SOME PROBLEMS OF THE AGED

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CHAPTER IV

SOME PROBLEMS OF THE AGED

IV.1 INTRODUCTION

The last chapter has initiated us to an understanding of the family relationships of the aged. It shows how the family plays a central role in their overall well being, especially in old age.

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, than the problems of the young and middle age group because human beings are less prepared both physically and mentally to face problems in old age. The multitude of problems, which the elderly face, often range from health to psycho-social, from lack of employment to economic insecurity, to lack of familial and social support. Each of these problems is of serious nature depending upon their social and economic background. This chapter aims at discussing some of the problems of the aged and their coping strategies. As already stated the focus is on the urban middle class retirees, i.e. essentially those who were in white collar occupations. The major problems identified are health, economic and excess free time available and its utilisation.

IV.2 HEALTH

Healthy body and mind is a pre-requisite of all meaningful existence. It is said that:

If a man feels that the years have taken a toll on his physical energy (as a result of biological ageing) and he

can no longer handle old problems and adjust to new ones (psychological ageing), and withdraws from his usual roles in society (sociological ageing) he is old, whether he is 65, 85 or only 50²

Physical health is an important factor in the life of every individual. It is related to his overall adjustment and general well being. Individual ageing processes involve multiple bodily changes - formation of cells and tissues are altered, organs lose functional effectiveness to an extent and resistance against infection diminishes - which means a gradual diminution of health. Ageing increases susceptibility to diseases, most ailments at older age have a degenerative origin. While such pattern may evolve slowly, they are irreversible and can have multiple pathological aspects.³

Old age is not a disease yet it has been and is often treated as disease.⁴ Even though advancing age tends to bring increased health problems, old age, as such cannot be identified with ill health or disability. Old age and sickness are not synonymous, since health differences among the elderly can be striking. Not all elderly people are sick, infirm or handicapped. There is a danger inherent in widespread assumptions of old age dependence and sickness is that they exaggeratedly make the old appear needy and helpless. As a result, the elderly may be subjected to kinds of protective care that can make them sicker and more incapacitated than they would be without such care. To equate “being old” with “illness” means that the elderly are not only seen to be a problem group but may actually be turned into one.⁵

Successful ageing involves an ability to overcome physical discomfort, or at least enjoy activities where body status is relatively unimportant. If an elderly overemphasises bodily well being in extracting enjoyment from life, then disappointment will almost inevitably result. Elders should not just ensure their ‘survival’ rather they must sustain their productivity and enjoy a good ‘quality of life’ conducive to physical and emotional well-being. Good health is

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5. Ibid, p.11.
the pre-requisite of good 'quality of life'.

The WHO defines health as a complex state of physical, mental and social well-being. Health among the elderly population is the outcome of a lifetime of experiences and healthy history. It is also influenced by one's present life situations, including availability of care. There are important social and psychological aspects to most health problems in addition to the definite physical aspects. In fact, health behaviour is an important manifestation of an individual's physical and psycho-social perspective.

IV.2.a Health Problems and Self-Perception

In this study an attempt has been made to assess the general overall health of the retirees from their responses to various health-related questions.

Self-assessment of health is an important element in any analysis of health status. Firstly, whatever be the relationship to a clinical assessment of health, it represents the way the individual sees his/her own health at the time he/she is asked the question as to the state of his health. Secondly, it is often seen that self-assessment of health is associated with objective measures of health.

While evaluation of one's own health condition is not a substitute for medical diagnosis, it nevertheless merits attention as an additional objective determinant of health status and associated socio-psychological attributes. Investigations have found that the elderly usually evaluate their health positively.

In this study the self-assessment of the respondents' health was carried out by means of a section on health status in the interview schedule.

Chart IV.1

GENERAL HEALTH OF THE RETIREES

Health Status as Perceived by the Respondents

BEFORE RETIREMENT

AFTER RETIREMENT

52

46

2

1.71

4

20

74.28

Very Good

Average

Poor

Very Poor
It can be seen from chart IV.1 that general health of the retirees, as perceived by them, is average. They are neither very sick as to be incapacitated, nor too fit and agile to engage in physically strenuous activities. However, comparison of the responses on general health status, before and after retirement, as viewed by the respondents themselves, shows that there is a shift in response, from very good by 52 percent to average by almost 74.28 percent of them.

Most of the respondents showed a tendency to express optimism in self evaluation of health. Some of the responses were:

Look, as one grows old, the system obviously weakens ...... it is natural. Yet, I feel that one shouldn't be hypochondriac and take it as a part of growing old ... why make fuss unless it disrupts my daily routine.

Still, other responses show that the retirees evaluates their health status in comparison to the peer groups and at times to their grown up children:

Why, what is wrong with my health? I think I'm perfectly alright except for small problems like-joint pain, cold and cough. Look at my colleague, we retired from service almost five years back and all of a sudden I feel he is much older to me....... every time I meet him, he complains of one or the other health problems.

Another one being:

See these problems of body ache, weakening of eyesight etc. are part of ageing ... what is important is that I'm still functioning well like my grown up sons ...  

Another one showing positive attitude of the respondent:

As if only old people have health problem. Don't the youngsters face these problems? It is true that physical stamina deteriorates, but I guess, what matters is how well you integrate it in your life. Look at my friends... Many of them suffer from so many problems at least God has been merciful to me.
Optimism could still be seen:

Well ... how do I feel? I feel as healthy as I used to feel ten years back, when I was in service. In fact I'm more healthy than my children. See, my son is only 38 and is having heart problems. I'm 68 and have no serious ailments.

