sharing of activities with grandchildren. However, there is a strong relation between psychological variables like loneliness, worry and tension, life-satisfaction and willingness/unwillingness to take up child care activities. Also, aged women who have greater adjustment abilities often willingly perform child care activities and they often enjoy love and respect of their family members. Such activities go a long way in building an amicable and cohesive bond between grandmother and grandchildren. Among respondents sharing problems with their grandchildren the proportion of those with high social adjustment is higher than their counterparts.

Sonar and Prasad (2004)²⁷ conducted a study on Intergenerational Issues in Old Age: A Study in Gulbarga District of Karnataka based on a sample of the aged above 60 years from couple of villages and old age homes in Gulbarga district of Karnataka. The study probes empirically on socio-cultural, psychological, economic, physical and health aspects of ageing and their bearing on intergenerational relations and life satisfaction among the elderly. Further, it makes an effort to evolve possible social work intervention for strengthening the relation between the young and the old with holistic perspective. The data was collected with the help of semi-structured interview schedule, informal interviews and case studies. The results showed that the elderly, who are educated, take an active part in family and society and continue to work, have better health and are good to the young. Also, the elderly who own property, get recreation and do not feel isolated/loneliness are found to have good relation with the young. Further, the elderly whose relation is good with different generations are found to have greater life satisfaction. The elderly were respected due to the existence of values like non-materialistic approach, morality and impersonal
thinking. The associations and institutions like joint family, kinship, caste group, religion, village Panchayat and traditional ethos have made the younger to have unquestionable regard towards the aged. Thus, better relation between the young and old promoted greater life satisfaction among the aged and less old age problems. The elderly, who have serious health problems, hailing from families with poor economic conditions, are largely neglected by their children and other family members. The relation between the young and old is increasingly becoming materialistic. The young expect their aged parents to contribute property, money, supervision and manpower to the family in the lieu of care, respect and regard.

Goswami et al. (2005) undertook a study on Health Problems and Health Seeking Behaviour of the Rural Aged. The study aims to find out the prevalence of self-reported health problems and health seeking behaviour among rural elderly population. A cross sectional study was conducted in an intensive field practice area of Comprehensive Rural Health Services Project Ballabgarh in district Faridabad, Haryana. The data was collected using semi-structured interview schedule it is a rural field practice area of Centre for Community Medicine, All India Institute of Medical Sciences, New Delhi. The sample was selected using stratified random cluster sampling. The duration of recall was one month for acute problems and one year for chronic problems. Out of the 1117 aged (60 yrs. of age) a total of 987 (88.4%) could be interviewed. Among these 490 (49.6%) were males and 497 (50.4%) were females. About four-fifth of the males and half of the females were widowed. 1% of men and 4.2% of women lived alone. Most (78.2% males and 86.1% females) of the aged were having one or the other health problems. Fever (28.6%), joint pain (22.4%), cough (19.6%) followed by palpitation (15.1%), cold (11.3%), decreased vision (10.3%) was reported as acute problems by majority of them. Chronic problems reported were joint pain (53%), cataract (32.6%), lung diseases (20.9%) and high blood pressure (15.2%). Four-fifth (83.2%) of the sick aged had received some health care in last one month. The study highlights the need for proper health facilities to be made accessible and affordable to the elderly. In response to an open ended question about any health problem experienced in last one month, 86.1% females and 78.2% males reported having had at least one problem and this difference was statistically significant (p<0.001). The most common reason for not using these aids (vision, hearing, walking and dental) was non-affordability followed by
carelessness (vision, hearing, walking). The other reasons given were fear, wrong belief and shyness.

**Alam and Hussain (2005)** conducted a study on 'Psycho-Social Problems of Aging: Indian Perspective'. Data in this study was collected with the help of personal data sheet from 160 elderly persons retired from government service who were selected through purposive sampling technique from rural and urban areas of Patna district of state of Bihar. The findings of the study revealed that majority of the subjects have some or the other health problem. Lack of involvement in family decision is one of the major social problems of the aged women. It was also observed that habitat (rural-urban) had also bearing on the typology of socio-economic problems of the aged. While majority of elderly persons inhabiting in the rural areas lived in the joint families and confronted with less old age problems. On the other hand the majority of the aged persons inhabiting in the urban lived in the nuclear families and were facing more problems, particularly psycho-social ones as compared to their rural counterparts.

**Matta et al. (2005)** conducted a study on Social Problems of the Elderly: A Hospital Based Study on outpatient department of Safdarjang Hospital, New Delhi. Aim of this study was to assess psycho-social status, presence of health problems, and addictions among the elderly and to suggest measures to improve the health status of them. 200 aged persons, coming to the OPD were interviewed using an interview schedule. The schedule consisted of questions on socio-demographic profile, presence of any addictions, health problems and their attitude towards life. Sex distribution showed that 103 (51.5) were males and 97 (48.5) were females. 103 (51.5) persons were living in nuclear families and 65 (32.5) persons were living joint families. 32 (16.0) persons were excluded because they were living in an old age home 171 (85%) persons responded that they are not happy. Main reason for their unhappiness was found to be loneliness, especially among the aged living in nuclear families. 128 (64%) persons were addicted to one or more addictives. 102 (79.6%) persons were addicted to bidi/cigarette or Hubble/bubble. Commonest health problem among the elderly was Cataract (45.5%). A prominent finding in our study was that 61 (59.2%) aged, living in nuclear families replied that they were neglected by their family members. A possible explanation for this might be that, since this study was done in a
metropolitan city like Delhi and majority of couples are employed, the aged persons neglected and lonely. Other problems included physical and financial dependence, lack of social activities and social contacts.

