CHAPTER -III

REVIEW OF LITERATURE

A literature review discusses published information of a particular subject area, and sometimes information of a particular subject area within a certain time period. A literature review can be just a simple summary of the sources, but it usually has an organizational pattern and combines both summary and synthesis. A summary is a recap of the important information of the source, but a synthesis is a re-organization, or a reshuffling of that information. It might give a new interpretation of old material or combine new with old interpretations or it might trace the intellectual progression of the field, including major debates and depending upon the situation, the literature review may evaluate the sources and advise the researcher on the most pertinent or relevant.

The privilege of the researcher lies on the relook, analyze the issues which are already studied or currently studied with open mind through the filled tanks of thoughts widely available in the literature. These experiences enlarge the appetite of researcher to select the issue genuinely needs to study within stipulated time and frame. Finally, literature review must be defined by a guiding concept that is the research objective, the problem or issue that are discussing or researching. It is not just a descriptive list of the material available, or a set of summaries.

Cavan (1956) has made it clear that feeling of being unwanted, isolated and lonely, feeling of guilt, irritation, un-cleanliness, results inability to adjust to changed conditions and decreased social contacts and participation. Ramamurthi and Jamuna (1993) show that self
acceptance of ageing changes, self perception of health, satisfaction with material and familial relations are some of the factors that predict life satisfaction among the elderly and also explain to the phenomenon of loneliness. In the contemporary context, loneliness is considered to be the major emotional problem experienced by the aged people.

**Backman et.al (1973)** has reported that older men and women suffer from rolelessness, powerlessness and depression with ageing, there decline in many functions, which lead to feelings of inadequacy and insecurity. Psychological perspective of the problems of rural elderly women identified certain factors determining and influencing the adjustment of women during their autumn years. The factors studied were self concept, role activity, nature and level of communication with their spouses, parent, child interaction and other variables in relation to their adjustment.

**Vijayakumar et.al (1974)** has conducted a study on the ‘Problems of Aged Rural Sector in Chittoor District of Andhra Pradesh’. The study stated that in the traditional Indian society the aged occupied a position of prestige, power and privileges. It is reported that the joint family system provided the aged with socio-economic and emotional security. But due to urbanization and industrialization, there was far reaching changes in social structure of family and community and villages. Consequently the elders who held a position lost their charm and confront problems in their autumn days. The studies observed that nearly 45% of the aged people are engaged in agriculture work to meet their monetary needs. As age increased the individual’s earning capacity gradually diminished and had to depend on others. The economic dependence disturbed inter-personal relations between the aged and younger generation.
**Bulter (1975)** states none of us know whether we have already had the year of life or whether the best year to come. But the greatest of human possibilities remain to the every end of life the possibilities for love and feeling, reconciliation and resolution….after one has lived a life of meaning, death may lose much of its terror. For we fear most is not really death, but a meaningless absurd life”.

**Sahay (1978)** based on a psychological perspective of old age discusses the discrepancy between the perceptions of old age for an individual for himself or herself as well as for others. The various psychological problems faced during old age such as emotional disturbances, distortion of self concept, identity crisis , isolation and also have been noted in the study and has suggest a number of ways to minimize old age problems.

**Lakshminarayan and Easwaramoorthy (1980)** studied 80 elderly individuals (40 were scheduled caste and 40 were from socially dominant castes). The results of their study indicate that elders from socially dominant group are better adjusted than the elders from scheduled castes.

**Antonucci (1980)** distinguished the three main types of informal support given to the elderly people. First, emotional support involves the provision of moral and psychological support through sympathetic and caring relationship. Second, one is the informal support which assists the elderly with problem solving and decision-making. And lastly, the instrumental support which takes help from family members to cope up with the practical tasks of everyday life.
**Bengtson (1981)** indicate that during old age the scope and sphere of their social interaction is reduced mainly to the family circle. Thus a cordial family atmosphere is most essential for the aged to develop a sense of satisfaction and to reduce the level of depression.

**Soodan et.al (1982)** reveals the following diseases among aged such as heart diseases, cancer, diabetes, tuberculosis, cerebral hemorrhage, phenomena, nutritional diseases, indigestion, constipation, anemia, urinary troubles, blood pressure, skin and joints reduced eye-sight disease etc. A community, based study to determine the extent of the problems of contract in the elderly was carried out in rural areas of Delhi, performing surgical operations nearly a tenth of elderly population for cataract is stupendous task. The problems is not technical, but operational capacity of the eye health services in catering to this unmet need, require considerable strengthening (Naresh and Gupta 1987) Sherwood (1973) correlated social isolation with poor nutrition with the elderly. Isolation can also contribute an effect on nutrition because it can lead to depression and anxiety resulting in lack of interest in eating.

**David (1983)** revealed that the economic resources influence the social world of older people and as well as the kinds of activities performed. Most of the older people live on fixed income or meager pensions that help them to cover only basic necessities. It was observed that older people were more susceptible to certain conditions, and that the retarded healing process brought about through advancing age made life problematic.
Ramamurthy (1984) examined the psychological markers of successful ageing among the rural elderly men. The study identified a few variables that correlated substantially with satisfaction in their present living. Self perceived physical and mental health, externality concept religiosity activity level, economic level, perception of social support were the variables related to ageing and the study observed that becoming old is a part of human development that comes to all. The degree of which, these changes are accepted as a part of life and this will leads to satisfaction and contentment in later life. The study suggested that the psychologists and counselors should prepare people mentally to accept the old age gracefully.