Yet another response was:

Touchwood ... except for high blood pressure and a general feeling of weakness and tiredness or over exertion, I don't have any other problem ... which I think is much better after seeing my age group people and relatives ... Some of them even find it difficult to maintain an independent life style.

These responses show a tendency to express optimism in self-evaluation of health. An explanation for this tendency of the elderly population to generally express health optimism is that they often compare their condition with that of their age peers and with the expectations others have of the elderly's health. A study of W.C. Cockerham shows that about 40 percent of the aged rate their health as 'much better' against about 25 percent of lower age group. 'Much better' is reported because they have survived and comparison of health was made with health of peer group.\(^\text{11}\) They also tend to accept aches, pains and other small symptoms of physical distress as the usual accompaniments of advancing years.\(^\text{12}\) Along with this one's own expectation of his/her health in old age also matters. Absence of any serious illness or handicap may therefore be considered to be a sign of relatively good health. Maintenance of an independent life and household set up is also seen as a sign of good health.

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IV.2.b Common health problems among the elderly

The elderly suffer mostly from chronic diseases such as arthritis rather than acute diseases such as pneumonia. Studies revealed that chronic illness affects between eight and ten times as many old people as acute infectious disorders.

Among the main elderly chronic ailments are hypertension, heart problems, arterio sclerosis, pulmonary afflictions such as chronic bronchitis, pneumonia. Problems of lung, kidney, chronic renal insufficiency, diseases of the prostate; skin problems like eczema, diabetes, blood pressure etc. Also diseases of the thyroid gland, a class of relatively frequent ailments, have symptom that usually differ from those encountered at younger ages. In case of diabetes, the aged generally do not have pre-elderly symptoms. Mostly the signs are relatively vague, such as fatigue and weakness. Among the nervous system diseases, Parkinson’s disease is the most important one. Its most striking symptoms are restricted mobility and muscular rigidity, shaking and abundance of saliva, mental deterioration. Other problems are visual defects, hearing impairments and speech deterioration which can cause social isolation and alienation from others. Bone and joint troubles which often occur among the elderly include arthritis, osteoporosis and brittleness of bones leading to fracture.

However all chronic illness is not serious and extremely consequential. A few might experience a major limitation of activity. The bulk of the aged actually manage to function quite adequately.

In order to assess the type of disease common among the respondents, they were asked to specify those disease from which they suffer. It was observed that only 18 percent of the respondents reported as having no particular disease while among the remaining various types of disease were observed. It can be seen from Chart IV.2 that some of the respondents were suffering from more than one disease.

CHART IV. 2

COMMON DISEASE OF THE RESPONDENTS

The most common disease mentioned by the elderly were diabetes, blood pressure, eye problem, heart problems, arthritis and general body aches. A few respondents did suffer from excessive shaking of head and hands while writing.
While talking to the respondents in general a common problem, associated with general weakness, body ache and arthritis were falls, which became quite common in old age. Most falls among the elderly occur in their home and often go unreported unless and until it disrupts their routine life. Sometimes it may cause disproportionately severe injuries. The main hazardous areas were reported to be bedroom, bathrooms and staircases. The common self reported causes were unknown reasons, arthritis, muscular weakness, visual problems and impaired mobility. A few of them reported the cause to be tripping - due to uneven flooring, high stair cases, irregular pavements and mobility aids like walking sticks etc to be the cause of fall.

Another common problem, though not included in the chart, but generally mentioned by the respondents was deteriorating memory.

The common responses were:

I don’t know what has happened ... I don’t remember names and faces well ... I know that I’ve met the person but cannot recall the name when I was of your age I could remember even the most difficult of telephone numbers on my tips.

Another one was:

My memory is really deteriorating .. at times I fear that one day I'll forget my name as well.

Yet another:

It is so embarrassing when at times I meet some known face but don’t remember the name. I keep chatting to them, but fear what if they ask "Do you remember me? What is my name?" But then there is little that can be done.

Some expressed their memory deterioration as:

Not that I don’t remember faces, the names but often I forget where I’ve kept my books, some important papers etc. ... I keep it in a very safe place, but forget the place
.... say, what is the use of that safe place... It really makes me feel bad and helpless. I get irritated with myself. It is so frustrating.

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.17

On enquiring about the visits to the doctor for regular check up it was found that as much as 70 per cent of the respondents paid visit occasionally and only 24.85 per cent were regular visitors as can be seen from Chart IV.3.

CHART IV.3
VISIT TO THE DOCTOR FOR REGULAR CHECK UP

The aged, much more than the younger age groups, wait until the disease symptom becomes threatening before getting professional help. Such behaviour involves delays rather than cancellation of previously made appointment.

According to Shanas,\(^\text{18}\) many older people, despite health complaints believe that a doctor cannot help them or that they are not really sick enough to require medical attention.

There is generally a feeling that doctors are not specialised to treat the aged. As Shanker points out that when treatment is not possible, then the lack of certainty confronts the physician. When praxis fails, the diagnosticians retreat into irrationalism embodied in the notion of nature. A health problem is redefined as something beyond the scope of medicine and attributable to old age, to nature... One way of describing a patients decline is to say that he or she seems to have aged. The label 'old age' is used not to justify non-treatment but to describe advanced pathology. There seems to be a quick association between old age and disease or between pathological process and natural ageing reflecting the stereotypes prevailing what is wrong is to perceive old age as a pathological process. To say "It's just old age" is tantamount to admitting that one does not understand the problem.\(^\text{19}\)

However, the problems of health and illness in old age are by no means simply medical. They are also largely financial. The problem is that the medical needs of the aged increase as their income drops. So, health problems have medical as well as financial implications - financing of medical care.

