CHAPTER- II

REVIEW OF LITERATURE

To understand any aspect clearly and to know the gaps in that area, it is very essential to have a brief review of earlier studies in that specific area. Hence, an attempt has been made to review briefly the existing literature on different dimensions of ageing. An in-depth review of literature in the past decades has been undertaken alphabetically in the following paragraphs:

Aldous (1987) reported that older parents provide support of various kinds to their adult children, they are not only the recipients of support; the provision of support by parents appears to be an enduring aspect of their role. Women are most likely to be involved in these exchanges, both as recipients and as providers.

Ball (1995) has stated that the elders living with their Families-still the dominant living arrangement their economic security and well-being are largely contingent on the economic capacity of the family unit. Particularly in rural areas, families suffer from economic crisis, as their occupations do not produce income throughout the year. The tendency is to spend more on their growing children, while minimizing expenditures on aged parents; thus, financial security for the elderly in rural families is very limited.
Byanarjee Tapan (1990) in his study entitled ‘The people Perception and Approach’ conducted study on 195 elderly people in age group of 62-75 years in Ramapur city. The other was used interview scheduled for the collection of data. The finding of the study reveals positive self perception among the samples elderly. It gives a picture of adjusted, satisfied socially aware elders.

Byanarjee Tapan (1992) in his research project on rural population of Bihar sponsored by Ministry of welfare, Government of India conducted in old prune district examined the status and problems of elderly. The findings shows that all the respondents are still throw they are living in joint family. They did not dependent their children. They are also supporting to the family members.

Behura N.K and Mohanty R.P (2005) in their study attempt has been made to show the social situation of the Oria aged persons belonging to different strata of population, viz, retired government servants, family pension holders and non-pensioners. Sample of 148 aged persons drawn from 21 peripheral villages of Bhubaneswar City. The major findings are –

a) The degree of discrimination is more prominent in less educated families.

b) In families where grandchildren are there, the aged are to share the available food, particularly milk with them. Hence, in those families they remain underfed.

c) The aged people belonging to middle income group have a greater inclination towards their native villages.

d) The social gap between daughters-in-law and mothers-in-law is more than between daughters-in-law.

e) Aged women sacrifice self-interests and like to adjust with the minimum food stuff, clothing etc., for the well being of the whole family members.

f) Most of the aged suffer from various age-based diseases but remain untreated.

Biswas (1994) observed that for major illnesses, about 70% of rural elderly obtained allopathic treatment, 10% homeopathic or folk medicines, and 20% received help from family, fellow villagers, or from themselves. The trend was quite different for minor illnesses: half of the elderly obtained treatment from family, villagers, or themselves, while only 40% used allopathic.
According to Bromley (1974) life satisfaction is a composite index of one's adjustment, attitude towards life and events, perception of experience and problems of interactional events. Active life and high socioeconomic status are related to the life satisfaction of the individual. Alberta Hunter, an American who was a jazz and blues singer, switched over to the nursing profession after her retirement and returned to her earlier profession at the age of 82; appears in television and films. Her 83 year old voice remained a strong, flexible instrument and as authoritative as ever and she performed even better than her junior artistes. The complete or partial loss of income after retirement causes a lot of changes in the economic status of the aged and in their social status.

Carp (1960) in his study noted that retirement is a major turning point in adult development since it is the social milestone marking the shift from the middle years to the later years of life “Retirements a relatively new phase in human development. In the past, retirement often suggested disability. Most adults worked until they died, a retirement from life not works”.

According to Census of India (1991), the marital status of the population 60+ shows a fairly large proportions of the population that has a widowed status, the incidence of which, as may be expected, is much higher among females than among males. While two-third of the aged men has their spouses living only One-third men are widowed. This is due to the fact that as a rule man marries women who are younger than themselves. Hence there are more widows than widowers. Women are more illiterate than men, especially in old age. Almost three-fourths of the total 60+ population (73%) was illiterate in 1991. The literacy rate among the older females was worse (13%) than that of the older males (41%) However, the literacy rate among the aged (women included) will improve in the coming years, as today’s literates grow old.