Majundar (1985) conducted a survey on the elderly in New Delhi and found that after retirement there is a feeling among the aged that every one’s attitude towards them has changed. The old people felt lonely and perceive that they are getting avoid in their life. Almost all had financial problems and they have perceived a loss of status accompanied by a sense of alienation and hopelessness.

Mahajan (1985) in his study highlighted the needs and problem of recipient of old age pension in Haryana. He recommended rationalization of scheme and the process of disbursement must be stream lined. An estimate committee of the Hariyanana Vidhan Subha felt that the department of social welfare was doing a commendable job through this scheme. It has gone a long way in alleviating the sufferings of the old people those who are belonging to the poorer section of the society. The committee has however recommended a reduction in the age limit of beneficiaries from 65 to 60. Another drawback of the scheme has been that though the age of the person eligible for pension was determined by the voters list, ration cards and
matriculation certificate. So, most of the aged people have remained outside the scheme in the absence of a proper survey to identify eligible individuals.

**Sharma et.al (1986)** Malnutrition among the aged is caused by a number of factors such as condition of the family, poverty, ignorance, superstition, lack of food, poor environmental sanitation, traditional prejudices and frequent infection. Poor appetite, impaired absorption, constipation and general malaria may be caused by inadequate or faulty absorption of vitamins. While the requirements are not increased for older persons (Natarajan et al, (1987), adequate dietary fiber also is needed by older people to prevent constipation and diverticular diseases. The problem is that high fiber foods are more difficult to chew and are avoided because of bad teeth (Scheider, 1982).

**SantnamKaur et.al (1986)** “Psycho Social Problems of Aged” highlighted that loneliness is one of the problems faced by the aged to others was observed in some cases. Inspite of the problems faced by the aged, majorities were satisfied with their life and the main reason stressed by those who were dissatisfied was that children didn’t come up to their expectations.

**Velayutham (1986)** examined the economic and psychological problems of the elderly in Pondicherry. The study revealed that only a negligible proportion of the aged who retired from government services get enough to feel economically secure. Majority of the aged have to depend on the younger generation. The psychological problems identified are attributed to loneliness, isolation, decline in authority and lack of comfort.
Sharma and Dak (1987) have found that the upper caste aged people face more socio-psychological problems, whereas those of scheduled castes and backward classes experience more economic and health problems. They reported that old women particularly those of low socio-economic status have more problems and vice-versa. Medical facilities available in a society, educational and financial level of the society are related to health and care of aged (Venkoba Rao, 1990) the aged in rural areas need special attention. The researchers have conducted studies on the problem of the urban aged but majorities of our aged in rural area are also economically more vulnerable (Desai, 1982).

Kanta Singh et.al (1988) have studied the problems faced by aged women, specifically in a village of Haryana. The study shows that the problems faced by the respondents are social, psychological, economic and health. It was also found that with the exception of a few, the general tendency prevailing in the rural areas has been to discard the aged.

Nandal et.al (1988) conducted a survey on ageing problems in the structural context and reported that majority of the respondents satisfaction rate was higher among those of life. The satisfaction rate was higher among those whose economic status was higher and the reason for dissatisfaction was that they were denied of human existence by their children/relatives and they were hurt emotionally.

Dey (1989) conducted a study on physical, economic, social and psychological problems of old people in Samastipur district of Bihar and observed that general health of rural aged was weak as compared to urban aged. Prevalence of physical ailments such as reduced eye
sight, loss of hearing, cough, joint pains and asthma were higher among the rural aged than the urban aged. A large number of sons and daughter-in-laws were taking care of the urban aged during illness.

**Goyal (1989)** emphasized on the health Care and economic considerations, majority of the aged in India are in the lower socio-economic classes. They face problems related to poor health and poverty, on the other hand, the elderly persons from the upper class especially the males were found to be economically active. But this trend is declining now a days and which will eventually make them more dependent on their children.

**Natesan et.al (1990)** observed that lack of respect, loneliness, financial difficulties and inabilities to find suitable job are some of the problems of economically dependent aged. There is no true difference in mean number of problems experienced by aged males and females. It was found that economically dependent aged have significantly greater number of problems than economically independent.

**Thakur (1990)** reported that the resources of the aged for meeting their economic needs of food, shelter and clothing were neighbor having consumed in the bringing up of their children. They become socially cut off increasingly due to their restricted movement on account of physical disabilities. Accordingly lack of care and attending by their own sons and daughters make them feel hurt, most aged silently pray for an early end of their life.

**Randhawa et.al (1991)** in his study on “rural and urban aged: a sociological perspective he hypothesized that rural elderly are to be more contented than the urban aged. Aged destitute of both sexes preferred their female kins to male kin for their co-existence. Further
the aged staying with their kins were happier than those leading a life of solitude despite economic security.

**Joseph (1991)** revealed that the old age people who were economically dependent had more physical problems as compared to young people. The old males and females had more mental problems than young males and females and prevalence of mental problem was very high among economically dependent old age people. It was observed that age as well as economic status seems to be affected the peace of mind of people and old people have less religious and occupational problems as compared to young people.

**Basu (1991)** indicated that rural aged people place physical problems on top of other problems. Other problems economic, social and psychological are felt but not as adequately as physical problems. It was observed that urban aged have less problems as compared to rural aged. Urban aged are physically better off, have less problems as compared to rural aged.