Raghaviah (2005) in a study on Socio Economic Dimensions of Ageing - A Micro Perspective endeavoured to briefly analyze the various dimensions of ageing from a micro economic perspective in the state of Kerala. This has been done with the help of the case study method, a qualitative tool in research. It can be seen that emotional security is neither influenced by physical well being or economic factors but is completely independent in determining the well being or the level of satisfaction of the aged. It has been observed that “Physical health; material security and family relationships can be seen as a three legged stool upon which successful ageing is assured. Remove one leg and it all falls down”. Besides traditional social systems are breaking with increasing consumer culture and the breakdown of human values. While people have become more individualistic and self-centered, the elderly are becoming increasingly sidelined in this fast moving world. Their roles in traditional family systems are no longer valued the way it used to be. Rural-urban differences and also gender differences can be seen even at the micro level.

Mallick (2005) undertook a study on Crime and Older People in Kolkota and tried to seek the factors responsible for the increasing incidence of crime against the elderly in Kolkata in West Bengal. With the help of case studies information was elicited from the respondents. Discusses on the mechanism of protection and at the same time, emphasizes the role of a family in the security of elderly person. They are the city’s most vulnerable people- defenseless, ignored by their families, and forgotten by the society at large. 15% of Kolkata’s senior citizens have none to care for them. 85% of the above have been abandoned by their children. 70% of the aged in Kolkata are unhappy. The support systems that used to exist in the past have all but disappeared with the breakup of joint family system. The upward spiral in real estate prices and the dwindling size of habitats in the city have played a large role in the sad plight of the aged. Growing selfishness and intolerance among the young is a major factor behind the “old and lonely” syndrome.
Thang (2005) undertook a study on Singing to More Good Years: Karaoke as Serious Leisure for Older Persons in Singapore. This paper seeks to study karaoke and aging within the framework of activity in later life with qualitative data derived mainly from case studies of two activity centers for elderly in Singapore. In particular, the paper draws on the concept of ‘serious leisure’ in situating the significance of karaoke as an activity among older persons. Karaoke is a hybrid term derived from two components: kara (empty or vacant) and oke (an abbreviation of okesutra, adopted from the English word, orchestra). Taken together, it means ‘orchestra without soloist’, referring essentially to sound tracks without the lead vocal. The word also denotes either a place or a machine that allows users to sing with pre-recorded musical accompaniments (Lum, 1996, p. 1). Since its first debut in early 1970s, karaoke has become a popular leisure activity in Japan. Karaoke satisfies a widespread love of singing; it satisfies a desire to emulate favourite singing stars and is thus a means of fantasy fulfillment; it is an effective way to relieve stress; it serves as a forum in which individuals act strategically for their own political ends; and it is a medium for communication. The establishment of senior activity centres in Singapore reflects the changing profile of older persons in the population. This study focuses on two such pioneer centres (Golden activity centre and Spring activity centre) opened in mid-1990s in the examination of karaoke and older persons. Both centres operated within the community club premises. They have members ranging from age 55 to the eighties, and has a regular daily attendance of about 30-40 members. Older women comprise about 80% of the membership. Singapore has a high rate of co-residence. In 2000, 87.6% of older persons were staying with their children and/or spouse (Singapore Department of Statistics, 2001). However, while this suggests the availability of family as a support network, it does not necessarily eliminate loneliness, as older persons usually found themselves alone in the day when their children are at work. Thus, karaoke’s role in promoting social support is more from the viewpoint of providing a space where older people can come together to do something they enjoy mutually, and enabling friendship bonding to develop with the opportunities to meet regularly.

Khan and Handa (2006) in this study entitled Physical abuse of elderly in Indian context tried to delineate abuse- emotional, financial, abuse in medical care, neglect and indifference or physical across the different sections of society. Much abuse
especially physical abuse is not reported because many older people are unable frightened or embarrassed to report its presence. The socio-economic status, marital status, gender, dependency- both physical and monetary and many other factors determine the vulnerability of an elderly to be abused. It is in this context that an attempt has been made to study existence of physical abuse of elderly across different sections in Indian society. After having a series of discussions with different people, a five-item scale with questions pertaining to physical abuse (comprising of rough handling, forced confinement or physically restraining movement, mistreatment while defending someone under abuse and lack of consideration for physical capacity while assigning any task to them) was devised as a tool to measure physical abuse in elderly. This article has been prepared based on findings of interviews conducted with 384 elderly residing across different – upper, middle and low-income colonies in Delhi, the details of which are discussed in this paper at length. Findings need to be scientifically utilized in developing suitable programmes addressing the case of elderly in the country. More than 91% of the respondents denied being physically abused in any form except that quite a few (33.3%) reported that their physical capacity is being ignored while assigning any work to them. Ignoring of physical capacity while assigning any work, speaks of one form of abuse. Physical abuse scores were statistically significantly lower in the elderly with no monetary dependence than those with some or other form of dependence.

Ramachandran and Radhika (2006) in a study endeavoured to trace the common social, economic, psychological and health problems of the aged women in India and Japan. Empirical data was collected from representative samples of elderly women from both the countries. Purposive sampling was adopted to select the areas for the study. Tokyo, the capital city of Japan was selected for conducting the study in Japan. In India, the study was carried out in Thiruvananthapuram city, the capital of Kerala State. The sample consisted of 300 women aged 60 years and above. One hundred and fifty women each were selected from both the countries. Questionnaire was used to collect information. To understand the common social, economic and psychological problems of the aged women, a Check list was used. Ranking of various , social ,economic and psychological problems of respondents revealed ‘Health Problems’ as the major problem and ranked first among the respondents from India. But among the respondents from Japan the problem ‘Fear of Death’ got the first position. But the
same problem got only the 11th position among the respondents from India. Visual problem difficulty in walking, heart problem, diabetes mellitus, rheumatoid arthritis, osteoporosis, hypertension, fatigue and other health problems were high among the respondents from India. Significant difference was observed on the incidence of these diseases between the samples. It is clear that the incidences of various diseases was high among the respondents from India. Thus it is clear that the incidence of various health problems are less among Japanese elderly women compared to India. The better health standard of Japanese elderly could be the result of their awareness on health care, improved lifestyle, high literacy level, food habits, better medical facilities, better hygienic conditions, availability of safe drinking water and unadulterated food. It is obvious from the study that the Japanese elderly women have lesser social, economic and health problems than its counterpart in India.