Chada N.K at all (1991) conducted a study on 109 elderly living in Delhi. The main objective the study was to find out the difference between married & widowed regarding hopelessness, aviation and life satisfaction. The study found that females scored higher than males’ helplessness. Married elderly have low helplessness and high and life satisfaction. Married female were alienated more than married males.
This is mainly because of the socio-cultural differences. Women are socially alienated and are hopeless.

**Chaturbhuj Sahu (1998)** analyzed the socio psychological problems of the aged, which have more relevance in traditional than in developed societies. The veneration shown to the old, the respect given to their advice, the eagerness to have them mediate in disputes is unique honors. The regard shown to them in social functions traditionally has no parallel in modern societies. The erosion of these privileges consequent on the emergence of new values and norms has caused despairs and anguishes in the minds of the elderly. The anxiety and insecurity caused by poor health, diminishing income and the constant threat of death as one advances in life are other factors contributing to emotional impairment among the old.

According to **Cookkarham William C (1982)** the status of individual society is determine by the socio economic status including income, occupation and education. The elderly have less income because of retirement they are disadvantage.

**D’Souza (1971)** in his research paper “Changes in Social Structure and Changing Roles of Older People in India”, opined that in the past the structure of society was such that the ageing process did not put any obstacle in the way of older persons filling roles of enchanted status, but in the recent times the structure of the society has been undergoing a fundamental change, under which the older persons are being dislodged from their roles of higher status. Due to the changes in the family structure and the value system, the respect, honor, status and authority which the elderly used to enjoy in the traditional society, gradually started declining and in the process the elderly are relegated to an insignificant place in our society.

**Eshwarmurthy M. (1998)** has made study on adjustment among the rural aged. He has selected 80 elderly from the villages of Koyamutturu District. He found that the rural elderly are vulnerable particularly with regards to income and health. The adjustment around 60’s is better than adjustment in later life. The education influences the adjustment in later life.
Eashwaramoorthy M and Chadha N. K. (1999) in their paper on “Quality of Life Indian Elderly: A factor analytic approach”, emphasized that the concept of quality of life has gained significance in ageing due to the need for integrated approach towards understanding the aged. Four dimensions of quality of life were assessed, namely economic well-being and social well-being, physical well-being, psychological well-being by administering various psychological tools. The result provided a comprehensive understanding of elderly and carries various implications for research and policy.

Geetha Gouri R at all investigated the self perceived status in family, filial interaction, care and attention for and the problems of the elderly females in rural unorganized sector. The study conducted study in Renigunta Mandal of Chittor district in Rayalseema region of Andra Pradesh using multi stage random sampling 400 rural elderly females were selected.

a) The elderly females above 70 years of age were mostly engaged in lighter tasks while those in their 60s were largely in remunerative roles.

b) The elderly females who felt high status in the family was more than three times high in elderly in 60s (20.4%) compared to their counterparts in 70’s (6.5%).

c) The currently married elderly females have differed significantly from the widowed elderly females in perceived status.

d) The status accorded to the elderly females in the family is closely linked to their active roles.

e) The degree of respondents on kin is a crucial determinant of status accorded to the elderly in the family.

f) Decline in status of the individual is observed to be sharp with advancement in the age of the elderly. Demise of the husband was stated as the foremost factor contributing to decline in status.

g) Sharp decline in cordial interaction of kin with elderly females was observed on reaching 75 years of age and above (7.1%).

h) The elderly females reporting cordial interaction from married son(s) were the highest (44.6%) in respect of elderly staying with their youngest son.

i) The cases of poor interaction, the main factor is related to finance.
j) Elderly feeling being considered a burden often/ mostly were found to be the least in respect of those staying with the ‘only son’ (8.4%).

k) Greater proportion of the married sons of lower economic status were found to be feeling their elderly a burden quite often other than the middle born sons viz., only son(s) the eldest sons and youngest sons appear to be more courteous toward their elderly.

l) For majority (59.5%) of the female elderly, sons seemed to be the source of assured support in old age.

**Government of India (1999)** conducted a study on economic security for the elderly in India. Tradition a system of support and concepts of retirement are gradually giving way to new approaches. While there is no widespread social insurance mechanism as is found in the United States and many other developed nations, the Indian states and Central Government have developed a limited number of retirement income programs. As of 1997, nearly 23.8 million of India's more than 70 million elderly had some kind of pension coverage.