**Dean, Kolody, et.al (1992)** examined the mental health effects of living alone on elderly persons are not well known. Using multiple regression models, the authors attempted to distinguish the influence of living alone on depressive symptoms from the influence of other highly relevant variables: social support, stressors, age, sex, and marital status. The authors find that elderly persons who live alone have higher levels of depressive symptoms. The depressive influence of living alone is greater on men than women. Undesirable health events have a stronger impact on those who live alone, particularly women. Marital status influences depression indirectly through its influence on living alone.
Anuradha (1992) revealed that older group had more problems of health, loneliness, lower life satisfaction and higher psychological distress. Men and women differed: women had poor health, lower satisfaction in marriage life and higher distress. Rural and urban subjects differed: rural people were more vulnerable to physical and psychological problems. Older rural female group was more distressed.

Mishra (1992) in “a study of the problem of the aged and need for social intervention in Madhya Pradesh” reveals that the elderly in the age group of 80+ are substantial in proportion. The majority of the inmates of old age homes are destitute living without economic means and family support. The aged have a low literacy profile, significantly the propitiation of widows is very high compared to widowers. Most of the homes for the aged are dormitory type, hardly sufficient to provide a congenial environment for the inmates. The defect of vision is very common among the elderly. Majority of the aged people avail medical facilities from government hospitals and dispensaries.

Chaudhary (1992) pointed out that an old person begins to feel that even his children do not look upon him with that degree of respect which he used to get some years earlier. The old person feels neglected and humiliated. This leads to shunning the company of others to neediness in turn may give rise to depression and may eventually lead to worsening of sickness.

Johnson (1992) health and medical care is a major problem for the aged poor. Health can make the aged dependent on others for even some of the basic necessities of life. Nutrition and ageing influence each other. Eating on appropriate diet may help to postpone the
chronic degenerative diseases that are often associated with getting older. The incidence of malnutrition is relatively high among the aged. Many studies have indicated that, as a result of lowered food intake, several nutritional deficiency conditions are often seen in ageing population. Nutritional deficiencies play an important role in the occurrence of and susceptibility to diseases. Some of the diseases of the aged tend to aggravate due to restricted choice of foods as a result of mission teeth, faulty dentures, slow digestion and diminished taste.

**Chakrabarty et.al (1993)** studied old age problems in rural Nadia and data was collected from 61 respondents of 10 villages in Nadia of West Bengal. Findings revealed that majority of respondents suffer from one ailment or another. Poverty and under-nutrition have compelled them to suffer from illness helplessly and elderly living in joint family had no problem of adjustment. Nevertheless, more and more elderly are tending to became victims of changing social transformation.

**Ramamurti et.al (1993)** in their study of “psychological dimensions of ageing in India” reviewed the Indian studies, pertaining to psycho, social aspects of ageing, broadly tracing the origins and development of ageing research. It covers factors in the areas such as adjustment, life satisfaction, menopausal effect, retirement effects, social gerontology, mental health, rigidity, flexibility, successful ageing, health perception, intra- family’s interaction, belief in karma, attitude towards ageing, death anxiety, perception of personal futurity, care giver, care receiver perception and interaction and psychological stress, frustration, tolerance, pensioner’s needs and perception and policy matters.
Dev (1993) studied the changing aspect of the family and found that psychological violence was a fairly new phenomenon. When the visitors come, the old were showed into a room at the back as it as age had become an embarrassment an ugly eyesore to the younger. The aged were shown respect on rural occasions but in everyday life were ignored or abused.

Anetazberger (1994) ensures a better quality of life of the elderly and to reduce the stress of care givers, several social services such as adult day care home assistance, mobile health and nursing care must be made available to the elders.

Ramamurti (1995) in his articles on “the psychological science of the elderly problem, priorities and perspective” discusses demographic and psycho-social issues that are making elders care a problematic job. He suggested various packages to improve physical and mental health in the old age and also highlights the lacunae in the research on ageing. He viewed ageing as a social problem which could be awareness, government, clear-cut policies and effective roles of voluntary organizations to reinforce community support.

Duffy (1995) pinpointed that elder abuse is a social problem and elderly victimization falls under the broad purview of social exclusion. Social exclusion is “… is a broader concept than poverty, encompassing not only low material means but the inability to participate effectively in economic, social, political and cultural life and in some characterizations alienation and distance from mainstream society”.

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Murugan (1996) says that decision making is a sense of control over one’s life and situations. In this case, only one-third of them (33.3%) are consulted by their children in family matter while 43.3% are never consulted and 23.3 percent occasionally share their ideas. Dependence on children in old age was not considered a problem in the Indian traditional culture, where interdependence was always valued more than independence.

Irant, Anita et.al (1996) examined health status of elderly. A sample of 136 respondents (68 males and 68 females) drawn from residential area of Delhi. Data was collected by UCLA loneliness Scale, life Satisfaction Schedule (Chandhi and Van Villingen 1990) and common ailment of old age checklist, and data was analyzed by descriptive inferential and correlation statistics. Finding revealed that there was a significant difference between males and females regarding life satisfaction, with females experiencing lower life satisfaction than males and both males and females in the two age groups experienced the negative effect of isolation.