Radkar and Kaulagekar (2006) in their study on Living Conditions of Elderly in India: An Overview Based on Nationwide Data give an overview of living conditions of elderly in India using the data collected during the National Family Health Survey -2 (NFHS -2). In most of the cases -typically -elderly is between 60 and 70 years with no education and low standard of living. Urban elderly enjoy the comforts of day-to-day life whereas their rural counterparts are deprived of basic needs. More than one third of the elderly are widowed with sizably more widows among them. Three percent of them are staying alone, with no one to look after. Together it makes a large number who live in adverse conditions, when they need the care and support the most. The framing of policies should therefore focus on ground realities and need of elderly. The study aims at examining living conditions of elderly with respect to housing conditions and standard of living, as well as provides comparative picture on the listed aspects of elderly residing in rural and in urban areas. In the NFHS-2, information is collected from 92486 households from 27 states of India. This sample includes 39966 individuals above 60 years of age. Nearly thirty percent (i.e. 11819) of these elderly are from urban areas and remaining 70 percent are from the rural. Distribution of elderly staying alone by sex there are more females than males. Majority of elderly are below 70 years of age belong to rural areas with low standard of living, having no education and are widowed. Nearly 70 per cent of urban elderly reported to have pucca house and almost same number of rural elderly reported to be staying in semi-
pucca or kachha house. A typical elderly staying alone currently is a rural person between 60 and 70 years of age with no education and low standard of living. Majority of the elderly have their own house and also the bigger house in terms of number of rooms meaning having their own space. Such rural, illiterate group of women with low standard of living is most vulnerable in terms of diseases: availability, accessibility and affordability of health services as well as other support services.

Joshi et al. (2006) conducted study on Demographic Health Profile in Urban and Rural Elderly Population and collected comprehensive data with the help of a questionnaire on health from 163 elderly persons from 4 different income groups of different parts of Mumbai as well as nearby, rural areas in the state of Maharashtra. Attempts have been made to identify various disorders in elderly subjects. Results show that hypertension and diabetes mellitus are prevalent disorders of middle class population while anemia is most common in lower strata. One of the important finding of the study: diabetes (41.66%) was maximum in the lower middle class probably due to the fact that lower middle class are constantly under stressful conditions for day to day life compared to other groups. Elderly suffered from more than one disorder and the incidence increased with higher income. Results show that hypertension and diabetes mellitus, cataract, arthritis, obesity, asthma and anemia are the common ailments in the elderly and that the same individual can suffer from more than one disorders. The incidence of hypertension in our study was 31-42% which is a well-known major risk factor for cardiovascular diseases. The percentage increased with high income group. There was absence of hypertension in rural population. Comparative study of social status shows that hypertension and diabetes mellitus affects middle class elderly more than lower class. However, anemia was more common in lower strata which were expected due to lower socioeconomic condition and poor quality diet. Elderly suffered from more than one disorder and it was interesting to find that incidence increased with higher income.

Kohli et al. (2006) undertook a study on Analytical study of economic problems faced by the elderly single and suggestions to improve these problems and examined the factors associated with the problems of elderly. A study was conducted to examine the economic problems faced by the elderly single living in rural and urban areas of
Ludhiana district of Punjab state. A random sampling technique was used to select a sample of 160 (80 each from rural and urban areas). Data were collected through personal interview method from 80 elderly males and females each. The economic problems faced by elderly were insufficient amount to spend on them as and when required, forced to meet the emergencies in the families, directed to spend on medical expenses on their own. They were forced to make the expenditure for the reasons: families being financially not very sound hike in consumable commodities and social rituals. The suggestions given by the elderly to make their living comfortable were: money to be kept in reserve, availability of pension in time, amount of pension to be increased. Majority (70%) rural females had financial problems, were directed to meet the medical expenses and miscellaneous on their own and didn’t had sufficient amount to spend as and when required (60%) each while among elderly males maximum (65%) were directed to meet the medical expenses on their own, 62.50 per cent didn’t get sufficient amount to spend as and when required followed by financial problems.

Das and Satsangi (2007) undertook a study on ‘The effect of companionship of spouse upon life satisfaction among elderly’ at Agra, Uttar Pradesh. The purpose of the investigation was to see the effect of companionship of spouse upon life satisfaction of elderly people. The sample consisted of randomly selected 40 elderly above the age of 60 years, who were financially independent from their offspring. The scale for measuring the role of companionship of spouse was prepared by the investigator themselves. The sample was dichotomized on the basis of median of scores on ‘companionship of spouse’. The two groups thus formed were (i) high companionship of spouse (N=20) & (ii) Low companionship of spouse (N=20). Results indicated that there is a significant effect of companionship of spouse upon life satisfaction elderly (p< .01). This shows that people with higher companionship of spouse were more satisfied with their lives in comparison to those who enjoyed less companionship with their spouse. Hence more the companionship of spouse in the old age lesser the psycho-social problems.

Jamuna and Ramamurti (2007) in their study on ‘Perceptions of Ageing Across the Generations’ endeavoured to know the nature and prevalence of various stereotyped perceptions of the elderly apart from others, among the older persons and
gender groups. For this purpose a sample of 80 men and women were drawn by a multi stage sampling technique from rural and urban areas of two districts (Chittoor and kadapa) from the state of Andhra Pradesh. The characteristics mostly endorsed by the old themselves were forgetfulness, frequent sickness, weakness, wrinkles, baldness and grey hair, falling tendency, slow in work, burden to family, worthlessness, spiritual and godly, not fit for modern life and spoil grandchildren by overprotecting. It is need of the hour that television shorts and cartoons can be developed depicting the positive aspects and usefulness of older people and discrimination they experience due to the incorrectness of stereotypes of the older people. It these are consistently carried out, in due course, the attitudes towards older people would tend to become positive.