According to **Hayflick (1994)** women’s second X chromosome protects them against certain lethal diseases—such as hemophilia and some forms of muscular dystrophy—that are more apt to occur in individuals (men) who have only one X chromosome. Another biological reason for women’s greater longevity is their higher estrogens levels, which seem to provide protection against fatal conditions such as heart disease. In addition, women have a lower rate of metabolism, which is linked to greater longevity. Women’s immune systems are more robust than a man’s, making men more susceptible to contracting certain fatal diseases.

**Irudaya Rajan (1999)** Detailed investigation indicates that around 62% of elderly males work as cultivators, whereas 70% of females work as agricultural laborers. For the first time, in the 1981 census, the data on main workers were classified by marital status. It showed that 58% of widowed elderly worked as main workers in rural areas and 69% in urban areas. Confronted with the burden of maintaining themselves, elderly persons in India continue to work, even after reaching 60 years of age.
Jamuna D. (1988) in her paper, observes that like many eastern cultures, in India too, Family is the primary care provider of the elderly. It is the quality and quantity of intergenerational interactions that ultimately determines the quality of elder care.

Jayashree (2013) in her paper “Improvement in Female Life Expectancy Trends and Implications”, pointed out that health of Indian women is more or less related to their socio-economic status within the household. India being predominately patriarchal society women has lesser share and access to health care. They are discriminated in terms of nutrition, care, recognition, treatment and prevention.

Kamble S.V. et al. (2012) in their paper “Health status of elderly person in rural area of India”, reported that elderly are vulnerable to long term diseases of insidious onset such as cardiovascular illness, CVA, cancers, diabetes, musculoskeletal and mental illness. Hence, the study was conducted to assessing the health status and morbidity pattern among the rural elderly. Commonest morbidity observed among the elderly people was depression (31.4%), musculoskeletal disorder (25.5%), hypertension (24.1%) and diabetes mellitus (5.9%).

Kimar (1991) studies 460 old in the district of Chittor in the state of Andhra Pradesh. He has taken 50 per cent of his sample from 2 urban centers, viz Tirupate a Chittor and the rest 50 percent from 30 rural villages located within 30 kilometers distance from these two townships of the state. He has highlighted the family life and living arrangement of the old, delineated the interpersonal relations of the old the changes which took place because of the operation of some forces like modernization. Urbanization etc and also has described the familial, socio Economic psychological and health problems of these people.

Kesari (1998) in their study, the nexus of social aging, gender, and policy, one finds the laws that relate to family structure. One of the most important of these is the Hindu Succession Act of 1956 that defined the legal framework for inheritance while it reformed customary law. Important is its own right because it serves as the legal basis for succession in Hindu, Sikh, and Jain families, the Act also represents the array of cultural, economic, and legal aspects of Indian society that are both a cause and expression of the weakened position of women.
Katyal (1999) made a comparative study at Chandigarh and found that the quality of life of the elderly living with their families is better, with cordial relations with their children and has positive frame of mind, compared to that of their counterparts at old age homes. This is so because the institutionalized elderly had smaller networks and lesser contentment in life and now suffer from severe emotional and psychological problems. The quality of life depends upon group cohesiveness, helping attitude, understanding, ensuring good relations among members, absence of physical and mental illness, sense of belonging and feeling of well being. The major reasons for seeking shelter at old age homes are low economic status, widowhood, destitution, abuse by family members and lack of support from social networks. The institutionalized aged faces more problems than the non-institutionalized aged. In the institutions, no one advises the aged to take care of their health and for getting medical treatment. The chronic diseases like asthma, diabetes, ulcer, hypertension, arthritis and breathing problem need not only regular medical checkup but also strict dietary regulations which can be provided only in their home by their family members.

Kottakayam J.J (2000) opined that unlike in the developed countries, in the developing countries, the concept of aged, elderly or senior citizens got prominence only much later because ageing for them was not a crucial social problem because the society had a number of other problems to be solved. In the developed countries, people have very little time to take care of the elderly population as the societies are moving very fast and life is quick due to the competition in all spheres people have little time to spend with the old as they feel that even that time can be used meaningfully for the development of them.

