CHAPTER VII

CONCLUSION

The ageing of population as had been observed in the introduction is a world wide phenomenon. The contributions of science and technology, modern medicines, health care institutions and the basic changes in economy and social ecology have altered the demographic structure of the society. The population of the aged in society is rising rapidly in India too. Therefore the problem of old age has emerged as a social problem. Their high proportion and the emergence of new problems has made them a highly visible category in the society. Popular magazines, newspapers and the television have in the last one year drawn attention to this section and their array of problems. My study I hope in a small way will have dwelt systematically into the problems, probing deeper than a journalistic piece can afford to.

This study was undertaken to explore the problems of the middle class aged who have retired under the mandatory retirement system. When the study was undertaken the issue of ageing was not a big issue, but lately, it has emerged as the most challenging problem with the United Nations declaring year 1999 as the International Year for Older Persons. The Indian government came out with the National Policy for the Aged and declared year 2000 as National Year for Older Persons. Lately as mentioned earlier even the popular media-television has started showing programmes specifically talking of the problems of the older population. There are articles and writeups now, on the aged, thus showing that the issue is of grave importance.
Emergence of the Problem

However, the question that arises is that after all the aged have been there is all societies and at all times. So why is it drawing so much of attention now? Why has the issue of ageing emerged as a problem? As pointed earlier one of the most significant feature of the twentieth century has been worldwide growth of the elderly population, a rapidly expanding number of old people representing a social phenomenon without historical precedence and one that is bound to alter the previously held stereotypes of older persons. However, the growing number of aged persons is not in itself a social problem. Rather it should be considered as a success, a triumph of civilization over illness. The problem is the lag in adapting social institution suitable to their needs.

Along with their growing number another problem has been the radical transformation of the society, particularly the changing structure of the family which in the past was the sole caretaker of the aged. The traditional family is undergoing change not only in its structure and composition but also in its function. The extended family which is said to be the common feature of these societies gave security, response and recognition to their elders for their skills. They were considered to be repositories of knowledge and source of wisdom, based on rich experiences.

However, it has been stressed upon that recent decades have witnessed the gradual change in the joint family along with changes in values due to the forces of industrialization, urbanization and modernization.
Along with this industrialization has resulted in transferring the production of goods to factories, separating the place of work from home. The modern industrial system with a specialised division of labour demanded considerable geographical mobility from its labour force resulting in migration on a large scale of the younger generation, thus increasing the vulnerability of the old.

The advent of industrialization has extended employment opportunities to all levels of people in society, thus restricting the participation of older employees in labour market, by the introduction of system of mandatory retirement. The age at which retirement takes place may vary but it is always an abrupt change from work to non work situation, resulting in a total change of role and status. However, it is important to note that the aged area heterogeneous group, being different culturally, economically and vertically as well as horizontally. Therefore, this study tried to look into the problems of the retired service middle class aged only. The reason for selection of retirees was that compulsory retirement brings forth the problems of ageing for this section of the population. Even if a person is physically and mentally fit he is made to retire. There is a sudden change in their role, income status, respect and their relationship in family.

**Methodology and Field Experience**

The field work for this study was conducted in Indira Nagar Colony, Lucknow. The universe of study was the retired middle class population living in this colony. This colony was purposively selected keeping in view that it is representative of most of the colonies in the city. The elderly population is in
large majority from different sections and professions, however, most of them are generally from service class forming the middle class section of society.

The primary data was collected through interview schedule and participant observation. The former was done so as to have a general information on the background, life style, family life and other details of the respondents. While the latter was carried out so as to get a spontaneous and real picture of the life of the aged. It was favoured especially because of its tendency to supply naturalness and completeness of behaviour, allowing sufficient time for observing it so as to understand the subjects world as he or she perceives it and generate a richer, indepth information.

The unique feature of my universe of study was that most of them were quite health conscious and went for almost regular morning walk be it summer or winter. Though staying in the colony, I'd seen this earlier but had not paid much attention to it, except for taking it to be a group of more health conscious people. However, once I was in the field, such accounts acquired new meanings. It seems that, this not only served their purpose of staying fit but also a way of socialising as most of them could be seen in groups. I had to get up early in the morning and go for stroll to mix around with them and establish rapport. Most of them were very thrilled about the research topic and were happy in readily giving in their experience. However, there were a few who were really difficult to approach and only persistent effort on my part did help in convincing them to speak about their feelings and experiences.
While responding to interview schedules many of them would talk almost endlessly. It appeared as if they longed to talk to someone about their lives, daily happenings and routine, most of them were nostalgic about their past especially their service days, even though that past might not have been so rosy as portrayed. May be it helped them in making their present warm and comfortable. Most of them seemed resigned to destiny and very few showed contentment with their present living - However, overall they were quite cooperative.

The main issues which were taken up were to see how do the retirees replace their work role with other roles in order to engage themselves once again in the new environment created by an increasing leisure time gradually deteriorating health and change in status in family, along with reduced income. The study also sought to focus on interpersonal relationships with their family.

Importance of Family

The family occupies an unique position in human society. In general an individual is born, brought up and grows old in the family. It is the first and most important socializing institution, where shelter and security are to be found when facing difficulties in life. It is the primary social institution and network which provides intimate human interaction and reciprocal response on emotional level. It remains a key mechanism for nurturing, for distributing-redistributing, economic resources, for dealing with and protecting family members from a variety of economic insecurities-disability, widowhood and unemployment and for providing basic shelter and a healthy living environment. It has been suggested
that family linkage to the elderly is of crucial importance, as the presence of strong family ties serves to buffer the stress of isolation and deprivation. The affectionate and supportive function of the family are central for improving the quality of life of the aged. The roles and relations in the family are fundamental factors which affect the daily life of the aged as it provides meaningful social role, which is one of the needs of later old age, the period after cessation of economic occupational activity.