Sengupta et al. (2007)^41 conducted a study on ‘Health of the Urban Elderly in Ludhiana, Punjab’. The investigations aimed to find out the magnitude and pattern of health problems amongst the elderly, with the view to find out remedial measures for improving their health. Systematic randomly sampled 165 persons (89 females and 76 males) of 60+ persons were interviewed and examined clinically. Information was obtained on a pre-tested questionnaire. The data was analyzed on Epi-info v-6 software. Proportions were compared and Chi-square test applied. It was observed that more women (33.7%) than men (25.0%) were living alone. Overwhelming majority (82%) of the women was financially dependent. The elderly suffered the most (83.6%) from ophthalmic (relating to the eye) problems. Two third of the respondents suffered from hypertension and one fifth had depression. It was concluded that the physical and emotional health needs and financial dependency of the elderly require a multifaceted approach providing for their overall well-being.

Rehman et al. (2007)^42 in their study undertaken on ‘Living Arrangements and Health Status of the Rural Elderly of Naogaon District, Bangladesh’ focusing on living arrangements and health status of the rural elderly population, using 300 subjects from rural areas under Naogaon district out of which 160 were males and 140 females. The study revealed that most of the older persons were illiterates and unhealthy and have been suffering from more than one diseases like arthritis, gastric, eye problem and asthma etc. Besides most of the subjects were living with married children, which indicates that older persons like to live in a family atmosphere. Result
also indicate that more than nine tenth of the subjects did not prefer to be living with married children who in the low income bracket.

Panda (2007)\textsuperscript{43} undertook a study on ‘Grandmothers: Needed or avoided?’ in Pushp Vihar, South Delhi. Through simple random sampling, a sample of 350 elderly women (aged 60 years or above) was taken. One of the objectives of the study was to find out the linkage, if any, between physical healths, worry and tension and the role of grandmothers played by aged women. Data show that among the respondents who willingly do the child related activities 76.7 percent do not have anxiety and tension. On the other hand 88.2 percent respondents who feel compulsion in doing these activities often have anxiety and tension. Significant percentage of the respondents shows active participation with their grandchildren. Such participation go a long way in building an amicable and cohesive bond between grandmother and grandchildren.

Kaur (2008)\textsuperscript{44} in a ‘Age Related Loss of Hand Grip Strength Among Rural and Urban Brahmin Females’ cross-sectional study tried to examine age related loss of hand grip strength among rural and urban elderly females. The present cross-sectional study are based on a sample of 870 Brahmin females (rural = 450, urban = 420), ranging in age from 40 to 70 years. The data were collected in two phases from the year 1999 to 2001 from rural and urban areas of district Roop Nagar (Punjab). The subjects were selected at random. Both the rural as well as urban Brahmin females show a decline in the mean values of grip strength (both right and left hand) with increasing age. Urban Brahmin females show statistically non-significant higher mean values of grip strength than their rural counterparts. Percentage magnitude of loss of hand grip strength (both right and left hand) is more among rural females than the urban Brahmin females. Right hand grip strength of rural and urban Brahmin females exhibit greater mean value than left hand grip strength. These findings clearly depict that the aging process is associated with progressive declines in muscle strength, resulting in functional disability and reduces quality of life. It is indicative of deteriorating health among the females with the ageing which makes them dependent on the caregivers. Deterioration of hand function in elderly adults is a combination of local structural changes (joints, muscle, tendon, bone, nerve and receptors, blood supply, skin and fingernails) and more. Hence, understanding these changes in muscle
strength and functional mobility with age is becoming more important because of longer life expectancy and an increasing elderly population.

Chakrabarti (2008) undertook a Case Study of Productive Ageing among the Rural Women belonging to several villages of the districts of 24 Parganas(s), Hooghly, Howrah and Purulia in West Bengal with a view to examine the role these women play in productive processes in their respective households and society. The study further examines the variation, if any, in the nature of involvement in productive activities by age and seeks to find out the reasons behind differential participations. The study revealed that ageing for many a rural woman is neither a curse nor a blessing. It hardly frightens them for, some women earnestly desire to undertake role reversal. They are not a liability to the family but certainly a human asset who also help ushering social change.

Basu and Das (2008) in this study on Socio-economic and Health Implications of Population Ageing in India attempted to examine (i) demographic, (ii) health and (iii) psycho-social implications of population ageing in the Indian context. It also raises some important policy issues, which will create newer problems to the aged during the immediate as well as in distant future. The about males and females inhabiting rural and urban areas of India have been collected from secondary sources. It has been found that the ageing process has been influenced by the socio-economic development of the society. So, if we are late in thinking about socio-economic implications of population ageing, there will be more issues and questions than answers. It is proper time to seek appropriate and positive solutions to meet the challenges of ageing for the new millennium.

Kaushik (2008) in this study on Factors Influencing Sense of Security Among Elderly Women attempted to look into the sense of security among 350 urban aged women selected randomly from Pushp Vihar and other areas from South Delhi. A structured interview schedule was developed covering such dimensions as personal information, social economic condition, sense of security-insecurity, type of family, decision-making. The findings of the present study reflected that socio-demographic variables like religion, caste, marital status, educational level and occupational status do not significantly influence sense of security among aged women. It was found that
aged women cared for and respected by their family members, possess sense of security. Security in old age has many dimensions. It ranges from physical independence, psychological support, social integration to economic security. Sense of security is the confidence aspiring assurance for affection, attention, satisfying interaction, expectation to fulfill basic needs, like food, shelter, clothing, health care, and relational needs like visits to friends and relatives and symbolic gift-giving. Indeed, security is a broad concept with economic security being only one of its several dimensions. It is suggested here that efforts should be made to enhance mutual caring and sharing between the aged and their significant others for ensuring their sense of security as well being.