In this study most of the respondents felt that visits are required only when there is some problem:

\(^{18}\) Shanas and Maddox, opp.cit, p.599.
Why should I unnecessarily visit the doctor and start feeling as if there is really some problem. After all each visit requires money to be given to the doctor.

One of the responses was:

The doctors charge too much fees on each visit. While the government hospitals, do provide inexpensive care but are usually situated at places which are difficult to reach..... moreover waiting for services is usually very trying.... there are long queues.

Another one was:

In the name of regular check up, they charge so much ... many a times when the need really arises they are not even well equipped to identify or handle complications and give proper care.

Yet another:

Most of the problems is a part of growing old. I feel there is not much the doctor can do about this, except in serious cases. Moreover, I don't think the doctors really bother much, except for saying that - it is nothing much, just signs of ageing.

IV.2.c Health and daily life competence

Physical fitness promotes a sense of wholeness or overall well being. According to Cockerham. One of the key to happiness in old age is health. Without it even a vast sum of money will not be able to compensate for feeling ill and being unable to enjoy one's interests and usual activities of life. According to Corbin and Lindsey, physical fitness is the entire human organisms ability to function efficiently and effectively and it includes at least eleven different components. There are five health related fitness components - body composition, cardiovascular fitness, flexibility, muscular endurance and the strength. While the

skill related fitness components are agility, balance, co-ordination power, reaction time and speed. Each of these components contribute to overall physical fitness. Along with this it includes eating habits, work schedule, life styles, awareness of health hazards, personal attitudes, stress management and morale.

Another way of identifying health conditions among the elderly is to focus on levels of functioning rather than on pathologies. Needs of an older person for medical and social assistance can be determined more readily from such levels than from prevalence of disease. A WHO advisory group\(^22\) reported that:

\[
\text{......health in the elderly is best measured in terms of function, .... degree of fitness rather than extent of pathology may be used as a measure of the amount of services the aged will require from the community. Such functional models provide a more useful conceptual tool than medical models, since they are better predictors of how pathology may be translated into illness caused behaviour and ultimately into sickness.}
\]

This means that a look at the daily life functioning or everyday competence can serve as an important indicator of the health status of the aged. An effective management of daily life requiring the orchestration of skills ranging from those essential for personal care to leisure activities and their implementation when needed during the daily living is called 'every day competence'.\(^23\) Such competence may have two components - basic level of competence that deal with basic activities of daily living and expanded level of competence or the skills needed for leisure and social activities.

Competence in every day living need not mean absence of impairment or disability. A person may or may not have any physical or psychological problems but as long as tasks of daily living are managed by the person without

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dependence on others, the person 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. The hindrances did not interfere with daily functioning. Infact many of them had also taken up additional household work after retirement - like doing grocery, payment of bills, getting house repaired, marketing etc. However, as it can be seen from table Chart IV.4 that almost 71.42 per cent of the respondents experienced some difficulty in doing strenuous physical work, like carrying heavy luggage, shifting things in the house and too much of exertion. While 20 per cent experienced problems climbing stairs and were regular users of walking stick. Almost 24 per cent of the respondents experienced problems while driving car especially in the night.

CHART IV.4
DIFFICULTY EXPERIENCED IN FOLLOWING ACTIVITIES

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Climbing Stairs</td>
<td>6.28%</td>
</tr>
<tr>
<td>Walking</td>
<td>20%</td>
</tr>
<tr>
<td>Daily Activities</td>
<td>24%</td>
</tr>
<tr>
<td>Undertaking Journey</td>
<td>10%</td>
</tr>
<tr>
<td>Doing Extra (Heavy) Physical Work</td>
<td>1.70%</td>
</tr>
<tr>
<td>Boarding Bus</td>
<td>2%</td>
</tr>
<tr>
<td>Driving Car</td>
<td>71.42%</td>
</tr>
</tbody>
</table>
Some of the responses were:

I generally avoid driving in the evening. In fact I avoid driving regularly as it requires concentration and causes feelings of tiredness.

Another one was:

Response is not quick enough and during night time, glare of light of cars from the opposite direction causes problem.

Although on an average respondents still managed to maintain independent households and were competent in daily living, but most of them reported of general feeling of tiredness or over exertion. One of the comment reads as:

Earlier before retirement even though I was mostly on tour and always over worked but never felt exhausted.... now after retirement even though most of the time I'm at home .... I get tired very easily even if I work for 2-3 hours at a stretch ....

Yet another:

Though I don't over exert myself..... but taking rest for 2-3 hours, in the day time is essential or else I feel tired. This may be because of no routine engagement in work.

IV.2.d Health and Dependency

Health is always a central factor affecting family interrelations and in fact it can become a catalyst which determines residential, economic support and kin interaction behaviour patterns affecting the aged.24

Health problems along with socio-cultural factors lead to dependence of the elderly on others in later life. So, dependency is one of the most pervasive

problems of ageing, a problem for the older adults themselves, for their families and friends. Although from a life span developmental perspective, dependency among the elderly is better understood as multi-dimensional, multi-causal and multi-functional.\textsuperscript{25} Multi-dimensionality refers to the fact that dependency can occur in multiple domains mental, economic and physical.

Family support play an important role during crisis and in a period of chronic illness and in managing stress. Although adult children in modern societies do retain some obligations for looking after aged parents, Cowgill and Holmes\textsuperscript{26} note that these obligations are often not wholly binding.

Ill health can function in strengthening the kinship network in terms of frequency of interaction. However it is difficult to predict the quality of the relationship between the ill elderly and their children. It can be said that both the giver of support and the dependent can usually adjust to dependency, if it is of limited duration in time, or the dependent has something of value to exchange for help received or they share especially intimate socio-emotional bonds.