- In traditional societies, older people were well integrated into the family, with major roles and responsibility as advisors, decision makers. The wisdom and experience acquired accorded them high prestige and esteem for carrying out their roles. The extended family gave security response and recognition to the elderly members for their valuable contribution to the cultural aspects of life as well as for their skills. However, it has been suggested that the recent decades have witnessed the gradual change in joint family along with changes in values due to the force of industrialization, urbanization and modernization which results in creation of separate work-place and home, migration, change in attitude and values, increasing participation of women in the labour force etc.,, all these are supposed to undermine the status of older people by making their experience appear out dated due to technological advancement and have a net effect of marginalization.

A number of studies of the past few decades (Parsons, Linton, Wirth, Driver, Ross etc.) have frequently talked about the death of extended family and its replacement by an unstable nuclear family. However, lately this position has been stringently criticised Various studies (Kapadia, Vatuk, Shah, Singer
etc.) have tried to demonstrate that in modern industrial urban societies the isolated nuclear family is a fiction, not a fact. Many families maintain extra familial ties.

Infact, what is important is not that nuclearization has taken place but that the functions of family have changed. Even if extended family continues loosely, in one from or the other, the content may change. Even if co-residence and commensality continues, decision making may change. Despite these changes the intergenerational bonds are close, extended family is present in a modified form and family ties are activated in times of need.

– *Family Structure of the Respondents*

Seeing the importance of family on the life of the elderly, it was important to understand their relationships with children and spouses. Nearly 80 percent of them were living in a nuclear family comprising of the husband and wife, unmarried children if any, while 20 percent were living in the extended family of husband, wife, married sons, daughter-in-law, grand-children, widowed mother, father. However, on the basis of criteria given by Kerckhoff, almost 70 percent of the respondents in this study belonged to the category of modified extended family (where families are spatially dispersed but maintain regular contacts, interaction and exchanges) while 20 percent were of the extended family set up and the rest were living in nuclear isolated family set up (where number units are in close proximity but have no or very few contacts). However, it was not by choice that they were staying alone but because of certain compulsions like childlessness, death of an only son or unhelathy relationship with kin.
Their idea on joint-family system

There was a general agreement amongst all the respondents that the family structure and composition is under going change. Although most of them liked the idea of joint living but in the changed environment preferred the concept of 'modified extended family' so as to avoid unnecessary friction and maintain their independence. A positive mental attitude is very important amongst the members for joint living. Many felt that living in the extended family was no guarantee that adequate care is being provided while living independently does not necessarily mean that one's care needs are not being met by family members. They expressed the desire to live close to children but not with them. They preferred to maintain "intimacy at a distance". Moreover, with the increasing retirement benefits, larger number of those surviving into old age in the service middle class are able to maintain independent homes. Infact most of them expressed their wish to retain autonomous life styles so long as possible by remaining in their own homes.

Relationship of the retirees with family members

The capacity to make, maintain or replace intimate relationship is important. It is commonly assumed in the literature of social gerontology that sources of intimacy become attenuated through the life span to the detriment of the elderly's health, capacity for social involvement, and general well-being. It is in connection to this that an attempt was made to look at the kind of relationship shared between the elderly parents and their adult children.

In general, the relationship of the respondents with their family members
was stated to be satisfactory. To understand the depth of relationship, the areas touched were frequency of visits, decision making, advisory role and degree of agreement in conversation.

- **Frequency of visits**

Though most of the respondents stay away from children, they were maintaining the modified extended family household, with at least one of the children staying at a short distance. Though the visits of children to their parents home varies, but on an average it is 4-5 times a year, specially during vacations and festive seasons. However, the frequency of parents visiting children was less as the respondents avoided much of travelling. They, however, wanted the children to increase their frequency of visits.

- **Decision making**

The decision making role was solely the discretion of the male bread-winner before retirement. However, after retirement almost all the respondents reported of a limitation in their decision making power. It tended to be confined to the husband and wife and did not encompass their grown up children. The adult children once independent, generally do not consult their parents. They tended to take their own decision and convey them to the parents. Some of the respondents, in fact said that they have limited their decision making to themselves and their spouses. They have taken a back seat and accepted a passive role so as to maintain even a bit of respect. This points to a decline in authority and decision making of the eldest member of the extended kin network specially after retirement. They see this as a result of changing value system,
freedom in choice of mates, stress on achievement, heterogenity and mobility in occupation and education. Occupational differentiation and differential vertical mobility reduce the homogenity of outlook among the members, thus making exercise of familial authority difficult. Also, the importance of achievement in present society means that the dependence and reliance on family resources is little, so the family has little to offer to their members.

- Advisory role

Just as in decision making, the role of respondents as advisors had become limited. In fact, most of them give advice only when sought for, as most of the time, their concern was taken without much seriousness. Advice from friends and peer groups are considered more valuable, rational and 'up to date' by the younger generation.

- Degree of agreement in conversation

Most of the respondents felt that before retirement, while conversing the children agreed most of the time and even in face of any doubts kept silent. However, now after retirement the scenario has changed with discussion and conversations resulting in arguments.

- Reciprocity and Exchange Patterns

The quality of family relationship in old age may be solely dependent on the more intimate family interaction. Earlier patterns of reciprocal exchanges and especially affectional relationships may be the prime determinants of the quality of relationships in old age. For those aged who have had substantial involvement
in kin family network there is "pull" factor, to restore and reinforce such ties in later years. But for those with poor record of kin network activities there may be a "push" factor to reconstitute close family relationships. Almost seventy percent of the retirees in this study belonged to the category of pull factor', but there were also cases of respondents who were withdrawn and lived secluded life and after retirement found it very difficult to mix around with relatives even with children. For them it became more of a push factor because of fewer options. In this study reciprocity and exchange pattern were evidenced between adult children and their old parents.