Binah and Or-Chen (2008) in this study on Old Age is not a Sickness in their study in Israel stated that old age in Western society is defined as a social problem, and even defined as illness, or as an undesirable condition that through personal efforts can be deferred. People should be educated throughout their life to accept aging and to view it as part of the life cycle. Old age has a positive aspect which can be learned about from the literature. The elderly should view themselves in a positive light, and must feel vital, and that they contribute to their community, and society will also see them as such. Society allocates resources and attention to find new ways to combat old age and erase its external marks, those caused not by age-related diseases but by aging itself, such as wrinkling of the skin and uneven pigmentation. Commercial companies encourage consumers (mainly female) to devote huge financial and mental resources to staying young forever. Society’s attitude towards aging is shaped by the stereotyped characteristics of old age: disease, disability and deteriorated functioning. People tend to see the elderly as conservative, as people who are incapable of changing. They are physically ill, senile, unable to learn new things, depressed most of the time, lacking in libido, ugly, and unable to think and solve problems. Analysis of the society’s moral attitude to the aged means how it treats them, with all that that implies, both social and mental. Is society’s attitude towards the aged cold and alienating, manifested by rejection and non-acceptance, or, is the society open and willing to accept the aged, to reach out to him/her and treat him/her with patience, tolerance and as an equal? Sickness can serve as a metaphor for the social, political, national or moral state of society.
Chadha and Kolt (2008) in this study on Intergenerational Relationship Building through Participation in Physical Activity in this study endeavoured to understand the motives underlying participation in physical activity by older adults. This study involved 123 older Asian Indian adults (76 males and 47 females) in Auckland who were taking part in regular physical activity or exercise at least once a week. Participants completed the Participation Motivation Questionnaire for Older Adults to assess the motives for their participation in physical activity. Nine motives were identified which contained loadings on the family and social (outdoor) front. Results were analyzed for the percentage of responses to motives as "very important" and "not very important". Three demographic variables were used for the data analysis: gender, educational level, and employment status. From these data it can be seen that "to be with friends" was the most important motivation (72.6%), followed by "I like the social aspects" (68.5%), "I like the company" (58.9%), and "I like being part of a group" (50.8%). This indicates that more than 50% of the sample participated in physical activity due to these four reasons. Viewing these findings from a family context going outside the household to participate in exercise and physical activity helps older adults bring new ideas and experiences back to the home environment, and at the same time, contribute to their own health and well-being.

Jain (2008) made in depth study of five elderly persons including two women and three men in Jaipur, Rajasthan on 'Elder Abuse: Outcome of Changing Family Dynamics'. These case studies suggest that abuse of the elderly in the family is increasing from psychological torture to physical torture including insults, humiliation and partial or total denial of food, clothing, shelter and medical help and emotional support. It is more pronounced in the case of those who are dependent on their family members for every type of support, having nothing or little to contribute to the family either physically or materially and are in constant need of care. In order to promote positive aging it is suggested that children, while going through the socialization process and education, should be made sensitive to the needs of their elders.

Jathanna and Latha (2008) elicted necessary information from the two elderly males and females each with the help of a semi structured interview schedule and in depth study of the subjects Manipal University. The study entitled 'Care-giving and Caregiver Stress: A Case Report' the carers confessed the existence of physical,
verbal and financial abuse of the elderly in their community in general and in their families in particular. Interestingly, the subjects themselves were unaware of the neglect which they were facing. Despite the carers maintained sympathetic attitude towards the elderly persons most probably due to emotional bonding with them. Offering of variety of educational, cultural, spiritual and economic activities are likely to minimize the old age problems.

Mallick, Anupriyo (2008)\textsuperscript{52} undertook a study in Kolkata, West Bengal and its adjoining areas on ‘Narratives of Aged Widows on Abuse’ and collected information from the five elderly widows. Sufferings and humiliation the elderly widows undergo by their dear and near ones after the death of their husbands were examined and implications for policy, programmes and practices related to abuse and neglect were analyzed. It was observed that selfish and individualistic attitude of the young people takes precedence over the old in terms of love, respect, attention and affection. Widowhood in India is state of ‘social death’. Occurrence of psychological pain/neglect is a result of the widow’s own response and lack of adjustment to changing social and economic systems.

Madhurima (2008)\textsuperscript{53} in a study undertaken on ‘Elderly Widows as Victims of Physical Abuse: A Qualitative study in the state of Punjab’, collected information from the six odd widows through case study method. It was endeavoured to find out relationship between dependency and abuse whether of the elderly or the caregiver. From the six cases so studied, it becomes abundantly clear that familial relationships are no more based on love, affection and care. Instead there is emergence of contractual and utilitarian relationships. Sons look after their aged mothers not out of a sense of respect but out of selfish motives to get hold of their property/money. It has been observed that as long as older people are devalued and marginalized by society, they will suffer from loss of self-identity and remain highly susceptible to discrimination.

Nallasivamm et al. (2008)\textsuperscript{54} conducted a study on ‘An Analysis of the Orthopedic Ailments of the Geriatric Population in a Tertiary Care Centre’ in Chennai, Tamil Nadu with the objective to analyze the common orthopedic complaints with which the geriatric age group (65+)patients got admitted at the Sri Ramchandra hospital in the department of orthopedics in the year 2007. The month wise distribution of cases
revealed a maximum number of inpatients in the winter season, the maximum number fractures in the elderly age group occurred during the same season.