However, prolonged treatments can overburden the family as permanent supervision may be necessary, thereby affecting the spatial mobility of the care givers. Families exposed to such stress may at times react more strongly. Lodging and taking care of an ill old person may also require that the role of each family member must be thoroughly restructured with respect to the division of labour and in relation to the needy individual. A male head may need to assume a larger part of household duties. His wife may have to spend more time in caring, care givers may also risk isolation and run the danger that their social contacts will diminish. Friends may no longer, or less frequently, be invited

because of the presence of the ill family member.\textsuperscript{27} Moreover it can cause financial burdens.

However, in the Indian context family support network seems to be the most important network during the times of crisis and for the personal care and support of the elderly when they fall sick.

The question - who might be the informal care giver? is an important one, since the answer would evaluate the actual or likely kin relations. In this study according to 88 percent of the respondents the caring function was performed by immediate family members - wife, daughter, son, daughter-in-law, as can be seen in Chart IV.5. Within this too, three out of four considered their wives to be the main informal caregivers. When asked as to who takes care of the spouse when she falls sick, the responses of respondents showed that they did the instrumental role - taking to the hospital, consultation with doctors, getting medicines from the market etc., but for the informal care generally the children, especially daughters were called for the care giving function, if it required prolonged care. Women still provide most of the informal long-term care. And many of the family care givers are themselves elderly. The family still continues to be the main source of affection, emotional support and assistance for the elderly in case of illness\textsuperscript{28}. Informal care is still the main form of assistance for the elderly. Although the use of formal services is growing, the family continues to be the mainstay of care.

\textsuperscript{27} Dooghe, opp.cit. p.21.
Some of the responses were:

We take care of each other ... at times children do come over but one cannot expect them to disrupt their daily routine and take care permanently.

Another response which stressed the role of spouse was:

 Nobody can take care of you permanently except for your spouse and at times may be children. Though I have many good friends .... but see they have their own family life ... problems so expecting this would be too much. Their visits at times does boost the morale but nothing more than that.
Another one was:

It is only when I am seriously ill that I feel helpless and feel the need of children staying with me or at least nearby... usually my wife takes care of me... we manage it somehow.

Yet another response was:

See except for wife and children you cannot expect informal care from others .... Yes, many times when I fall sick my friends pay visit and assure of all help needed ... now that does not mean I'll start bothering them for every small problem... that saying is just a formality.

Even while talking to their spouses, the elderly females, it was observed that help is usually mutual between husband and wife. They often do not ask for help unless or until it is a compulsion. As one of them comments:

My husband usually takes care of me when I fall sick. You know, he gets nervous even if I catch a bit of cold and cough or low temperature. It is only when our sickness requires prolonged care that we bother our children. Often we do not ask for help. Everybody, including our children have their own families their own lives. Why trouble them unnecessarily.

Outside assistance network needs to be called upon only when the functional capacity of intrahousehold support possibilities decline significantly.

One of the response was:

I stay alone with my wife who is bedridden. So, when I fall sick, hell breaks in the house, I call upon my friends or my brother who lives nearby for help. At times they get maid servants to help me out.

Another one was:

Generally my wife takes care when I fall sick - bedside nursing, administering medication and emotional support; however, in case of an emergency like immediate hospitalisation and all, I've to take help from my neighbours.
Yet another:

Actually, we stay alone ... when I'm sick my wife takes care of me, and when she is sick I take care of her, but in case of emergency we have to take help from neighbours, friends.

Although friends and neighbours may also provide intermittent or supplementary assistance, but such net works are unable to help on a continuing and regular basis.

Except between spouses little direct exchange of help occurs. It was also seen that a resident paying a call on an ill neighbour to cheer up or check up on or simply 'visit' was likely to be categorised as 'normal' neighbourly friendliness or duty and not the giving of help while the neighbour or friend may regard the visit as helping the sick person. However, the respondents did regard these visits as morale boosting and showing the feelings of caring and belongingness.

IV.2.e Health Care and Suggestive Strategy

An extended life span makes demand not only on the elderly individual and the medical profession but also on the society, which should be a caring society and one which promotes the physical, social and economic well being. The type of health care needed by this section of population 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 critical factors in the effectiveness of health maintenance and warth promotion behaviour for the elderly.29 Adopting a healthy life style, should involve right eating, regular exercise and medical check up. It will help them see through a relatively easy and healthy old age.

Moreover, expansion of home care by families is important, as remaining in one's own living environment is psychologically important. The sick can remain surrounded by relatives and treated more as a family member than as a patient. To support the families facing especially severe elderly health problems there should be expansion in number of centres. Planning should be directed towards developing and providing service and financial support programmes like special allowances and tax breaks.\textsuperscript{30} This could serve to promote stronger family ties in times of stress.