According to Longino (1988) Women live longer than men, because of longevity women are likely to be widowed and suffer from poverty in old age. Women enjoy less social security benefits than men.

Mangal A.P. conducted a study in Galipur village is south east Delhi. The main objective was to find out the changes in the status of Jate elderly. The Jate elderly enjoy high social status authority and respect and security in the socially. The modernization processes has an not affected the status of Jate elderly. It is mainly because of strong kinship bonds, adhering to tradition and joint family.
Marulsiddaiah (1969) studied the decaling authority of the elderly in a village named Makunti in Mysore. He found that -

a) Loss of the decision making role was found more among surrendered their property in to the young members. Therefore they had no control over the sources of income.

b) The loss of status and decision making was noticed more among aged women as compare to men.

Mahajan A (1980) conducted study on old age pension scheme in the state of Haryana. He reported that elderly were poor, destitute. The major findings are-

Majority of the pensioners (57.46% male and 57.64% female) belonged to lower caste.

a) The pensioners irrespective of their sex, were belongs to religion followed by the Sikh, Muslim, and Christian.

b) Most of the pensioner irrespective of their sex and rural urban background were illiterate which would have direct bearing on the type of occupations.

Muthayya and Aneesuddin (1997) have studied “Rural Aged” Existing conditions, problems and possible Interventions (A study in Andhra Pradesh) and suggest Interventions of the Government and NGO Sectors. They have pointed out the socio economic characteristics, health condition and dietary pattern, social life, recreation, past activities, hopes and worries of the old apart from pointing out the role and position of some inmates of the old age homes.

Pappati K (2007) conducted a study to investigate the socio economic condition and problems of the rural female aged. The other has carried out study in Dindigal District comprising three revenue divisions, seven taluks and fourteen blocks. A well structured interview schedule along with focus group discussion, field observation and case study were used for the data collection. The results of the study indicates that-

a) The majority of respondents were illiterates.

b) More than half of widows.

c) Majority of them engaged in agricultural still.

d) Many of them involved social activities.
e) Physical disabilities were found common among rural aged.

f) 90 percent of the aged who are living in large family respondent to be satisfied in life, but those in the small family were of the negative opinion.

g) Majority 92 percent of the aged belonged to the zero income group.

h) Majority of the aged 86 percent are worried about their feature life.

**Pathe (1995)** writes on the provision of various services to the aged, such as old-age pensions, medical care, housing, and recreation, constitutes an important aspect of modern welfare states. In less developed countries, including India, there is no universal security against common risks such as unemployment, disablement, and sickness, to say nothing of social security for the aged.

**Pinto Andery & Jaiprakash Indira (1996)** in their study of “Role of Life Review in Enhancing the Quality of Life of Elderly”. Selected 180 elderly from institutions and 180 living in home from Mangalore city. They have found significant difference between institutionalized and home base elderly with respect to activities of daily living cognitive ability and loneliness before intervention. Life Review and Experience Form (LREF) has positive impact on home based elderly them institutionalized elderly.

**Prakash (1995)** extended widowhood is mainly due to the extension of life among women in India. Widow’s out numbers widowers. An aged Indian woman is illiterate and does not have remunerative work. Hence they are economically dependents.

**Rao (1994)** in his work, reported from a rural center in south India that of 603 older persons, only one-third utilized services from the primary health centers and sub centers. Of the remaining persons, 51.1% utilized services from hospitals and private practitioners, and 11.3% preferred indigenous methods of treatment, while the rest did not need services. Health services utilization was also irregular and, despite the chronic nature of their illnesses, older persons were not able to visit these facilities on a regular basis.
Raja (1997) has conducted a study on the problems of aged and their future outlook in the state of Tamil Nadu under a sponsored project by the ministry of welfare, government of India. He has studied the living condition of the aged who are above 60 years of age, the factors which influence the process of ageing, socio-economic and health conditions, attitude of the aged towards family and the society, and also the mechanism of coping of the aged within the family and also in the community.

Rahman, Foster and Menken (1992) in their study stated that marital status, specifically widowhood, plays a significant role in influencing vulnerability as they age since few assets are in their direct control. Widowhood in particular may further removes assets or means of sustenance from their direct grasp, rendering them risk of destitution. Women’s socio-economic position derives greatly from their marital status.