Madhumathy and Airani (2008) undertook a study on ‘Factors influencing the prevalence of depressive symptoms among elderly citizens’ with an aim to study the factors influencing the prevalence of depressive symptoms among the elderly citizens in Bangalore city, Karnataka. The tools used were developed by Prof Ramamurthy (1978) and Karim and Tiwari (1986). The sample comprised one hundred elderly people, fifty females and fifty males above the age of 60 years, who lived either with their spouse and children or with spouse. Survey method was used to collect data. The results of the research showed that health had negative correlation with depressive symptoms, that is, depression level increased as health deteriorated. Education was found to have an inverse relation with depression, that is higher the education level lower the depressive symptoms. Female respondents reported more depressive symptoms than males and the difference was statistically significant.

Shiluggu (2008) in a study entitled ‘Elderly in Tanzania: An analysis of country report’ stated that the National Ageing Policy was formulated in 2003 which defines older person as an individual who is 60 years and above. Tanzania has about 1.4 million older people (4% of the total population). This country is facing unprecedented social problem. HIV/AIDS pandemic has taken away lives of young people, as a result, older people are increasingly called upon to care for themselves and orphaned grand children. The household has remained the basic institution of care and support for the older people. The role of government, private and voluntary sectors, as shown in the National Ageing Policy is to provide care, participation of older people, health services, education and other services. However older people in the country are facing challenges like weakening of traditional life in adequate care, poverty, diseases with inaccessibility to health care and incompatible traditions which normally affects older women and men.

Shobha and Surendra (2008) conducted a study on ‘Life style factors and quality of life of the elderly’ with the purpose to find out the life style factors and problems being faced by the elderly persons in the age group of 60-79 years. Necessary information was obtained from 40 men and women in Bangalore, Karnataka. The study revealed that the majority of the elderly were involved themselves in various activities
ranging from walking, yoga, meditation and other activities like watching television, reading newspaper and talking to friends. In their Sunset years majority of them face multiplicity of minor and major problems. The minor health problems the elderly respondents ranged from weakness to joint pain, sleeplessness, digestive problems and ENT problems. The major health problems were found to be hypertension, diabetes, cardiac problems and arthritis. Besides most the respondents were found to be experiencing forgetfulness, stress, depression and dejection. It was also observed that majority of the respondents were actively involved in household work and care of grand children. The findings emphasized the importance of adopting active lifestyle to minimize old age problems.

Roopa and Devi (2008) undertook a study on ‘The prevalence of geriatric diseases and quality of life in elderly people’ in Bangalore, Karnataka with the objective to study the prevalent illness, health care, food and nutrition pattern, physical and social activities, psychological and emotional aspects of the aged. Out of the total 80 elderly male and female subjects, 40 stayed at their homes and 40 inhabit old age homes. A Chi square analysis of percentage in different groups revealed that hypertension was more reported by the subjects living in institutions compared to homes. Movement impairment was less in people living at homes. In the area of emotions and psychological functioning anxiety and depression was more among men whereas anger was reported to be more in older women.

Sattar (2008) undertook a study on ‘Frailty and support to the elderly in Bangladesh: An exploratory study’. The cross sectional survey data have shown functional and mobility impairment with increasing age after one becomes 60+. The purpose of this investigation was to review available survey data in an exploratory. Traditionally support to the elders in Bangladesh is regarded as a blessing in many sub-cultures but downsized trend in family structure, erosion in traditional values, norms and mores, growing female participation in income generating activities, globalization and migration have made full-time family support to frail elderly dependents to gradually wear off. The emerging challenges make the frail elders more and more confined to bed and their care may be hazardous to the well being.

Lakshmi and Murthy (2008) conducted a study on ‘Recreational activities of the aged’ in Karnataka taking a sample of 100 persons (50 men and 50 women) in the age
group of 70 to 80 years. The sample was drawn from social organizations, religious
groups and family circle. Questionnaire formulated by the investigator was used to
collect the necessary information. The present study was undertaken with the
objective to know the recreational activities of the aged and their health, social,
emotional, adjustment spending quality time and to pursue their time. Analysis of the
result shows a significant difference in the age related diseases and the recreational
activities practiced by the respondents. The results also indicated a significant
difference in the area of the respondents’ interest to pursue other activities. No
significant difference was observed in the area of social, emotional, health and in
making use of their time very effectively. The investigator observed that recreation is
one activity which is necessary for maintaining not only good physical and mental
health but it also provides avenues for socializing during old age.

Komal and Bhat (2008) in a study entitled ‘A study on mental efficiency of elderly
people of Mysore city’ made an attempt to study mental efficiency of elderly people
living in Mysore city in Karnataka with the objective whether mental efficiency is
gender-related or age-associated. A total of 180 elderly men and women aged 60
years and above were taken as subjects. The PG1 Battery for assessment of mental
efficiency in the elderly person was individually administered to the subjects. The
findings of the study indicated that majority of elderly people; irrespective of their
gender and age have moderate level of verbal skills (64.9%) and high efficiency of
memory (53.3%). More than 71% of the elderly persons were suffering with moderate
level of depression. Highly significant age association was noticed under all the
mental abilities.

Devi (2008) attempted to understand the importance and role of social networking in
reducing elder abuse and to analyze the causes of elder abuse in a study entitled ‘Role
of social networking in preventing elder abuse’. A census block, namely Barkatpura
area of Hyderabad in Andhra Pradesh Data for the study was collected from 100
respondents by using focused group interviews and in-depth interview method. The
study unearthed that unresolved family conflicts or abusive family interaction patterns
are often at the root of the elder abuse. Lack of understanding of the ageing process
by caregivers also leads to unreasonable expectations being placed on elderly people.
Whenever there is relationship where one person is dependent and another person has
the helping or care-giving role. There is potential for misuse of power. Most of the elders have shown ignorance about the help available for them. This emphasizes the significance of social networking in prevention of elder abuse.