- Flow of help between generations

In this study the flow of help between generations were highly dynamic - both 'young' and 'old' within the family were 'receivers' as well as 'providers'. The flow of help and assistance were not unidirectional. Small services were rendered reciprocally by each generation in the form of— house work, shopping, baby sitting etc. A viable kin network involving mutual patterns of assistance was maintained. However, three fourth of the respondents felt that they were being of more help to their children even in old age rather than their adult children, helping them. With the rise in womens participation in the labour force, the aged are now playing an increasing role in child minding when the young couple is at work.

The difficulty in employing and affording reliable help necessiated greater reliance on ageing parents to co-reside though temporarily and provide necessary help and support. However, this kind of help though provided readily
was not cherished by most of the retirees. It was seen mostly as a duty and compulsion rather than volunteering for the same. Some of them felt bad at not ever being consulted before being called over for the same. They felt as being taken for granted. Others felt that it was a thankless job, they had done their share.

They felt that children could be counted on in times of need, yet among the younger generation the ideology of taking care of one's own familial responsibilities persists; they remember their rights in practice and their duties as desirable and expected norms.

– Getting along with the younger generation

There was total agreement amongst the respondents that most of the time it was difficult to get along with the younger generation due to their way of thinking and doing things, due to generation gap. At times, they often drew comparison with how they behaved with their parents. The question of arguing did not arise—then was it because there was no generation gap, then? Many of them reported that most of the adjustments were always expected to come from the older generation. They are supposed to behave in compliance with their children's wishes. This shows that children's departure from family tradition can be a source of acute frustration. They often disagreed with the child rearing methods of the young parents who often they felt tolerate and give too much of freedom to their children. However, they preferred not to interfere.
‘Caring’ Role

Whatever may be the problem and difficulties in getting along with the younger generation, in times of need and help they usually turn to their children, particularly daughter, their sons, relatives in that order. Most the them felt that the ‘caring’ role often seem to be taken up by the daughter rather than by the son and daughter-in-law. Infact the spouses of retirees reported as feeling satisfied, secure and free when the care givers were daughters.

Gender Differences in perception of retirement within the family

To get an overall understanding of the family life it was important to look into the experiences of the respondents, spouses, to see the gender difference in perception of retirement and its effect on their family lives and to see how the experience of later life, for old women, parallel or differ from those of old men. Most of the spouses were non-working. Those who did had been mostly employed in part-time jobs where the so called transition of retirement was not experienced. Often the switch over in jobs was due to husband’s transfer, child bearing and so on. Only about 6 percent of them had been in full time jobs—generally in government schools and universities and doctors. Even for them retirement was not reported to be a period of crisis as they continued with other important roles of home maker—which in itself could be a full time job. While some felt less burdened after retirement. Still others had taken up jobs on their husbands insistence. This difference in experiences of men and women regarding retirement can be understood in relation to the division of labour in the market and home, where there is a division between ‘men’s work and
'women's work (domestic work, child bearing, rearing and nurturing family members) Women are generally expected to stay in the 'private domain' of the home and family and men to be in the 'public domain' of work place. Some of them expressed a sense of guilt when they were able to perform domestic chores especially cooking, when sick, thus showing the extent of stereo typing of roles.

– Retirement of Husband

Women did not experience much change in their life after retirement (if any) but for almost all of them retirement of their husband was a very significant life event. Most of them could think of nothing pleasant about retirement as it results in reduced income, decline in standard of living in the absence of full time servants and the excess of free time with no specific role to be played. Some of them even miss the comforts enjoyed before retirement-official cars, bungalows, servants etc. Almost all of their were bothered about the availability of so much of free time and nothing concrete or worthwhile to be done which could accord a sense of identity, status and respect.

– Readjustment of Retirees and Spouses after Retirement

An attempt was also made to understand how the elderly couples re-adjust their lives and routines after retirement-with the husband being at home 24 hours. Changes in husband-wife relationship primarily centered on role changes after retirement. Although the males rarely helped their wives in doing domestic work before retirement, after retirement some loosening of former sex roles in the division of labour in household was seen. The retirees had increased
their participation in household activities, generally taking over the male oriented activities like marketing, groceries, getting milk, payment of bills etc. Most of the spouses were happy with their husbands trying to shoulder the household responsibilities. However they showed some sort of annoyance at their husbands' over-indulgence in the 'domestic domain'. They preferred to do the kitchen work on their own. They felt that they know their work well and had grown old doing this. It shows that women, generally those who are non-working tend to draw some kind of satisfaction and identity from their domestic work. They felt it be their 'Power domain'. Any encroachment seems to be a threat to their identity, authority and control. At the same time, they reported to be busy all the time- 'a woman's work in never done'. Infact, they felt that a woman generally never retires as household chores necessary to life will continue to be performed until infirmity prevents it.

- Change in Behaviour of Husbands

Most of the spouses observed change in their husbands' behavior after retirement. While some felt that they had become very interfering, critical of every small detail and short-tempered, others felt that they had become very passive in family matters, helping. However, no uniform pattern was noticed.

- Behaviour of Adult Children

When enquired about the behavior of adult children towards them after retirement, most of them said that though their children took good care of them in every way, but certainly the respect factor has declined. For some the most important problem was the disrespectful behaviour of married sons towards
their father, while some of them experienced problems in adjusting with their daughter-in-law.

Though the spouses were critical of their husbands behavior at times, yet felt strongly about any disrespect shown to them by the children.

- Women as Stabilisers of Family Relationships in Old Age

Despite these differences it was these aged women who tried to maintain the bonds with their children and acted as mediators and stabilisers of family relationships, trying to negate the friction between their husband and their children. They showed better adjustment and maturity. The explanation probably lies in the process of socialization, where women are taught to adjust and accommodate to situations more than men. They try to avoid unpleasant stressful situations.