Alam et.al (1997) studied adjustment among rural and urban aged. A sample of 160 retired public servants of central and state government were selected for study and old age adjustment inventory was used for data collection. Finding revealed that gender is significant factor behind adjustment of aged people. Dominance of daughter-in-law in family affairs increases adjustment problem of aged women. Majority of aged women have problems regarding health and lack of involvement in family decision are major social problems. High caste persons were high on adjustment level.
Muttag (1997) studied that old people respond to their old age differently, depending upon health, financial resources and relations with family members. For some, old age is a painful experience, but for others, it is time for findings new passions, or to return to the forgotten ones. Problems of the aged include loss of status and prestige, declining health and wealth and in some cases empty nest syndrome if the children have deserted them and settled abroad. There is a growing sense of loneliness and fear of dependence and death. Old age has different implications for men and women. Effect of the family cycle is more traumatic for women than for men because of their deeper involvement in female roles in the domestic sphere.

Rafique Alam et.al (1997) discusses the psychological problems of aged in Indian perspective. They highlighted that our elderly people are facing multitude of problems. As people grow older, they usually become less interested in life after death and more concerned about death. When health deteriorates, they tend to concentrate on death and more concerned about death. When health deteriorates, they tend to concentrate on death and become preoccupied with it. This is in contrast with the perception of life by younger people. They found that habitat, gender and caste play significant role in the adjustment of aged people.

Hussain (1997) discusses the joint family systems in India helps in preventing some of the problems of the aged. In the present society there have been changes in economic and social values. The younger people move away from their old parents for employment, business etc. to bigger cities. Thus it has resulted in the natural break
up of joint family leaving the parents alone. However, in urban areas family ties are lessening and old people have started feeling neglected and the aged are facing a lot of problems.

Gurusamy (1998) in his paper “Plight of Elderly in Transitional Society” described the problems faced by the elder in a transitional society. Instead of by to him the major problems are lack of homely atmosphere, want of social relationship, lack of love and affection, physical mobility to move around and loss of mental balance and other psychiatric trouble.

Patel (1998) studied mental problems of aged and care of aged by their family. An interview schedule was used to collect information from 200 old people from Anand of Gujrat state. It was found that about 88 percent of old people were suffering from anxiety and mental tension because of ill health, conflicts with other members of family, contradictory life values, economic dependency, lack of adjustment and trouble in passing leisure time. About 60 percent old people were having feeling of helplessness and uselessness because of their weakness, bedridden state, continuous illness, not getting any income, no activity in retired life, and could not do any useful work for the family and for the society.

Balakrishnan et.al (1998) conducted a study on Socio-economic problems of the rural aged in Dindigul district. The study revealed that the problems of the aged from the villages were almost identical and were mostly related to economic social, health and psychological aspects. Lack of nutrition and inadequate medical
attention found to affect the old age people. Many were found to be in the habit of drinking and there were incidences of alienation from the family.

**Vasantha et.al (1998)** has conducted a study on “Nutritional and health problems of the aged”. The results of their study reported that 60% of the aged were between 60-69 female aged was found it is more than males and 80% were reported to be non-vegetarian, the rural aged were mostly illiterates with very low income. Most of the rural aged suffered from nutritional, psychological and other problems when compared to urban aged. The aged employed privately, and those self employed had more of health problems than not gainfully employed person. In general, the male members were found to be literate, economically independent and had less physiological and nutritional problems compared to the female counterparts. When the seemed to have better health condition and living status.

**Raja Lakshmi (1998)** studied the problems and strategies for the welfare of the aged in rural India. This study highlighted the factors responsible for the graying of population in India. Such as the decline a fertility and advancement in medical facilities. In particular rural setup in rural India with very low level of literacy and the traditional pattern of life contributed to a number of problems for the aged… most of them are not even aware of the agencies doing welfare measures related to health occupational activities for the aged people. The author proposed certain welfare policy and alienation are a very much.
Vasantha (1999) discussed how to age well. Ageing is a continuous biological process beginning from birth. The process of ageing is inevitable and irreversible and needs to be coped with effectively. Ageing, though mainly characterized by biological ageing, like destruction of billions of cells of the body and atrophy of various organs, is also accelerated by social, cultural and political factors. Successful adjustment to ageing has been explained in terms of the disengagement and activity theories.

Singh (1999) studied the incidences of psychological stress among aged males and females from Oraon tribe residing in Bihar state. About 200 old age subjects were studied with help of revised form of stress scale (developed by the department of psychology Allahabad University 1981) and mental health questionnaire (developed by Wig and Verma, 1982 at P.G.I. Chandigarh). It was found that the aged of urban tribal group experienced more psychological stress which leads to them more mental health problems as compared to the aged of remote rural villages. There were also significant differences between aged male and female stress scores. The psychological stress was more in case of female aged tribal people as compared to male aged tribal people.

Chakravarthy et.al (1999) observed socio-economic background of elderly with their health and working status in organized and unorganized sector of Calcutta. A questionnaire was used to collect information from 222 males and 78 females from organized sector. Most of the male respondents drew their pensions in public and private sector. Majority of male respondents were drawing the pension ranging from Rs.2000/- to 6000/- per month where as majority of females ranged from Rs.2000/- to 4000/- per month and
were found to be working after retirement. The reasons cited for being employed were feeling of usefulness to society, productive work and keeping the mind and body fit. A high proportion of male respondents and females belonged to non job seeking category the reason cited for no job seeking were no financial need, relaxation, health problems, unfavorable family conditions and approximately two third of male and one third of female respondents maintained a normal physical health The satisfaction level among males and females in this sector was significantly lower. They had poor financial status, poor role and status in the family. A majority of males and females indicated poor health status. The common medical problems among respondents were cataract, hypertension, abdominal pain, heart disease, renal problem and arthritis.