Kumari (2008) examined the extent of abuse and neglect of elderly by their family members in her study on ‘Elderly abuse and neglect in families’. Data were gathered from a quota sample of 200 elderly subjected to abuse and or neglect by their family members. The respondents included both men and women living in Tirupati town, Chittoor district of Andhra Pradesh. The pattern of abuse of elderly was measured by using a modified form of the Conflict Tactice Scale Strans (1979). The results indicate that the most likely victims of elder abuse are widowed women, elderly with poor economic background and dependents. As regards the forms of abuse, verbal abuse of the elderly was reported more frequently followed by material abuse and neglect. A sizeable population of the respondents has 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 was recommended that programmes should be designed to provide adequate opportunities for the participation of the elderly to reduce social isolation and to provide support services to families caring for the elderly to help reduce stress of the care givers.

Beevi (2008) conducted a study on ‘A comparative study of elderly women in institutions and non-institutions in Kerala’ with the objective to know the economic, health and socio- psychological problems of the elderlies. The study has been undertaken in two districts, Alappuzha and Kottayam of Kerala state. The sample size was 210 form institutionalized and 216 from non-institutionalized. Structured interview schedules were administered for data collection. Major psycho- social problems were pointed out as isolation and loneliness and non-availability of medical facilities. Major health problems of the aged were impairment of vision due to cataract.

Gupta et al. (2009) conducted a study on ‘A cross sectional study of health profile among rural elderly of North-West Rajasthan’ to assess the health and morbidity profile of 382 rural elderly aged 60 and above of both the sexes selected for the study by systematic random sampling , belonging to Udairansar village of Rajasthan. The
requisite information was collected on a pre-designed and pre-tested Performa. It was found that the commonest reported complaints were: dental problems (48.83%), diminished visual acuity (29.05%), arthritis and disorders of muscles and joints, hypertension, hearing impairment and diabetes in descending order. A significant statistical difference between males and females was found out in the number of diseases. Arthritis, skin problems and miscellaneous eye disorders (excluding) were more commonly found in females with highly significant difference.

Rahman (2009)\textsuperscript{66} undertook a study on ‘Health status and health needs among the aged population in Chapai Nawabganj district of Bangladesh’ in district of Chapai Nawabgabh of \textbf{Bangladesh}. The information was collected from 300 elderly (Population ages 60 and above) by interview method, selected by purposive sampling. Of them 150 were taken from rural and 150 from the urban areas. Findings reveal that majority of the elderly, both male and female, are unhealthy. The most common health problems aged people face include blood pressure, followed by diarrhea, asthma and prolonged coughing, arthritis, kidney/bladder problems, paralysis and gastritis. More health problems were reported by women compared to men. The study shows that 68 per cent of male elderly and 62.2 per cent female elderly have lost their teeth. It was also observed that about four fifth of the females had lost eye sight and three fourth had hearing problems. From the \textbf{logistic regression}, we found that respondents’ age, sex, education and sources of treatment significantly affect the health status of aged population.

Sharma and Sidhu (2009)\textsuperscript{67} conducted a study on Differential Stress and Subjective well-being as Determinants of Quality of Life among aged with the objective to study the level of stress. A sample if 100 aged people between the age ranges of 65-85 years was selected by multistage stratified random sampling technique. The sample was drawn from two wards of Agra City in \textbf{Uttar Pradesh}. Six types of stress were assessed namely self-concept stress, physical stress, family stress, financial stress, role stress and social stress. The study revealed that with the increase in age elderly persons lose their capabilities which increase stress level among them. Further females show higher stress than males. Majority of females are living without their spouse and have more stress because their life is totally dependent on the family.
Samuel (2009) carried out a study on ‘A Prevalence Study on Physical and Cognitive Disability among Elderly’ in a Community Population to find out the extent of physical and cognitive disabilities among the elderly population in Chennai, Tamil Nadu. A sample of 228 elderly (138 females and 90 males) above 60 years was selected through stratified simple random sampling. The measure of disability included the instrument measures of the individual’s ability to: understanding and communicating, mobility, self care, socializing, household and work activities and participation in society. Interestingly the population was quite healthy and only less than 25 per cent suffered from different types of age related medical problems like hypertension, heart ailments and diabetes. Hypertension was present in a quarter of the sample whereas arthritis was found in half of the subjects. Disability in cognitive domain was found to significantly affect the person’s ability to perform household task. Periodical utilization of health services and physical active life style are likely to avoid illness among the elderly and enable them to enjoy a good quality of life in the autumn years of their lives.

Mehta et al. (2009) undertook a study on A Study on Health and Nutritional Status of Very Old Elderly (85+years and Centenarians). A total of 140 subjects (males and females) were selected from various zones of Baroda city using purposive sampling and snowball technique. The two groups were formed on the basis of disease profile, age of requiring help and mental health status of elderly subjects. The data was collected using questionnaire to determine healthy ageing and longevity. It was observed that the most prevalent minor illnesses were lethargy and pain in joints. The data unearthed that the elderly with good fitness had a more regular meal pattern, were actively involved in daily activities more vigorously and had high self-esteem. Good fitness among very old elderly (85+years) and centenarians seem to be associated with diet rich in antioxidants, regularity of meals, high esteem and involvement in regular physical activities, religious activities, yoga and meditation. Thus, it seems that such a life style is solution of many of the old age problems.

Rehman et al. (2009) examined multiple economic indicators including sources of income, receipt of financial support, income levels and ownership of dwelling in their study on ‘Gender Differences in Economic Support, Well-being and Satisfaction of the Rural Elderly in Naogaon District, Bangladesh’. A total of 743
elderly persons including 413 females and 330 males, aged 60+ years were interviewed with the help of interview schedule. The findings indicate that women (particularly widows) are more likely to rely on family members for financial and material support, whereas men are more likely to have their own sources of income, mainly through work. Despite gender differentials in actual income levels, which tend to favour men, there is much less difference between men and women with respect to some housing characteristics and reports of income sufficiency.