- Bond Between Husband and Wife in Old Age

Though both sexes showed adjustment to the post-retirement period, but in different ways. The males tend to become more dependent emotionally on their wives. Despite the differences that they may have had in the past it was observed that in old age both the partners tend to become more attached and devoted to each other. They felt that retirement has bought them closer as being alone only they can take care of each others needs, share every sorrow and happiness together, being the best of companions. Most of them could not even think of life without the other partner. The devotion with which both husbands and wives accept the caring and sharing role for their spouse is truly incredible. It can be said that the permanent presence of the spouse which
might evoke negative as well as positive affect, is very important as it creates a secure and predictable environment, providing support, caregiving and a stable companionship especially in later life.

Problems of the Aged

Every age is associated with a set of privileges and problems, but the problems faced by the old may be more difficult and of a different nature as human beings are less prepared both physically and mentally to face problems in old age. Therefore an attempt was made to address the problems faced by the retirees. The major problems identified are health, economic constraints to some extent and excess of free time.

— Health

Even though advancing age tends to bring in increase healths problem, old age cannot be treated as disease or identified as disability. Old age and sickness are not synonymous since health differences among the elderly population can be striking.

The WHO defines health as a complex state of physical, mental and social-wellbeing. Health among the elderly is the outcome of life time of experience. There are important social and psychological aspect to most health problem in addition to the definite physical aspects.

— Optimism in Self Evaluation

The general health of the retirees was stated to be average. For this self-assessment of the respondents was taken up as self-evaluation is important. It
is a sign of own recognized needs for health services and perceived ability to function independently. Comparison of responses on general health status, before and after retirement, shows that there is a shift in responses from very good (before retirement) to average (after retirement) by almost three-fourth of the respondents. However, most of them showed a tendency to express optimism in self-evaluation of health. They often tended to evaluate their health in comparison to that of their friends, peer groups and at times with their grown up children. They also compared their condition with other's expectation of their health as well as their own expectation of health in old age. They also showed a tendency to accept aches, pains and other symptoms of physical distress as the usual accompaniments of old age. Also maintenance of an independent life and household setup was seen as a sign of good health.

- **Common Disease Reported**

The most common disease mentioned by respondents were-diabetes, blood-pressure, arthritis, eye and heart problems and general body aches. Though eighteen percent of the respondent reported as having no particular disease, among the remaining, various types of disease was observed. Some of the respondents were suffering from more than one disease. Another important problem mentioned by the respondents themselves was of slowly deteriorating memory. Many expressed their helplessness and displeasure at the deteriorating memory. Some of them even reported that falls became quite common in old age due to the general weakness, body aches, visual problem and maybe arthritis. The most hazardous area being bathroom and staircases.
- Competence in everyday living

This study also tried to focus on levels of functioning rather than on pathologies so as to assess elderly population's health condition. Everyday competence can serve as an important indicator of the health status of the aged. However, it is important to point out that competence in everyday living need not mean the absence of impairment or disability. A person may or may not have any physical, psychological problems but as long as tasks of daily living are managed by them without dependence on others, they can be considered as functionally competent and healthy.

Most of the respondents in this study did not face major difficulties with activities of daily living. Infact many of them had also taken up additional household work after retirement- like doing grocery, payment of bills, in an attempt to shoulder their responsibilities. Most of them managed to maintain independent households. Even the spouses of the retirees reported that they continued to perform their household tasks, though some difficulties were experienced at times. They had employed maid-servants for doing the superficial work in the kitchen-like washing dishes etc. Therefore, it shows that work in domestic household continues to be performed by the aged until infirmity prevents it.

- Visit to Doctor

Subjective health assessments, degree to which individuals are able to function and frequency of health complaints are the most important predictors of own recognised needs for health services. Most of the respondents paid visit occasionally. They felt that visit to doctor is required only when there is some
problem. While many of them believe that doctors are not specialised enough to deal with elderly health problems. There is generally a tendency among the medical professionals to describe a health problem by redefining as something attributable to old age. There seems to be a quick association between old age and disease. Some felt that they are not really sick enough to require medical attention. Most of them also pointed to the exorbitant medical fees charged by the doctor, thus highlighting that their health problem has financial along with medical implications.

- 'Caring' Function

Family support play an important role during crisis and period of chronic illness and in managing stress. The question as to who are the informal care-givers is important as it would evaluate the actual or likely kin relations. For nearly more than three-fourth of the respondents the informal 'caring' function was performed by immediate family members, especially the wife on a continuing basis. Help is usually between husband and wife. Outside help is asked for only under compulsion. When asked as to who takes care of the wives when she falls sick, the responses showed that they (retirees) did the instrumental role-like taking to the hospital, getting medicines etc but for the informal care generally the children, especially the daughter was called for, if a helping hand was required and in cases of prolonged illness. Thus, showing that women still provide most of the informal long-term care and family continues to be the mainstay of care. Although friends and neighbours may also provide intermittent or supplementary help, but such network are unable to help on a continuing and regular basis. They regarded the visit by neighbours and friends, when sick as definitely
morale boosting and showing the feelings of caring and belongingness.

Thus, an extended life span makes demand not only on the elderly individual and medical profession but also on the society, which should be a caring society-one which promotes physical, social and economic well-being. The type of health care needed by the retirees is much broader than medical treatment. The support provided by family members and other professionals as well as the help which older persons can provide for themselves are important factors is the effectiveness of health maintenance and health promotion behaviour for the elderly.

So, family continues to provide informal care and attempts should be made for the expansion of home care by families, for the elderly as living in ones own environment is psychologically important. Families with resource crunch should be provided services and financial support in the form of special allowances and tax-breaks, so that they can continue to look after their aged. Also required is a change in attitude both on the part of the elderly and the doctor. What is required is a positive attitude along with a disciplined life style conducive io health at earlier stages of life, proper nutrition, regular medical checkup etc.