Reddy Adinarayana. P. & Uma. D (2006) the studies examine needs, existing sources of income problems faced by them in raising their income, their opinion to improve their income security of the aged. Conducted study in Chittor District of Rayalaseema Region of Andhra Pradesh. One thousand aged belonging to rural (500) and urban (500) areas are selected randomly as sample of the study. Their findings are-

a) In terms of age more than 80 percent of them are more than 60 years. Further majority of the aged belong to forward community, illiterate, agriculture, occupation. Majority of the aged are married.

b) Majority of the aged selected for the study are found to be head of the families. 70 percent of them are treated well by the family members.

c) More than one fourth of the aged are not able to interact with their peer group regularly. More than half of the aged (57.10%) and three fourth of them are not able to watch TV and cinema respectively.

d) Further three fourth of them are not able to go either for walk or outing.

e) Nearly half of the aged have gone on taken pilgrimages due to lack of money, old age, lack of attendant etc.

f) 40 percent of the aged have health problems common health problems. Primary health centers are chief sources of medicine.
g) Need pattern of the aged show that majority of aged the need is more in the area of food, clothing total basic needs, psychological, health and moderate needs.

**Renu Tyagi (2008)** made a study on “Socio-health Dimensions of Aged Population”. The study was carried in a group of elderly males and females staying with families and another group of comparable age but staying in old age homes of Delhi. Demographic variables, educational status, eating pattern, health status, physical activity level, religious activity status and some leisure time activities were studied among these elderly. The life style of the elderly in the old age homes and those staying within the family set up were quite different in several aspects. The health status also showed some differences like the vision problem, hearing problem and anemia were reported to be higher among the elderly staying in the families. However, the joint problems were found to be more affecting the residents of old age homes.

**Saxena D. P. (2006)** in his study the universe of the research is Gorakhpur city. The findings related to the biological, psychological, socio-economic and cultural aspect of ageing problems and adjustments. It is an “Exploratory-cum-Descriptive”. The major findings are-

a) The study accepts the existence of a strong social bond as conceived by French sociologist Emile Durkheim among the senior citizens under study.
b) 70 percent respondents report cordial relation with family members indicating a strong social tie helping them in making adjustment with many socio economic and cultural problems.
c) The majority of the respondents 54 percent expect only emotional support from the younger and other family members. Further 73 percent respondents report their regular participation in family functions. Good number 130 (55%) report deprivation of social honor and power in the family.
d) Evil effects of discontinuity to work after 60 years of age is fast physical ageing by 62 (26%), depression by (38%), worries and tension by 27 (11%) and loss of socio economic status by 8 (4%).
e) A large number i.e. 100(42%) consider their present income as ‘Most Inadequate’ respectively distributed among 29(69%), superannuated university teachers 35(88%) superannuated civil servants, and 36(30%) elderly lawyers.

As regards main problems of ageing, 180 (75%) respondents report physical disability, family tension by 145 (60%), loneliness by 95 (40%), and dependency by 87(36%).

S.K.Verma and Asima Nehru (2001) in their article ‘‘Elderly and Community Mental Health’’ feel that the growing population of Elderly (both young elderly and old elderly) every were but particularly in a developing Country like India has to be seen as a boon in disguise. They are not only the consumers of mental health services of the country but can be real producers of Community mental health services, and must be seen in that light, particularly in view of the limited resources in trained man-power.

Shah & Prabhakar (1997) in their study reported considerable rate of morbidity among the aged population in India. Visual and hearing impairments among aged is very high. Hipper tension is major health problem of urban elderly. They have noticed significant variation in the various health problems of urban and rural elderly.

Sharma K. L (1969) conducted “A Survey of the Happiness and Unhappiness in Old Age”. He has selected 44 retired elderly living in Jaipur. He found relationship between happiness in old age and good health, feeling of paucity of funds, having spouse and social contests.