Kusuma et.al (1999) discussed the multidimensional factors associated with old age. The authors argue that the old age is not exclusively a problem with social, cultural and economic ramifications but also includes health and medical problems. Different dimensions of ageing like social, biological, cognitive and effective are identified. Potential problems and developmental tasks of old age are enumerated. Major physical health problems of the elderly were hypertension, cancer, arthritis, sensory impairments, dental problems, drug use and abuse and nutritional problems. Mental illnesses like depression, confusional states which increase sharply after middle age.

Janakiraman (2000) studied the changing values and increased problems of the aged. According to this study, the functions of family are replaced by other agencies like hospitals, schools etc., these agencies created a lacuna between the so called aged and the present young generation. Employment of both male and female out of the
family forego the elders are isolated. There is a power equation among mother-in-law and daughter-in-law these rivals is collected by the new more selection of life partners.

**Renutyagi (2000)** in her articles on “national policy on older person at a glance” pointed out that the national policy assures the older persons that their concerns are national concern and it aims to provide a legitimate place to older persons in the society. The policy visualized that the state will extend support in the areas of financial security, health care, shelter, welfare protection against abuse and exploitation and opportunities or development of older persons potential.

**Siva et.al (2000)** studied physical health of 300 elderly people from 13 localities of chembur in Mumbai with help of interview schedule and physical examination by doctor. Findings revealed that 60.3 percent elderly rated their health condition as good and 13.3 percent of them as excellent and about 7.3 percent among total sample were sick/disabled. The males have outnumbered females in perceiving their health as excellent. Among total elderly who responded to medical survey, indicated that health status of 45.5 percent were fair, and of 25 percent as poor.

**Mehta et.al (2001)** studied health, psychosocial aspects, old age problem, role, support system and status of the aged people. The sample consisted of 3709 elderly ranging from 60-100 years of age from 15 different slums in the city of Vadodra and data was collected by semi structured interview schedule. Quantitative analysis was used to calculate frequencies within each domain. The study revealed that majority of the respondents suffered from general weakness, lack of
appetite, aches and pains in the joints, cataracts. Often the health problems aggravates due to neglect, poor economic status, social deprivation and in-appropriate dietary intake, which often results in multiple nutritional deficiencies. This was because most of them lived in nuclear families and were contributing to the family income, 36 percent faced many problems in their life and were women. The main reasons of women’s problems were husbands’ death, and about l/3rd reported that they had spent a peaceful life, though they had to work hard to earn living. Five of them had a smooth life because they have not faced any unusual problems.

Rao (2001) studied socio-economic, and health status of elderly. A semi structured schedule was used for collecting information from 100 respondents from 20 institutions. Findings revealed that there were extreme economic diversities among the inmates that they were extremely well-off or very poor, about 50 percent of the inmates of either sex had poor health status and most of the female respondents were widows. More than half of the inmates, especially females felt that they were not given due respect by their children, they were considered as a burden by the family, they are not consulted for major decisions.

Svein Olav Daatland (2001) All European welfare states have some way of dividing the responsibility for caring for the elderly between the family and formal service systems, but the actual form of this state-family mix varies considerably. However idiosyncratic the national models are, all countries seem to share a common concern about the future. They are all trying to adapt to greater longevity and older populations. Changes in family norms and roles of women on the one side, and a political and economic climate that favors
containment of public expenditure on the other, add to the need to reform present models. One of the major concerns is how to build supportive relationships between families and service systems. A sustainable future for long-term care must be based on combined efforts of families, services systems, and older persons themselves. What is needed, then, is a detailed understanding of the relations between intergenerational family solidarity, policy responses, and the coping abilities of older people and their family caregivers.

(Usha Sajit Nair (2002) in her work on healthy ageing with advancing age comes decrease in sensation, mental ability, organ function, and bone and muscle mass and decreased physical fitness. These mental, physical and physiological declines lead to health problems for older people. Participation in physical activities can optimize the health and fitness of older adults by continued independent living, enhancing feeling of well being and life satisfaction, which contributes to quality ageing.

(Hussain (2002) in his “psycho, social problems of rural aged in India” examines social, psychological and economic lives of rural aged and found that rural aged are economically better adjustment more satisfied and emotionally stable than the adult members. This is attributed to rural values, traditions and ways of life. A comparative look of the study should that problems of aged differ from persons to from urban society have more problems than persons in habitat in rural society.

(Bhaswati et.al (2002) studied problems of personal adjustment of aged in family situations, about 150 elderly persons aged 60 years and above, of both sexes were selected from Calcutta corporation
ward by random sampling techniques and a semi-structured questionnaire was used for collecting information. Study revealed that majority of respondents suffered from major illness and very high proportion of respondents were economically dependent and faced financial difficulty which led to stress, adverse health conditions, and consequently in adjustment problem.

**Sheoron et.al (2002)** found psychological problem of rural aged widows in Hisar district of Haryana state, about 150 aged widows were surveyed and data was collected by a pre-tested interview schedule. Chi-square and co-efficient of contingency (COC) were applied to see the association between variables. Findings depicted that majority of aged widows had psychological problems like tension, anxiety, isolation, lack of emotional attachment, neglect by the family members, aggression, fear, and fear of death. Study revealed that nearly 1/4th of aged widows had the problems of adjustment. Besides above-mentioned problems, arrival of daughter-in-law diverts the attention of son towards his own family; death of husband further aggravates the adjustment problems of aged widows. A non-significant association was found between adjustment problems and occupation of aged widows. Only aged widows from labour class and those who were not contributing remuneratively in family had adjustment problems. The problem of adjustment was also non-significantly related with land holding of aged widows, age at widowhood and present age of widows.