– Economic Position of the Retirees

Another problem of the aged is of reduced income. Ceasing occupational activity implies financial changes-change in economic status. Despite the lowering in income of this section of the population - the salaried service middle class are able to maintain independent houses because of increasing retirement benefits-
pension, provident fund, gratuity, employer deposit insurance schemes, etc.

On enquiring about their financial position, almost fourth-fifth of the respondents felt that their financial position was average. Infact it was not as bad as it is often thought as all of them were from salaried service middle class. Though those retired long back (10-15 years) were badly affected due to the inflationary trends, as the increase in pension was not much. The main sources of income were pension, interest on fixed deposit, investment in mutual funds etc. However, a few were reluctant to disclose other sources of income.

Many of the respondents who had got some construction work done had even given their part of houses on rent, mainly for extra income and for security reasons—they could go out of station without the botheration of who would look after the house.

Though a desire to take up part-time employment was noticed, however there was a fear of non-availability of proper jobs, suitable to qualification, experience and previous position held, also health status. There were some exceptions, who did not like the idea of working after retirement as they felt that they certainly deserved the rest and peace in life after slogging for so many years.

Though they tried to meet their responsibilities—daily expenses, medical expresses etc, but they felt that slowly it was becoming difficult to catch up with the ever-increasing prices. The inflationary trends have reduced their purchasing power. They could feel the financial constraint. However, it was mostly felt by those who had not been able to discharge their duties like daughter’s marriage,
children's education etc.

- Mode of Adjustment to Reduced Income

It is also interesting to see the mode of adjustment to their reduced income—reducing over all expenditure and tuning it to the present income. They were very practical in assessing their needs and available income. The most common expression was to cut ones coat according to ones cloth. They felt that their living standard had deteriorated as compared to the pre-retirement period but despite all problems almost all of them categorically rejected any form of financial help from children on a regular basis, this was seen as a humiliation and loss of parental authority. Many of the retirees see self support and maintaining a respectful living as a challenge which they wanted to meet on their own. Most of them felt that it is important that children, show affection, respect and keep in touch rather than give material help.

The elderly wished to remain independent as long as possible. Expected help from children in situation of emergency holds only in as far as it does not imply too strong a commitment by the provider. Relationship between the elderly and their children, would appear to be based more on mutual affection than on material support. To quite an extent even those of advanced age were not only receivers but also providers of and if required financial care for children. The proportion of elderly who give help to their children often exceeds the proportion who receive help particularly among middle class families.
Another problem was the amount of unstructured free time which increases dramatically after retirement from work. The problem is how to utilise the free time, since most of this time was absorbed by work during pre-retirement period. After retirement, activities that were fully absorbing and gratifying throughout adulthood often lose much of their meaning. For instance solitary habits may provide a much needed respite from the hectic interaction during working hours but the same hobbies may not necessarily help in adjustment after retirement. The problem is not only of increase in quantity of time but also in its function and significance. Therefore, an attempt was made to look into the ways, the retirees reorganise their routine and use their free time.

Ways of responding to free time

Mornings were usually reported to be busy with most of them being health conscious, usually going for morning walks. However, this not only served their purpose of staying fit but was a very important way of interacting with their friends and acquaintances, a way of socialising as most of them could be seen in groups.

An account of an ordinary day after retirement shows that it is the noon time from 11 A.M. to 5 P.M. which becomes biting. The most common way of responding to free time was watching television, reading newspapers, magazines followed by engaging in household tasks. However, many of them watch T.V. with no particular programme in mind, just to pass time keep changing channels to look for something of their interest. Some utilised their free time by
engaging in research work. A few had even joined various clubs and organizations. These were the groups of 'recorganizers' one who substitute new activities for lost ones, when they retired from work. They reorganised their patterns of activity and derived satisfaction from it. Regular socialising was reported by about forty five percent of the respondent while for others its was 4-5 times a month. It was observed that the retirees usually prefer mixing around with their age peer and specially to those belonging to same social class and background and similar status. Status similarity generally provides a strong basis for solidarity because it joins persons of like position, who share a common set of life experiences, problems, values and interests. It provides a vital continuity during the transition from middle to old age.

- Gender difference in friendship patterns

However, in this study gender difference persisted into old age in friendship patterns. For men friendship gave scope to sociability rather than intimacy, while for women emotional intensity and sharing of problems-personal, family-self disclosures was more important. For many of the elderly males, the social circle was developed and maintained because of their spouses. There were also small group of congenial friends who play cards together regularly and really looked forward to it. However for most of them the time from 11-5 in the afternoon is like a burden.

Most of them found it difficult to initiate a new activity in the post-retirement period due to the absence of having cultivated a hobby in the earlier years. This generated a feeling of boredom, loneliness and isolation. As age increases,
this feeling increases which in turn makes them an escapist trying to live mostly by recalling the past.

- *Dwelling upon the past*

In this study, it was observed that almost-all the respondents dwelled upon the past during the interaction and interview. Most of them would answer questions about their present by first tracing back to the past times—when they were child, young, entered work force got married etc.. Greater identification with the past lives and past achievements is helpful to older people in situations of deprivation and loss. It serves the purpose of creation of an image and provides stability to the present. Most of them were nostalgic about their pasts. The chief aim is generally to lessen the uncertainties and identify threats engendered by problematic life transitions. It serves as a source of personal identity, self-respect and give feelings of social value. In a way it gives satisfaction that at some point of time they were in control of the situation, although the past may not have been as rosy as portrayed. Recollections seems to provide the aged opportunites to impart meanings to the past which were not immediatiely apparent in their daily lives.