Lastly, coping with problems of health of the elderly requires a change in attitude both on the part of the elderly individual and also the doctor. Neither must regard immobility to be natural. This change in attitude will not come about or become evident in old age, unless it has been a part of the attitude of health and disease at earlier periods of life. It calls not only for a generally positive attitude of mind, but also for resolution to inculcate a life style conducive to health at earlier stages of life. It also means the negation of a fatalistic attitude.\textsuperscript{31}

The emphasis should be on prevention of debilitating conditions in old age through healthier life styles, early diagnosis, environmental safety and health education. Stress should be on adopting life-long behaviour patterns conducive to health, like not smoking, low alcohol intake, regular exercise and a nutritious well balanced diet. Importance should be given to safety measures within the home, provision of non-slip floors and even staircases. Control to all preventive strategies, of course is health education with its focus on life styles, accident prevention, proper nutrition and regular medical check up. So, health education should be oriented towards imparting education to elderly about

\textsuperscript{30} Dijkstra, opp.cit. pp.46-47.
\textsuperscript{31} Gore, M.S., opp.cit., p....
leading an improved and independent quality life. It should be to liberate the elderly and empower them to take care of their needs.\textsuperscript{32}

\textbf{IV.3 ECONOMIC DIFFICULTIES}

Ageing by virtue of itself, indicates multiple problems and one of the major problems faced by the elderly is economic hardship. The major losses of central social roles in old age, include not only of health but also of employment and income. The character of these losses makes them virtually irreversible.\textsuperscript{33} Retirement from work is often identified with a considerable reduction in the amount of income one used to draw. So ceasing occupational activity implies financial change. Income from work, for most forms the main source of economic support, becomes replaced by a pension amount, which generally happens to be lower. Such reductions are often accompanied by lower living standards.\textsuperscript{34}

However, it has been pointed out that larger number of those surviving to old age among the service section of the middle class are able to maintain independent homes because of increasing retirement benefits like pension, provident fund, gratuity, employees deposit linked Insurance scheme etc.

In order to ascertain the actual economic situation of the respondents, a separate section on finance was included in the interview schedule. The questions tried to assess the present financial position, available financial resources, problems if any and ways of adjusting to the reduced income. As can be seen from Chart IV.6 almost 82.85 per cent of the respondents felt their financial position was average, neither too good nor too bad.

\textsuperscript{32} Bali, opp.cit., p.35.
\textsuperscript{33} Rosow, opp.cit., p....
\textsuperscript{34} Dooghe, opp.cit. p.9.
In fact the general economic condition was not as bad as it is often thought, as all of them were from salaried service middle class.

On enquiring about the present monthly income it was found that almost 75 per cent of the respondents fall in the category of Rs. 7500-8500 P.M. However, those respondents who had retired almost 10-15 year ago were the worst affected as the increase in pension was not much.
The main sources of income were pension, interests on fixed deposits and rent. The details have been listed in Chart IV.7. However, it was seen that some of the respondents were reluctant to disclose other sources of income apart from pension (if eligible) and rent.

**CHART IV.7**

**MAIN SOURCES OF INCOME FOR THE RESPONDENTS**

- **Monthly Pension**: 57.14%
- **Rent**: 18.28%
- **Business**: 17.71%
- **Working**: 5.42%
- **Bank Deposit Interest**: 2%
- **Shares / Investments**: 8%
- **Landed Property**: 20%
- **Help from Children**: 60%
Most of the respondents who have got some construction done, have rented a part of their house mainly for two reasons - for extra income and for security, so that they could go out of station without the botheration of who would look after the house. Some of the responses were:

These days you don’t get full time servants and it is not safe enough to leave the house vacant alone for a long time, say a month or so. So we gave one room set, adjoining the garage on rent more with the intention of security ... that there will be some body to take care while we are away.

Yet another response was:

Atleast I feel that there is somebody in the house and not just the two of us ... moreover in times of emergency they are indeed very helpful. It also adds to the income.

Most of them expressed it as a source of income and security: It serves the twin purpose of extra income and security.

Almost 70 per cent of the respondents were pension receivers. The consolidated income that a retired elderly receives from different sources varied greatly. While many had pension as the sole source of income, some had many supplementary sources to enhance their financial situation.

A few were even interested in taking up part time employment but couldn’t due to ill-health and non-availability of proper job, suitable to qualification, experience and previous position held. While there were exceptions also who did not like the idea of working after retirement.

As one of the response reads:

After retirement I never needed a job. I want to live peacefully with all time now available to me. Afterall, why should a person keep slogging even in old age. I feel that I certainly deserve some rest and comfort in life. It is in fact welcome and necessary.
IV.2.a Problems Faced

The economic problem of the retirees are mostly centered around, meeting the medical expenses and responsibilities, and daily expenses with the ever increasing prices. On top of this the effect of persistent inflation is that it reduces the purchasing power of the fixed income of the elderly. The rate of inflation and the rate of increase in pension often do not move hand in hand.

Other problems faced were daughter’s marriage and children’s education. Because of late marriage some of the respondents had children who were still to be settled in life. With the rise in level of education and lengthening of job training, their children had not yet started working at the time of their parent’s retirement from service. Moreover, with rising aspirations, parents too become as ambitious and investment in children’s education is seen as worth undertaking. However, it was seen that those respondents who had not been able to discharge their responsibilities like daughter’s marriage, children education and job were more likely to experience financial constraints.

IV.2.b Adjustment to Reduced Income

It is interesting to see how the retires make adjustments to their reduced income, in Chart IV.3.
Most of the respondents generally adjusted by reducing their over-all expenditure. Tuning it with their present income. While some had made investments in shares and mutual funds for better income and for coping with the situation. The responses were like:

I've tried to utilize my retirement funds gainfully by making deposits and proper investments ... but what to do, the value of money is decreasing ... I feel the best way to lead a respectable life is to cut down on unnecessary expenditures.
Another one was:

We generally try to cut our coat according to the cloth. Isn’t it better to stay within means than to ask others for help.

Yet another response was:

How much money is required for two old persons to lead a respectable life. I think my pension can do that. But I must admit that there has certainly been a decrease in our standard of living after retirement. I can not afford to have a full time servant now.

It was also observed that the elderly rejected categorically any form of financial help on regular basis, from children, believing that economic responsibility of one’s children should be directed above all to their own families.