**Gangadharan (2003)** studied the geriatric hospitals in India and found that old age is often accompanied by sickness and immobility due to chronic disease. Appropriate chronic care of elderly patients is not found due to the demographic shifts and the general
hospitals and nursing homes in India are unable to provide geriatric care because of the lack of facility and nursing services. For these reasons, geriatric hospitals and geriatric wards should be established for the care of the elderly patients.

Venkateswarlu (2003) studied health status of aged people in Andhra Pradesh. The sample constituted 300 elderly men and women of age 60 years and above and was selected by random sampling technique and chi-square statistical technique was employed to study the association between respective variables. Study revealed that the health problems tend to increase with advancing age and very often the problems aggravate due to neglect, poor economic status, social deprivation and inappropriate dietary intake. The health problem can be regarded as major problem for old. The health status of the poverty stricken rural aged is unquestionably the worst. The declining health status of the aged gradually pushes older persons to relatively insignificant social position in the family and society.

Ramamurti (2003) highlighted that the status of the older person in the country rests on the level of the manipulating power of the person. In India older persons do not enjoy a decent status in society. Due to socio-technological changes, loss of joint family, changing values, dual career families etc, and the position of the elderly has become deplorable. In a youth based culture, there is a strong stereotype towards the aged resulting in society looking down on older people. There is a negative age discrimination against the elders. These elderly consequently suffer from marginalization, alienation and poor living arrangement. It results in the poor status of the elderly contributing to loss of personal and social power.
**Huisani, Gumming et.al (2004)** estimated that 20% of the community dwelling elders experience symptoms of depression and the prevalence rate for depression in older women is twice that of men. He further stated that late life depression can have serious repercussions, mortality and disability, higher health care utilization and longer hospital stays.

**Vijaykumar (2004)** in his articles on “economic security for the elderly in India: a overview described that the basic concept of social security is not new in India. Traditionally, a sort of moral economy existed to provide security to provide security to older destitute and other vulnerable groups in society. Gradually traditional support systems are disappearing and state based social security systems have come into existence.

**Pappathi et.al (2005)** studied the socio-economic conditions and psychosocial problems of the rural aged females. The study has been carried out in Dindigul district of Tamil Nadu state. The study was carried out in three block of district and 325 elderly female respondents above 60 years of age were selected by following multistage random sampling method. A structured interview schedule, focused group discussion, field observation were the methods employed for data collection. A majority of the aged 86.5 percent was worried about their future and about 56 percent of aged females were involved in decision making in the family. For happy ageing the respondents reported that they require better health, basic needs like food, clothing and shelter, love and affection and economic security. Physical disabilities like impairment of vision, hearing and loco motor
ability were found common among rural aged, but they could not afford to get medical care due to poor economic condition and lack of facilities in villages.

**Sharma (2005)** studied social and psychological problem of old age people. The study was conducted in Bhopal and about 200 elderly people were selected randomly from four areas of Bhopal city. The elderly people belonged to the age group of 60 to 80 years. Study revealed that about 95 percent males and 98 percent females were not physically fit. Those who were single felt more insecure. It was found that about 70 percent of males and 75 percent of females were facing economic problem, they were dependent on other family members. It was further observed that about 60 percent males and 78 percent females were maladjusted and only 40 percent males and 22 percent females were well adjusted and enjoying the old age.

**Abdul Nazar (2006)** identified the increase in life expectancy in recent years has resulted in raising the number of aged persons. There are 33.36 lakh old persons constituting 10.5 per cent of the total population. The main issue concerning the aged persons is lack of acceptance by family members, feeling of loneliness, economic instability, change of life style, lack of involvement in family matters and decision making others for a living in Malabar the concept of old age homes were not widely accepted, Muslim and Tribal aged are the most neglected groups in the society. Due to illiteracy and economic backwardness, these two groups life behind in the social development in the state.
Senator Charles et.al (2007) indicated with the rising costs of health care and erosion of retirement savings from traditional pensions, many American seniors find themselves in a financial bind when they need unexpected medical care and must turn to their family members for emergency assistance. Often, their children have children of their own, and are juggling the rising costs of education and health care within their own household. The financial squeeze felt by these families in the “sandwich generation” who are taking care of both their parents and their children is likely to become more prevalent in the future as the population changes. Women represent more than two-thirds of adults providing substantial assistance to elderly parents. Almost half of women between the ages of 43 and 54 provided some form of support to an ageing parent.

Prabhavathy Devi et.al (2007) in “Social Welfare” wrote a paper on “Aged women in the India”. There aging wake a host of changes in body and mind with consequent impact on the life style and social relations. During the pre-Vedic period women virtually occupied an equal position with men in almost all social, political and religious functions and had an equal right to choice in marriage and to property. The aged in the traditional societies enjoyed unparallel sense of honour, legitimate authority in family had decision-making responsibilities and were treated as repositories of experience and wisdom.

Bhandwaj (2007) (Social Welfare, June 2007) wrote a paper on “National policy on older persons. A critical review, his paper critically analysis the policy drafts. Gender issues are not adequately
represented in the first ever policy document on order persons. It has more favours to urban milieu, organized sectors and elderly below poverty line.

Shankar (2008) found that older Americans are generally happier younger adults. He also found that happiness increased over time for the older people. In his study older individuals reported fewer problems overall, while young adults reported more anger, anxiety, depression, financial problems, troubled relationships and career stress.