- *Biological, Psychological and Sociological Ageing as Inter-related*

Moreover, it needs to be understood that biological, psychological and sociological ageing are not independent of each other. All these problems are inter-related. As the health problem has medical as well as financial aspects along with psycho-social reasons like loneliness, isolation, irritability which might start showing on the physical health. What is required is an integrated
manner for tackling these problems. So, it can be seen that although there are health problems, the financial problem of the aged is not very severe as most of them are getting the retirement benefits, belonging to the salaried service middle class. Moreover, the excess of time posed a vexing problem. What is required is to construct a bridge between work and recreation. New pursuits should be taken up voluntarily so as to give genuine expression to their self. It might also help in discovering some untapped personal capabilities. However, it can be said that the disruptive effect of retirement and old age were less severe in the respondents than what might be expected theoretically. This may be because they belong to the salaried middle class section of the population-where, even though income reduction may be experienced, retirement comes with some benefits. For them the problem is more of psycho-social adjustment.

**Policies on Ageing**

Ageing provokes rethinking about the individual life cycle, especially the need to plan for a long future through better housing, training health services and inter-generational relationships. Policies on ageing are essential so that they are given the right to participate fully in their society and to contribute to its growth and at the same time be protected by it.

– *UN and its policies*

Aware of the necessity for well designed policies and programmes for the ‘ageing’ the UN General Assembly called for the World Assembly on Ageing in 1982, with the aim of launching an international action programme so as to guarantee economic and social security to the older persons. It formulated a
package of recommendations for the consideration of member countries. It stressed on the need for improving the quality of life, as it was no less important than longevity, through active participation in family and the community. The issues were dealt under two headings-humanitarian and developmental. The former talked of issues related to the specific needs of the elderly like housing, environment and health, income security, education and the family. While the later dealt with the relationship between the aged and the economic and social progress.

The Assembly adopted the International Plan of Action on Ageing, which happens to be the first policy instrument on ageing at global levels. It aimed at strengthening the capacities of countries to deal effectively with the ageing of their population and with the special concerns and needs of their elderly and to increase co-operation among developing countries themselves.

The Plan also stressed on the need to stimulate action oriented policies and programmes and to foster an international exchange of skills and knowledge in the field of Ageing. It also talked of integrated approach within the overall framework of economic and social planning. It made recommendation's in seven areas-protection of elderly consumers, housing and environment, family, health and nutrition, social welfare, income security and employment, education, although all these areas were interdependent.

In addition to these it also made certain useful recommendations regarding data collection, training, education and reserach. It emphasized on the importance of international and regional co-operation in improving the
capabilities and the social status of the aged.

It recognized family as a fundamental unit of society and stressed that efforts should be made to support, protect and strengthen it in agreement with each societies system of cultural values and in responding to the needs of its ageing members. It also stressed on the need for social policies to maintain the family solidarity among generations, with all members of the family participating.

On the whole included proposals which were to serve as broad outlines for various programmes and policies to be followed by government of different countries. However, while framing the policies and programmes, traditions and cultural values and practices of each country would be taken into consideration. Some key initiatives to come out of this was the establishment of a focal point for co-ordination on issues of ageing, establishment of 'national mechanisms' on ageing.

In 1991, the UN General Assembly came out with the UN Programme for older persons, which lays stress on independence, participation, self-fulfilment and dignity.

While the Draft Global Targets on Ageing for the year 2001 focusses on the broad goals of Ageing with ultimate purpose being to support national responses to the ageing of population as well as to create an environment where the talents of older persons would find full expression and their needs met. It prepared guidelines so as to assist member states in setting national targets-setting up of national co-ordinating mechanism on ageing. Launch a campagin
on health ageing for all, which should stress on holistic approach to health, provide and enhance accessibility and mobility for the elderly to work and to promote and enhance family care giving and promote positive images of ageing and productive ageing among others.

In order to promote new approaches on international fund raising-the Banyan fund association was established in 1991. It takes its name from the tropical banyan tree, which drops aerial roots from its branches to form new trunks and ensure longevity, self-reliance and continuing growth. It specialized in promoting self-help initiatives by the elderly, their families and their communities so as to enable the elderly to remain independent and contribute to society.

In 1990, the UN General Assembly designated 1st October as International Day for the Elderly, while 1999 will be celebrated as International Year of Older Persons. The theme chosen for the year is "Towards a society for all ages" which reflects the philosophy to promote the idea that societies should be inclusive in nature, should embrace all population groups and should share their resources equally.

– Indian approach

The World Assembly on Ageing gave impetus to the Indian Scenario, till that time no concrete steps had been taken to implement programmes for the aged. The Five Year Plan documents do not show consistency in recognising the old as a target group needing welfare services. For the first time reference was
made in the eighth five year plan, towards the welfare of the elderly recognizing them as target group. Some of the proposals were-setting up of national board of senior citizens, in the state sector it proposed to broaden the old age pension scheme and creation of national elder’s fund. It stressed that family, being the basic unit of care for the aged should be strengthened to prevent the situation, national policy of aged and observance of national day for the elderly among other recommendations. The schemes adopted under this plan were-welfare of the aged, old age home programme, mobile medicare service programme. While the ninth plan focuses on rehabilitation within the family and community structure, utilization of the talents, payment of the minimum amount of Rs. 75/- per month as old age pension to destitute elderly by states and union territories, and concessions in the services.

Besides, other benefits in the organised sector are pension, employees provident fund schemes, payment of gratuity. However, the rising cost of living has eroded the purchasing power and led to decline in real income. While in the unorganised sector only old age pension scheme are being implemented which are paltry amount.

In January 1999, the government came up with a comprehensive national policy for the old which is said to be the first of its kind. The central theme is to achieve integration between the young and the old and to develop a formal as well as informal social support system so as to increase the potential of the families to take care of the old. It also talks of benefitting the society by utilising the experiences of the aged, and broaden the old age pension scheme so as to include all those below the poverty line within this. Another important area is to
encourage the State Government to inact laws which will make it obligatory for children with adequate means to take care of the parents, observing year 2000 as the National Year for Older Persons.