One of the response was:

After all price rise is the same for young and the old ... moreover, don’t they have to bring up their families.

Also, financial help offered by the children, for some elderly was seen as a humiliation and loss of parental authority. Many elderly see self-support as a challenge which they wanted to meet by themselves.

The response cited gives a clear picture:

By Gods grace, even after retirement, my economic position is alright. Even now, I have the capacity to help my children in times of distress. I cannot imagine taking financial help from them at any point of time; imagine what will be my position in my family - dependent person? I can not take that kind of humiliation.

Another one was:

Believe me, although retirement has resulted in reduced income but it is almost sufficient for the two of us - me and my wife. I believe that one should cut ones coat according to the available cloth..... The question of help
from children does not arise. After all it is the duty of parents to look after their children at least financially. Yeah! if there is anything that I expect from them it is respect and care.

According to Streib\textsuperscript{35}, there is a hierarchy of elderly norms affecting assistance in which it is more important that children show affection and keep in touch than that they give material help. This demonstrates that elderly wish to remain independent as long as possible. Expected help from children in situations of emergency holds only so 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 types of support.

Only 2 percent are helped financially or in kind regularly by their children whereas as much as 20 percent still provided financial support in one way or the other to their children.

Not only support provided by adult children to aged parents should be taken into account, but also assistance by the elderly to their offspring. Infact the elderly seem to give more than they receive and those with relatively abundant economic resources are likely to have especially pronounced tendencies to assist their children\textsuperscript{36}. Moreover inability to reciprocate as in early days can be expected to lead to a sense of lost independence and lowered morale.

Along with this not to forget the grandparents who offer regular day care to their grand children. To quite an extent even those of advanced elderly aged are not only receivers but also providers of aid if required, as this response shows:


My son and daughter-in-law both are working and financially well off, but even now in times of emergency they call us for help. When they had their first child, we went there to take care of the household and my grandchild. We stayed for almost 4-5 months. Not only this, during my stay, I was helping them monetarily too.

This is to say that the proportion of elderly who give help to their children often exceeds the proportion who receive help particularly among middle class families.\textsuperscript{37} This shows that although the size and nature of support required by interdependent generations are bound to vary over time, needs for support of one form or the other never disappear in most families.\textsuperscript{38}

\section*{IV.4. "WHAT TO DO SYNDROME" (Excess of free time)}

With the onset of retirement, the amount of unstructured free time increases dramatically. The utilisation of this available free time is one of the most vexing problems of post-retirement period. Leaving of a lifetime job brings a day which is empty and unscheduled. The retiree is suddenly required to order the free time in such a way that it does not become a burden.

During adulthood leisure is delimited and patterned to a large extent by work; once the rhythm of work and leisure is upset, free time is often experienced as unstructured. The problem is not so much the increase in the quantity of time as the shift in its function and significance.

After retirement, activities that were fully absorbing and gratifying throughout adulthood often lose much of their meaning. Solitary habits, for instance, may provide a much needed respite from the hectic interaction during working hours, but the same hobbies do not necessarily facilitate adjustment to retirement. Also, the same leisure time activities that are part of a full­fledged family time lose much of their attraction after the onset of ageing, when the children have homes of their own.


A high proportion of men enter retirement with no clear idea of what they are intending to do with this free period in their lives. Social withdrawal is a typical response because their exploited position presents them with few responses to consume and convert into meaningful leisure during retirement.

Indeed it is in the retirement transition that the individual calls upon the resources he or she has developed during the early and middle phases of the life cycle. In this sense, the transition is not a movement from an old to a completely new life, rather it is the final confirmation of the advantages and disadvantages attached to given social and class position. Once the advantages occurring to a particular position are consolidated they are likely to be sustained even into old age. Similarly, where there are disadvantages retirement and old age may simply add to the individuals sense of powerlessness and loss of control and aggravate mortality.

So, majority of the people cling to their pre-ageing patterns. There is some restructuring and change of pace but little experimentation with new pursuits. Immediately after retirement, the range of activities show some increase but gradually gets restricted as retirement goes on. These restrictions may occur due to loss of mobility, deteriorating health and energy, lack of social norms and reinforcement that encourage continued involvement.

IV.4.a Use of Free Time

In this study an attempt was made to find out how the respondents start their day and how do they use their free time.

Mornings are usually very busy with most of them being health conscious, usually going for morning walks. However, this not only serves their purpose of staying fit but is a very important way of interacting with their friends and

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acquaintances. A way of socialising as most of them can be seen in groups.

Here is an account of an ordinary day after retirement.

I generally get up by 6.30 in the morning .. have a cup of tea and then go for morning walk with two of my friends. You know, this time of the day is something which I look forward to .... after returning back have more tea ... say 4 to 5 cups of tea ... get ready, have light breakfast ... till then it is already 11 a.m. spend about 15-20 minutes reading newspaper then go and get some groceries, if required ... have lunch ... watch any thing on T.V. and then take rest for at least 2 to 3hrs. Evenings are usually spend watching TV...

Another comment reads as :

The mornings are as usual ... like it used to be before retirement. It is only after 11 A.M. that the free time becomes biting. It is the time when most of the people are busy, occupied - children go to school, college, office; wife gets busy in the kitchen ... I'm left with nothing to do .... read newspaper for a while, watch news on T.V. then go off to sleep to kill time. Evenings are spend watching Television programmes or visiting friends occasionally.

It can be seen from Chart IV.8 that most of the respondents had more than one way of filling up their long hours of leisure. Among these, watching television and reading newspaper stand as most common response, followed by engaging in household tasks like groceries, marketing, gardening. Religious activities also occupy an important place. Some also utilised their time by visiting and engaging in research work –
I don’t get bored as I’m gainfully utilising my spare time in reading and writing and doing research work in general. I keep writing articles, books, poems generally in Hindi. Some of my work has also gone for publication.