Soumitra Basu et.al (2008) Indian Journal of Gerontology (Vol. 22.) study revealed that the absolute number of elderly population is increasing rapidly, and the population is beginning to age. Practically all section of the world has experienced continuous improvements in life expectancy and India is not exception to this phenomenon. Another important feature that can be mentioned here is the men’s life expectancy, which is uniformly, lowers than women’s. The other consequence of such phenomenon is reflected in rural-urban living. India being an agrarian country, more than three fourth of the aged person are residents of rural areas. The analysis shows that the situation in so far as the elderly are concerned has become a complicated system where care providing requires a closer look in relation with the economic situation. Disability is viewed as largely the result of cumulative experience over life cycle with disease and injury. With the advancement of chronological age, elderly peoples are suffering from four major components of impairments, such as hearing, loss of vision, locomotors problem and loss of memory. The other important phenomenon is the care-giving role of the family. But this role also has undergone many a changes due to the impact of
urbanization, industrialization, modernization and even globalization. The consequence of which is the relinquishment of traditional role and status by the elderly. Thus the family can neither fulfill their needs nor is to give them physical, material and emotional supports.

**Emma Lundholm et.al (2009)** highlighted that in an ageing society, families may have an important role in the caretaking and well-being of the elderly. Demographic changes have an impact on the size and structure of families; one aspect is how intergenerational support is distributed when there is a need for support to both older and younger generations at the same time. Another vital aspect of the provision of care for the elderly is geographic proximity. This study is oriented towards the potential “both-end carers” i.e. persons who have grandchildren in potential need of care while still having living ageing parents. The incidence of having grandchildren and having living parents at age 55 and the proximity between generations is described using Swedish register data. The results show that the share of 55-year-olds who are grandparents decreased dramatically from 70 to 35 percent between 1990 and 2005. As expected, more 55-year-olds have living parents – a proportion that increased from 37 to 47 percent during this period. As a result of delayed childbearing among the children of these cohorts, the likelihood of belonging to a four-generation family among 55-year-olds has not increased, despite increased longevity. Furthermore, most individuals live within daily reach of their kin and no evidence was found of a trend of increasing geographic distances between generations.

**Thekkedath et.al (2009)** examined various problems (biological and psychosocial) that are associated with old age, and elderly women are more vulnerable to these kinds of problems. Being
old, female and abused jeopardizes elderly woman. Society’s discriminatory attitude towards women made their life miserable in old age. Diminishing social support networks aggravate vulnerability of elderly women to social isolation in their later years of life. Elderly victims of mistreatment usually have limited social contacts/networks. Elderly women are the worst victims of this problem because more often, they lack social networking and are not informed of the support services available to them.

Sasmita Mohapatra et.al (2009) exposed the most important component of these NGOs within their range of social initiatives is the support for elderly people. NGOs should be encouraged to invest more in creating institutions for elderly such as old age homes and day care centres. While establishing institutions they should also think of creating a good atmosphere for elderly to live in those institutions. A fundamental principle in the care of the elderly should be to enable them to lead independent lives in the community as long as possible. The Governments in cooperation with NGOs should consider the following suggestions while setting the policies for elderly in the country.

According to United Nations (2010) debates on ageing societies predominantly focus on the circumstances of the elderly. A change of focus is needed, and one that starts from three key premises. First, population ageing is not only about older persons: it affects people of all ages. In debates on ageing societies, there seems to be an implicit assumption that demographic ageing primarily affects older persons, their economic situation, health, mobility, social integration, family support and care. Of course, increasing longevity and decreasing birth rates have resulted in larger numbers of older persons
both in absolute and relative terms. Nevertheless, with dramatic shifts in the balance between old and young, the worlds of younger age groups are profoundly changed.

**Elizandra Cristina Pedrazzi (2010)** stated aging context of the elder elderly needs to be taken into account, due to the redefinition of family as a social institution. This is an epidemiological, cross-sectional study that characterized the household arrangements of 147 elder elderly living in Ribeirão Preto, SP, through home interviews. The age range between 80 and 84 years predominated. The majority receives a retirement benefit ranging from one to three minimum wages, and owns their house. On the average, they have 4.08 children and live with 2.8 people. Most men live with their partners, while women live by themselves. The elderly head a large part of households. The most frequent arrangements are families with two and three generations. Regarding the household arrangement, there was equal between the ones that moved into the house of the elderly and cases when the elderly moved into the family’s house, reinforcing the family as a protector and caregiver of the elderly.

**Baldwin et al. (2010)** conducted a study on elderly people and examined psychological resources (of ego resilience and dispositional optimism) and found that geographical location and resilience were negatively correlated with distress, and positively correlated with optimism. Dispositional optimism was negatively correlated with levels of psychological distress. African American seniors who resided in the north reported significantly less distress than those in the south. They further reported that resiliency and optimism buffer stress among older African-Americans.
Victoria et.al (2011) in their study highlighted the importance of examining the impacts of neighbourhood change when exploring the dynamics of aging in place and when considering interventions to maintain quality of life of those concerned. Gentrification triggered processes of social exclusion among older adults: loss of social spaces dedicated to older people led to social disconnectedness, invisibility, and loss of political influence on neighbourhood planning. Conversely, certain changes in a disadvantaged neighbourhood fostered their social inclusion.

Muhammad Shoaib et.al (2011) study aimed to analyze the impact of family support on the health status of elderly people in District Gujrat, Pakistan. The proportion of the population of older age group is growing. This growth certainly continues to the next decades of the present century. Due to the family financial, moral, physical, emotional and nutritional support most of the elderly people’s mental, physical and social well being is improved significantly.