Sharma M.L. and Dak T. M. (1987) have an edited a book on “Ageing in India: Challenge for the Society”, the purpose of ageing in India and the socio-psychological problems attached to this process. The edition contains a total number of 23 short research papers authored by 37 workers. These papers are based on 3 broad categories of problem. They are follows-

a) Ageing and the changing society.

b) Socio-psychological problems of the aged.

c) Health and medical aspects of ageing.
Singh and Sharma (1987) found that 90% of workers are found in the agricultural sector where there is no retirement age. Rural elderly continue to work but they reduce the number of hours worked, especially with increasing age. About 40% of older men are cultivators, while 65% of older women are agricultural laborers, with widows predominating. Only 16.5% of rural elders get any kind of pension or retirement benefit, compared to 48.2% in urban areas.

Sunita Kaushal A (1994) reported some empirical evidences for understanding and explaining intergenerational support to the elderly. The instrumental and associational type of care to the elderly is predominantly provided by daughter-in-law, while financial and emotional care by sons. Daughter-in-law as compared to sons perceived more personal, familial and socio-economic consequences of providing care to the elderly. It’s not only generation gap but also gender gap in attitudes towards women.

Sureender & Khan (1996) in their work health of older persons in India has recently attracted the attention of health professionals and policymakers. This is mainly due to the rapidly rising number and proportion of older persons and an urgent need to care for them, despite financial constraints faced by the country. In India, earlier Five-Year Plans did not consistently recognize "the old" as a target group needing welfare services.

Suryanarayan (1998) points out that the elderly in the patriarchal joint system are under the protective shelter. The joint family is quite favorable for elder care. Even in case of disability the elderly are easily taken care by the persons living with him in the same roof.

Ushashree S & Basha azmal S has made an attempt to study the behavior variables affecting domestic abuse. The sample consists of 35 men and 40 women living in age homes of Tirupati. They have found the various types of abuse among elderly. The gender and ability differences are found in the proportion of physical, psychological material and legal abuse.
Vasantha (1998) in the paper “Nutrition and Health Problems”, found that the rural aged suffered from nutritional, psychological and other problems, when compare to urban aged. The aged employed privately and those self employed had more of health problems than not gainfully employed person. In general, the male members were found to be literate economically independent and had less physiological and nutritional problem when compare to the female counter parts, when literacy level, income level and employment status improve, they seem to have better health.

Vijayakumar S (2005) opines that government is providing retirement benefits to organized and organized and old age pension in villages. Life insurance Annapurna is other economic security programmes implemented by government. However the quality of these progammes has been criticized by many experts.

Vinod Kumar (2004) found significant difference in morbidity in connection with gender, residence as well as social, economic status. He has noticed dual load of infections among aged people which is mainly responsible for their death. He calls for stringing primary health care in rural community to achieve the goal of healthy ageing.

Vinod Kumar (2005) in his paper on “Health Status and Health Care Services among Older Persons in India”. Age related disorders include life-threatening diseases such as heart disease, stroke, cancer, diabetes, and infections, as well as certain chronic disabling conditions affecting vision, mobility, hearing and cognition. Older persons also complain about various symptoms that may appear on specific and unrelated to any classic disorder. These include general weakness, sleeplessness, constipation, flatulence, diminished appetite, decreased libido, and so forth.

Vimal P.Shah (1993) a “Study of Elderly in Gujarat”, this study was conducted in four localities of Ahmedabad city. The localities were purposively selected, two localities were from the centre of the city, one with preponderant Hindu population and the other with preponderant Muslim population, one locality was with mixed population and the fourth locality was a recently developed area random selection of 800 aged was made with the help of electoral rolls. However, only 482 could be traced and covered and in these 46.4 percent were males and 53.7 percent were females. Among males illiterates were 18.1 percent among females 52 percent.
As the age advanced to 76+, among males the percentage of married was 77.6 percent and of widowers 20.6 among females these percentages were 20.6 percent and 73.5 percent respectively. About 40 percent of the male and 15 percent of the female were engaged in economically gainful activities.

**World Bank (1994)** Mentions that the number of elderly in the developing countries has been growing at a phenomenal rate; in 1990, the population of those aged 60 years and above in the developing countries exceeded that of the developed countries. Most of this growth will take place in developing countries and over half of it will be in Asia.

**Conclusion**

There are studies on various aspects of Elderly but there are no particular studies on quality of life of elderly. Further more the studies on lambani community in general and lambani elderly are not found. Hence the present research focusing on the quality of life among lambani elderly and gender is undertaken.