Devi(2009) in her study on ‘Adjustment and Problems of Retired Women’ endeavoured to know about economic, psychological and social adjustments, health problems leisure time activities from the elderly women during post retirement period. For this purpose 200 retired women from two districts of Kerala were interviewed informally. Religious faith and time spent on religious activities were found to be increasing after retirement, may be due to the fact that retired women have less responsibility and more leisure time. The subjects expressed that they have become emotionally stronger after retirement. Depression was hardly noticed in both districts. Majority of the respondents did not face any financial hardship as they had sufficient savings to meet their both end meet. Almost a third of the subjects expressed that their health was deteriorating due to common ailments such as blood pressure, diabetics, asthma and arthritis etc.

Alencar et al. (2009) conducted a study on ‘Levels of Physical Activity, Functional Autonomy and Quality of Life in Elderly Women Practitioners of Formal and Non-Formal Physical Activities’ in Brazil. The information was collected from 122 elderly women (60 years and above) with the help of questionnaire. Data analysis was performed using the SPSS statistical package. It was observed that the more active the elderly, increased will be their satisfaction with life and, consequently, the better their quality of life. The result indicate that people who remain with low levels of physical activity throughout life will suffer effects of aging with greater impact, however, those who remain physically active tend to get a better quality of life.

Panigrahi (2009) in a study on ‘Living Arrangements Preferences of Elderly: Evidence from Field Study of Orissa’ analyzed different aspects of preference in living arrangement among the elderly. Requisite information was collected from 300 elderly persons with 150 from the rural and 150 from the urban areas though
household survey. Bivariate analysis shows that demographic characteristics like age, sex and number of surviving sons affect significantly on living arrangement preferences among elderly in the state. Similarly, education of elderly and their economic independence are also strongly correlated with the preference to live alone. Actual living arrangement pattern revealed by the survey show that nearly fifteen percent of the elderly live alone in Orissa and the remaining eighty five percent are in co-residence, although seven percent have indicated their preference to live alone. Thus the data strongly indicate the preference of elderly towards co-residence. The findings bring out a clear linkage in the change in traditional value system among educated elderly from staying with married sons to either live alone or to stay with married daughters.

More than six dozens of studies reviewed in the preceding paragraphs have been conducted in various parts of the world. These include about a dozen odd studies undertaken in foreign countries (Haven & Hall, 1996-Canada, Thang, 2005-Singapore, Ramchandran & Radhika, 2006- Japan, Rehman et al., 2007- Bangladesh, Binah & Or- Chen, 2008- Auckland, Chadha & Kolt, 2008- Auckland, Shilluggu, 2008- Tanzania, Sattar, 2008- Bangladesh, Rehman., 2008- Bangladesh, Rehman et al., 2009- Bangladesh and Alencal et al. and 2009, Brazil). Nearly four fifth of the reviewed studies were conducted throughout the length and breadth of the country. While making zone-wise analysis it discerns that higher number of studies pertained to North Indian states and Union Territories (Punjab, Himachal Pradesh, Delhi, Uttrakhand, Uttar Pradesh and Rajasthan), followed by Southern states (Kerala, Karnataka, Tamil Nadu and Andhra Pradesh), North-Eastern states (West Bengal and Meghalaya) and Western and central Indian states (Maharashtra, Bihar and Orissa). Some of the studies represented couples of states or even most of the states of India together. Majority of these studies were carried out during last five years. It merits mention here that among the Northern states Delhi was found to have highest number of studies followed by Punjab, Haryana and Himachal Pradesh. Merely two odd studies were found undertaken in Himachal Pradesh, one each by an individual researcher, Suman in Shimla district (2002) and other by the government of Himachal Pradesh during 2004 covering ten of the twelve districts of the state.
As regards sample used in the reviewed studies, all the samples were divided into three broad categories depending on number of respondents. Small sample having less than 250 informants was used in three fifth of the studies. Medium sized sample with 251-500 subjects and large sample having more than 500 respondents were used in about a dozen studies each. Most of the studies where large sample was used were conducted either by group of researchers or by the organizations.

Females were unit of study in almost three fifth of studies. Men were yet another unit in significant proportion of studies. As for as tools of data collection are concerned, interview schedule was found to have been used in more number of studies though questionnaire, case studies and interview were also used for obtaining information.

Old age problems are multi-dimensional having social, economic, health and psychological dimensions. Majority of the studies focused either on one or two of these dimensions. Social, health and psychological aspects were covered by almost equal number of studies. But least number of studies concentrated on economic angle of the problem. Further very few studies covered all of these aspects giving complete picture of the problems elderly women are confronting in the dawn of third millennium. Nearly three fifth of the total studies were undertaken in the urban areas. About a dozen each study was carried out either in the rural & urban areas or in the rural areas. Thus researchers concentrated on the urban settings. Rural areas being inhabited by two third to three fifth of the older women had scanty coverage.

It is discernible form the analysis that researchers have not paid much attention towards the issue of old age problems among women in Himachal Pradesh in spite of couples of glaring realities warranting exploration and stirring of the issue. Not even single study was noticed to have been conducted in Hamirpur district. Merely one sixth of studies covered rural and urban areas together despite the fact that these two communities provide comprehensive picture of society. Generalization of findings necessitates representation of both the communities. Very few studies covered social, economic, health and psychological dimensions of problems among elderly women and that too partly, though complete picture of the problem can be had dealing adequately all of these aspects. Such a state of affairs highlights significant research gaps.
Findings of the studies carried out in other parts of the world and country cannot be applied as it is on Himachal Pradesh. Society in this hill state has several distinctive features which do not resemble with other parts of the country. The state shared the first position with Punjab in having highest proportion of elderly population in the country in 1971. The last census (2001) has also unearthed the fact that the state maintains its unique distinction of being only state in the country except Kerala to have nine per cent of total population of the older persons. Due to several peculiarities, the problems being faced by older women in Himachal are likely to be different from the ones being faced in other states. Owing to theses and several other points of reality in depth exploration, scanning and description of the old age problems among women is immensely needed.
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