Tiwari et.al (2012) “ Mental health problems among inhabitant of old age homes” the articles to exceptional increase in the number and proportion of older adults in the country, rapid increase in nuclear families, and contemporary changes in psychological matrix and values often compel this segment of society to live alone or in old age homes. As this group of people is more vulnerable to mental health problems, therefore a pilot study was carried out by the department of geriatric mental health, Lucknow of the inhabitants of old age homes were suffering from one or other mental health problems and depression was the most common mental health problems, the inhabitants suffering from psychiatric illness and one or more associated physical mobility.
Andrew et.al (2012) in their paper described about how efforts have taken to make communities more ageing-friendly and to promote social inclusion among older people. Making existing communities more ageing-friendly involves physical and social infrastructure changes that enable older people to pursue lifelong activities, meet their basic needs, maintain significant relationships, participate in the community in personally and socially meaningful ways, and develop new interests and sources of fulfillment. Such efforts can enhance bonding, bridging and linking capital, and thereby promote social inclusion. They also discussed the link between ageing-friendly communities and social inclusion, and provide examples of programmes with potential to change existing communities into ones that promote the social inclusion of older people.

Narang (2013) viewed elderly are the most respectable persons in our society and also in the family, as they have experienced a lot, more than the young ones. Due to generation gap and modern lifestyle, they need more adjustments with family members in their family, so that they can spend their life properly. The study on "Interpersonal relationships of Elderly within the family" was conducted on 50 families including 50 couples above 65 years and their young children, daughters-in-law, grand children and any other relatives. Self constructed questionnaire was used for data collection by using convenience sampling method. The main findings indicate that interpersonal relationships of elderly within the family are satisfactory, because of love and affection between the family members.
Kibler, et.al (2013) investigated how sources of social exclusion and support emerge within an ‘older’ entrepreneur’s immediate environment, and how this affects the development of their small business. Based on 22 in-depth interviews in London, UK, they suggest how older entrepreneurs with different backgrounds are able to manage social exclusion, and identify four coping strategies – passive negotiation, active negotiation, modification and avoidance. They argue that, if ‘older entrepreneurship’ (people starting a business aged 50 or older) is to flourish, both entrepreneurs and support initiatives need to become sensitive to the diversity of sources of discrimination and strategies to manage them. Scholars and policy makers increasingly emphasize the support for ‘older entrepreneurship’ – people aged 50 or older starting up their own business – as one strategy to tackle the socio-economic challenges emerging from an ageing population.

(Kautonen, et.al 2014) Studies underline the potential social benefits of older entrepreneurship, such as reduced costs to the welfare system, overcoming unemployment amongst older people, and the productive deployment of older workers’ human capital (Botham and Graves 2009; Curran and Blackburn 2001; Weber and Schaper 2004). For the older individual, the suggested benefits of starting a business are associated with the opportunity to flexibly manage their work-life balance (Wainwright and Kibler 2014) and to subvert age discrimination within organizations (Platman 2003; Weber and Schaper, 2004), where older workers are often judged as being more expensive and less able to manage rapid technological change, in contrast to younger workers (Duval 2003; Loretto and White 2006).
Jeong Eun Lee et al. (2015) this articles on should be like this arthritis pain and depression are prevalent physical and psychological disordered in late life and co-occur frequently, we explored the stability and co-variation of arthritis pain and depression symptoms. Social support on the relationship and depressive symptoms among community dwelling older individuals, they found substantial within person variation in both pain and depressive symptoms across 4 years even after controlling for arthritis pain persons with higher social support and higher cognitive functioning reported lower levels of depressive that fluctuations in pain and depressive symptoms are common for older adults. Furthermore, social support and intact cognitive functioning may serve as useful resources as they buffer the negative impact of arthritis pain and depressive.

Raziasaleem et al. (2015) “impact of spirituality on well-being among old age people” the study was planned to find out the sample was randomly selected from different areas of Aligarh. The data were collected by spirituality attitude scale and well being scale. Simple linear regression was applied to examine the correlation between spirituality and well being as well as coefficient of spirituality on well being. Physical, mental, social, emotional and spiritual and it was found to be 542, 592, 524, 527, and 451 respectively, further correlation was applied between overall well being and different dimensions of spirituality well being is concern for an individual by which we can live a better life on which the happy life the society is based.

Jocobsen (2015) “Understanding public elderly care policy in Norway” this articles explore a narrative analytical framework based on stories subtexts and counter stories, it argues that such narratives
are characterized much by what is unsaid as by what is said, and as much by choice of words and words combinations as by explicit messages. General public in Norway conceives beings an older adult and the meaning of chronological age has changed over the last few decades the narratives of ageing may be identified in the Norwegian mass media and in the population at large, dominant narratives may also be identified in policy documents such as government health policy papers. The counter story influences real policy, as indicated by the fact that not a single political party in Norway is presentably proposing a reduction in the number of NHs.

Keeping the views of present trends of development, this study is undertaken to initiate and guide the policy makers for formulating suitable policies and plans which can be implemented in effective and efficient ways to solve the ongoing problems being faced by the old age person in terms of social exclusion and inclusion, issues and problems specifically in Tamil Nadu, India. The comprehensive reviews presented indicate the existence of a wide research gap giving valuable isolation to provide and address the Social Exclusion and Inclusive Aspects of Old Age People – A Study in Pollachi North Block, Coimbatore District of Tamil Nadu.