Overall the Indian approach shows that the priority for the welfare of aged has been low amongst the various welfare scheme. because of some considerations like the belief that there is no real problem of the elderly and the family should take care, that it is non-development expenditure so expense should come from non-plan budget. They are preceived more as recipients of benefits rather than as contributors to national development. Though the government emphasises on the role of NGOs but the resources support provided is not enough.

— Awareness among the respondents of various programmes

In this Study the respondents were not very aware of all the steps undertaken by the government for the betterment of the ageing. In fact the only known schemes were like pension, provident fund, gratuity because of being in services and a little bit about old age pension and concessions in railways and the like. To a limited extent they also showed some awareness of the programme run by NGOs like free eye care camp, medical checkup camps. But their awareness on the government policies in the five year plans was almost negligible. Infact most of them felt disappointed with the governmental approach as they felt that the efforts were half hearted. Even after the raiseing the retirement age to 60 years, most of them felt that it was not enough as in some other services the limit is 65 years. Many felt that because they don't cater as vote bank no
political party ever take interest with seriousness. Awareness about United 
Nations and other things were not taken with much seriousness. In fact, they 
feel that nothing much can be achieved without change in attitude of both the 
old and the young.

– Role of NGOs

The voluntary sector was the first one to respond to the problem of the elderly 
in India. Moreover the role of NGOs in realm of the care of the aged, in India 
becomes critical in view of the fact that expansion of activities of the government 
relating to the care of the aged have not been much. Some of the organizations 
that have set up multicentre services are - Action for Social Help Assistance, 
Help Age India etc. The initiative taken by NGOs to deal with the problem of 
aged is itself a positive feature. They have been engaged in providing a number 
of services ranging from institutionalized services to other kind of services like 
day care centres, eye operation camps etc. However, more needs to be done.

Though the Government lays stress on the role of voluntary organization 
to come forward with programmes and help the elderly, the resources support 
provided is not enough. Even at the Central Government level only a few 
organizations are being provided with grants-in-aid for specific welfare activities 
for the elderly. The Government should extend financial assistance and also 
broaden official support to these institutions.

– Appraisal of governmental efforts

It is generally said that those employed in the organised sector have the security 
schemes like pension, provident fund etc. however, on account of inflation and
mounting health care expenses, these might be insufficient to meet the costs of treatment. Therefore, alternative system of social security irrespective of their source of retirement (organised or unorganised sector) should be thought of.

The national policies for the welfare of the aged have not been very effective because of the absence of a responsible accounting and delivering system at the grass root level. There is a need for establishing a pressure group which can highlight the issues which have remained at the backseat till now.

It is important to bear in mind, while framing policies and programmes for the aging, that they are not a homogeneous group. So, their differential requirements and priorities in terms of residence (rural/urban) sex (male/female) employment (organised/unorganised), education etc. should be reflected in the policy frame work.

Geriatric clinics and wards should be set up in all hospitals to provide treatment at subsidised rates. Preventive health care through proper diet, nutrition, periodic check-ups etc. should be emphasised, in the hospitals and primary health care centers.

The role of family has been emphasized time and again, when referring to the problems of the elderly. The International Plan of Action on Ageing places high priority on the development of policies that will both strengthen and complement family supports for older people.

However, it would be a mistake to view the family as operating in isolation
from and without the support of the community and government institutions. One concern arises, however, as the provision of outside assistance increases—that the provision of too much outside assistance will prove counter-productive, weakening roles and responsibilities better maintained by the family. Thus, an important task is to find a good balance between family and government assistance, that is, to help the family continue to be responsible to the needs of its elderly members but to provide outside support and care when required.

Considerable focus has to be laid on improving the caregiving relationships by proper schemes of support and encouragement of benefits—tax concessions, incentives, social recognition etc. The ability of the family to cope with their needs whether physical or financial or psycho-social, should be strengthened through supportive social service, policies and programmes should facilitate this as extensively as possible. Care of the elderly in old age home should be the exception rather than the rule.

At the same time considering the resource constraints of the country measures have to be designed accordingly. For this a proper co-operation should exist between the voluntary organizations, governmental departments and the family members of the elderly persons.

The NGOs should be actively involved in the social sector planning right from inception. Family and community based programmes of age care should be encouraged. There should be an integrated approach to the formulation and development of projects. There should be proper networking of action groups engaged, particularly, in the service of the aged in various fields.
The national policy that has been formulated recently is a welcome step. But proposals like making it obligatory for children to care for their parents who lack the wherewithal are questionable. After all, how many would bother to take their children to court if the latter faltered on this law. Moreover, the old need more than mere financial support. They need help with such basics as shopping, paying their bills, medical and legal advice and even just someone to talk to especially when we are talking of the salaried middle class population. Therefore a sustained public campaign is necessary to sensitise the people and the community to care for the ageing. To see them as an integral part of society. Conditions should be created for age-integrated society rather than the one which is age-segregative. The guiding principles of the policy should be survival, protection, participation and promotion of a composite culture of social care and share. There is a need to utilise the elderly human resource effectively and reduce their dependency upon others to help them to organise their own needs.

The Theoretical Approaches for the Study of the Aged

This study also tried to take a look at middle range, the theories that have been proposed to tackle the problems of ageing to serve as interventions to help individual age successfully. The most controversial have been the disengagement and activity theory which deals especially with the retired population.

- Activity and disengagement theory

According to the activity theory, satisfaction in life is linked with activity and achievement and so for successful going people should remain active and in
mainstream. For successful ageing a person should continue being or behaving as much as possible like a middle aged person. Happiness is achieved by denying the onset of old age for as long as possible. The key to optimal ageing are activity, out goingness and involvement in social life. If existing roles or relationship are lost, it is important to replace them because when activity drops, there is corresponding decrease in satisfaction and contentment. While, according to the disengagement theory, in it the individual or society many initiate the process of disengagement. It states that the process of mutual withdrawal of ageing individual and society from each other is natural, necessary and inevitable. The withdrawals from social relationship will lead to individual maintaining a high moral in old age.