A few have even joined various clubs and organisations like Kalyanam Karoli, Samta Samaj, Agarwal Samaj, retired Railway officers club, A.I.R. forum on family planning etc. So most of the free time for them is utilised in a gainful way. These people can be referred to as group of “reorganizers” - who
substituted new activities for lost ones, when they retired from work. They
reorganized their patterns of activity and derived satisfaction from it. For others
doing all the housework on their own in the absence of full-time servants,
keeps them busy with something or the other.

One of the response was:

I find myself more busy due to my engagements in social work. I am a patron of Agarwal Samaj, trans-Gomti, Lucknow and I devote much time in getting the marriages of wards settled and other social work. It gives a kind of satisfaction to my working instinct.

Yet another was:

I don’t get much time as I’ve to attend to electricity bills, telephone bills, house tax, insurance, car registration, repairs, pollution check, gas, groceries, shopping etc... some or the other work crops up regularly ... there being no full-time servant I’ve to take care ... This itself is so tiring that I don’t feel like doing anything else. Infact, what troubles me is that after retirement I’m doing things which I never did before retirement life has it’s own way of teaching things...

Regular socialising was reported by about 45 percent of the respondents. For others it was occasionally or say three-four times a month or say once a week. It was seen that the retirees usually prefer mixing around with their age peers and that too, to those belonging to same social class and background - like same services, caste etc. Friendship is generally formed primarily between persons with similar status, characteristics like sex, age, social class, service, education, ideology etc. Friendship in old age is sustained by similarities and limited by differences in the status characteristics of a group and only of its members. Status similarity generally provide a strong basis for solidarity because

they join persons of like positions, who share a common set of life experiences, problems, values, interests. Not only do such friendships confer on them the various benefits of group support, but they also afford a vital continuity during the transition from middle to old age.41

However, in this study it was observed that gender differences persists into old age in friendship patterns. For men, friendships is more for sociability rather than for intimacy where the stress is on shared beliefs interests and activities while for women emotional intensity and sharing of problems and happiness - personal, family and - self disclosure is more important. It provides an outlet for strain and tension, if experienced. As one of the elderly female responded:

I am happy that I have a few friends with whom I can share my entire life experiences - my daily routine, my problems and everything in whom I can confide. This sharing gives me intense satisfaction.

It has been suggested that women have capacity to involve themselves in intense relationships being more responsible to others. They direct their energies towards cultivating and sustaining relationships. They retain a capacity for making new relationships throughout life. Men are less likely to replace lost friends and relying on their wives for intimacy may experience great disruption if left after widowhood.42

In this study for many of the elderly males, the social circle, especially friendship circle was developed and maintained because of their spouses. As can be gathered from this response:

Can you believe, when we first come to Lucknow after retirement. I just had 3-4 known friends. Now I know almost dozens of them in the colony itself. We visit their houses regularly... the credit goes to my wife she always tries to build and maintain relationships even at this age... it helps me.

The different basis for status and self esteem in men and women gives the latter an advantage in retirement when people rather than things, and the maintenance of relationships, become the focus of activity. This is a time of life when expressive activities - woman’s work - are valued. Retirement offers little scope for the pursuit of instrumental goals and the use of conventional masculine skills.  

There were small groups of congenial friends who play cards together regularly (10 per cent). Almost twice a week they have a get together at one of the members residence have cards session from 11 in the morning till 7-7.30 in the evening. Those belonging to this group really look forward to it as can be seen from one of the responses:

These two days of the week are the most privileged days I’m always looking forward to it. In fact, I keep looking for retirees who would like to join our group. The bigger the group, more the fun.

However, it was observed that for most of the respondents the time from 11-5 in the afternoon is usually the extra free time with nothing really to be done. A few days of the month are busy as various bills and investments have to be done like electricity, water, telephone bills as most of them do not have full time servants. But, for the rest of the days of the month they are free with nothing concrete or specific to be done. This time is mostly spend either watching T.V. or reading or taking rest for 2-3 hours or recalling the past, old service days.

43. Ibid, p.205.
Television is still the most frequently selected by the elderly as a source for entertainment and information. Also since most of the time is spent at home the use of T.V. may occur and also as the elderly have fewer links with the community. Most of these activities are home based and most of the elderly persons are involved in solitary activities.

While quite a few of them just sit at home doing nothing in particular as they cannot engage in anything denoting leisure. It seems difficult for them to initiate a new activity in post-retirement years. Some of them expressed their views as:

Till the time I did not retire I didn't know what it was like except that one retires at 58-60 years. Initial months of retirement was spend visiting children, resting, arranging the household settling down etc.; but then... as days, months and years pass by it begins to show, just what retirement really does. It means nothing else but boredom, worst than the monotony of pre-retirement life... but then... one cannot understand this phase until they've been retired.

Another expressed the monotony caused by excess free time as:

I feel that nothing can replace work role. Tell me what hobbies can give you an identity, a commitment. The free time is usually spend in ways so as to kill the monotony. Nothing in particular is done. I guess with retirement from work, the regular daily routine also comes to an end. There is nothing really to look forward to.

Yet another one was:

Till the time you are in a job, leisure seems to be precious as it requires stealing time however once the whole of the day is at your disposal without anything concrete to be done, that feeling of uselessness creeps in .... I tell you it is almost killing. Each day passes off in an unplanned way.
Not sure of how to spend the time usefully one response was:

Though I had interest in gardening and listening to music but while in job, I got little chance to pursue these interests seriously. Now after retirement, when there is enough of time, the interest is not there. It seems like a waste of time. But, then what to do.