However, this theory has attracted a lot of critical appraisal. The main criticism is that withdrawal from a role by the aged is not necessarily by choice but is forced on them by fixing a statutory retirement age. The concept itself was seen as legitimizing as from of social redundancy among the old. Most of them while disputing the position of disengagement as natural correlate of ageing and retirement, still admitted its reality as a consequence of given physical and social conditions. But there are doubts on the extent to which it can be regarded as an intrinsic and universal phenomenon, thus making it limited in scope and its non-applicability on large scale. It can be one of the number of styles of ageing. Generally parallel is drawn to the theory of Ashrama Vyavstha.
The word ‘ashrama’ means a halt or a stoppage in the journey of life just for the sake of rest in a sense in order to prepare oneself for further journey. There are four specific stages along with a corresponding role expectation—Brahmacharya, Grihastha, Vanasprastha and Sanyasa in that order. The first stage of brahmacharya ashrama is the phase of student life where an individual acquires knowledge and pursues his learning in accordance with the dharma. The next stage is of the ‘Grihastha’ or householder. There an individual is expected to fulfill his obligation and duties towards his family and ancestors. The Third phase is of Vanaprashta when an individual is required to leave the shelter not only of the family and of the home but also of the village and go to the forest and live there and strive to bring under control his senses of enjoyment. A conscious effort is made by the individual to withdraw himself from active social participation and life so that he may enter the final stage of ‘Sanyasa Ashrama’. The individual is expected to give up all attachment with the world and strive for the ultimate aim of attainment of salvation. This view recognises the withdrawal from society as an approach towards old age. However, it has one positive aspect which the dis-engagement theory lacks—it is a theory of social organization from the point of view of age-stratification and age based roles and social sanctions and allocation of facilities. While the disengagement theory is too limited in its scope and does not explain for the non-applicability on large scale. While the ‘ashrama’ model for ideal life cycle is one which, at least in its broad outlines is known to Hindus of all social levels. In contemporary India they use the notion of the four stages of life normatively.
The problem is that these theories most talked about are too limited in scope and applicability. Considering the heterogeneity within and between cultures of the elderly population and their problem being multidimensional, no single theory can universally be applied to the 'aged' together as a homogenous section. It is important to understand ageing as dynamic process rather than a static process. These theories consider age as natural condition with its own peculiar feature independent of the social and historical context. Any theory trying to postulate one desirable feature of ageing would be inadequate.

An Approach to Successful Ageing

Old age can no longer be regarded as the locus of specific mechanisms peculiar to particular stage in life and endowed with a nature of their own. The approach should be to assume a life course perspective. The position held by individuals within social relations has a profound effect on their life trajectory because it exercises direct-indirect effect through a set of factors that act as mediators and relay and multiply the initial impact on the position. The focus should be on ageing as a part of whole life rather than as a static group, apart from the rest of the population. To view ageing as a part of the life cycle rather than compartmentalization.

The World Assembly on Ageing put forward the concept of 'Active Ageing' - based on the idea that ageing constitute an important resource which is neglected in modern societies to the detriment of these societies as well as of the ageing themselves. Unlike the activity theory, the activities, implied in 'Active Ageing' are aimed at achieving certain objectives on the part of the elderly.
such as economic security, sense of purpose and meaning in life and integration in the community and society. It stresses on the harnessing of the potential resources of the ageing so as to re-establish the reciprocity between the ageing and the society.

Obviously, there is no ‘gold’ standard by which successful ageing can be defined since the criteria will vary between people. Any theory that postulates one desirable features of ageing activity, disengagement, withdrawal demand will be inadequate.

Of paramount importance is the continuing mental activity in old age, since both physical and mental activity are essential ingredients of good quality of life in later years. What is required is resource utilization. They are vast reservoirs of knowledge, experience wisdom and skills. This utilization would give them feeling of belongingness, satisfaction and promote healthy ageing. Emphasis should be on developing the skills of all ability levels. As one ages, no doubt vulnerability increases. But resource utilization and continuing mental activity does not mean making an extra effort, in fact this vulnerability, should be acknowledged. Ageing success fully does not imply avoiding the problems and losses that comes with age. On the contrary it means maximising gains and minimising losses. This might require one to change one’s expectation and standards, to delegate control, to acknowledge the uncontrollability of specific events to accomodate ones goals.

On analysing the responses of the retirees it was seen that though no single criteria was given for successful ageing, however, most of them stressed
on the need for proper planning and discharging of ones responsibilities before retirement, keeping oneself busy and mentally active so as to utilize the spare time. Along with this a positive attitude, flexibility and utilization of ones potential and recognising ones limitations could also help in ageing successfully.

Also important is one's belief in the ability to determine the outcomes of life events and destiny. When we believe we can effect the out-comes in our life, make choices, cope with the consequence, we behave differently than when we do not hold such belief. What is important in determining the quality of life is not actual control rather one's belief in perceived control. Believing that one has control may be more important in exercising particular responses to bring about desired outcomes.

Also important is the attitude of the public towards the elderly. Many stereotype of old age exists. These negative stereotypes represent a form of symbolic stigmatization, which finds its way through to practical every day action, thereby giving meaning to the experience of growing old. Stereotyping seems to affect the elderly's confidence and may lower their self esteem. It might contribute to behaviour that actually confirm to the prevalent stereotypes. What is important is to improve the attitudes through education. To focus on human ageing as a natural process. Also the elderly should themselves hold a positive self-image. They should try to maximise their independence, autonomy and self-respect. They should be empowered, which again is a life long process rather than trying to achieve it in old age. One should strive to promote ones independence with purpose and dignity to age successfully.