Others expressed as:

In my free time, I try to help my wife, with household chores ... like doing groceries or arranging the dining table at times. However, if I try my hands at anything more than that my wife gets irritated and does not like my interference in the daily household work. I think she does not like my indulgence in her domain.

Though some showed positive acceptance of free time:

Actually slowing down the daily routine greatly reduces the amount of free time at hand - and one can spend a long time watching television, lying down and recalling the good old days and past memories. Why to hurry the daily routine. The whole day is at ones disposal.

This shows that those aged, who have retired from the usual occupational works and have started spending most of their time leisurly in the house, doing nothing in particular, often feel lonely and isolated. This feeling generally seems to increase among the aged who live away from their children. As age increases, this feeling increases. This in turn makes them an escapist, living on by recalling the past.

IV.4.b Recalling the Past

People may also have different interactions and estimate their endeavors from a perspective imputed to people in the past, idealizing some period of history and longing for the good old days, criticising current events from a standpoint imputed to people long since dead.
With the outset of old age, it perhaps is inevitable that memories and images of the past increase in both frequency and importance. The sheer number of years lived, coupled with multiple role losses and nothing to do in particular in old age tend to make past experiences and memories central component of every day life.44

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 students, entered work force, got promotion and the likes. Greater identification with the past lives and past achievements is helpful to older people in situations of deprivation and loss. The discrepancy between how one would like to live ones life and how one is actually leading is minimised by stressing the value of the life that has already been lived, and that this in itself justifies a sense of self worth. This points to 'identity maintenance' theory. It could play a significant role in the face of the losses of role and functions in old age, in preserving self respect by investing in the image of oneself as one has been and stressing its importance.45 Its serves the purpose of creation of an image and provides stability to the present.

Some of the responses which vividly demonstrate this were:

You won't believe, how disciplined and hardworking I was, when I was in service. Everyone in the office gave respect to me because of my sincerity and performance.... my boss used to consult me for all major decisions concerning technical aspects .... at times gives additional responsibilities too. Nobody must have experienced the kind of service years as I did. It was wonderful.

Yet another:

When I was General Manager, I experienced all kinds of comforts, which no ordinary government servant can think of - car, bungalow, servants, gardeners and what not.... but I deserved it. In my time the performance of the office was brilliant..... you see this medal and trophy .... I still remember my division got the medal for best division.

Also important is the nostaljia rather than the larger issues of reminiscence. It fulfils the same function for the elderly as it does for younger people. The chief aim is to assuage the uncertainties and identify threats engendered by problematic life transitions. It serves as sources of personal identity, self respect and feelings of social value. In a way it tries to give satisfaction that at some point of time they were in control of the situation. Artifacts and memories of the past were imbued with meaning so as to preserve identities built over the years. Recollections seems to provide the aged opportunities to impart meaningful information not immediately apparent in their daily lives, the importance of yesteryears. Remnants of social worlds and days gone by have provided a kind of satisfaction and contentment for the aged. This especially is true if their every day lives were marked by depression, loneliness and isolation. The keeping of diaries, scrab books, photo albums and mementos were activities that stored recollection of the past in physical objects. Some involvements satisfying in the past remained instrumental and vital for their lives in old age.

IV.5 CONCLUSION

In this study the main problems faced by the retirees is of health, economic constraints to some extent and that of excess free time. However, despite these problems the elderly wish to remain independent as long as possible and prefer staying near children but not with them.

The health problem of the respondents is not very severe. The general health as perceived by them is average. Most of them show a tendency to express optimism is self-evaluation of the health status and are able to maintain independent household. They do not face much problems in their daily routine work and even if there are problems they try to cope with it in a constructive manner rather than opting for dependency. However, most of them express the feeling of doctors charging high fees and also not being very well equipped to handle the elderly patients. For most of the respondents, the informal care giving function is taken up by immediate family members, especially the spouse.

Although, the financial position of the respondents is average, most of them do experience severe reduction in their incomes due to the rising cost of living. They also agree on the decline in their standard of living to some extent. However, most of them have invested their money in one way or the other so as to better their financial condition. Monetary help from children is almost negligible. Not that the children do not offer help, but the elderly themselves, do not accept such help—they see it as a sign of humiliation and loss of functional importance in the family. Many of them feel that they are still in a position to help their children if need arises. Though the relationship between the parent-child is of interdependence, however the retirees still believe more in giving than taking, at least as far as finances are concerned relationship between the elderly and their children appears to be based more on mutual affection than on material types of support.
Another problematic area is the excess of free time available to the retirees as it is not utilised in a way so as to give contentment, for most of them. Majority cling to their pre-aging patterns. Though there is some restructuring and change of pace but little experimentation is done with new pursuits. The mornings and evenings are busy but usually it is the afternoon time, when other members get busy with their individual work, which poses a problem. Most of them spend it by watching T.V. or reading newspapers not with an intention to watch or read but so as to pass the time. Still others believe in taking 2-3 hours rest. What is required is constructing 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 discovery of untapped personal abilities. The elderly should consciously enter into a network of communication with others, maintain shared interest and try to keep pace with the changing world.

However, as pointed out earlier the biological, psychological and sociological ageing are not independent of each other. All these problems are interrelated. The health problem has not only medical and financial aspects but also has psycho-social reasons - like loneliness, isolation, depression, which might result in health deterioration. What is required is an integrative manner for tackling these problems. However, it can be said that the disruptive effects of retirement and old age are less severe than what might be expected theoretically, among the respondents. 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.