CHAPTER THREE:

LITERATURE REVIEW

The chapter reviews available literature on problems faced by the elderly, National policies, Old Age schemes, its implementation, and constitutional safeguards for the Ageing and senior citizens. This chapter also covers reviews of literature on NGOs dealing with Old Age Homes.

CONSTITUTIONAL SAFEGUARDS FOR AGEING AND SENIOR CITIZENS

The constitution of India ensures that every person in independent India has the right to live. It provides for some meaningful duties to the state governments to safeguard the basic interests of the senior citizens of our nation. According to the Government of India (1993 census), the duties of the state governments have been clearly spelt out in the Directive Principles of State Policies vide Article 41 of the constitution that “enjoins on the State to make effective provisions within the limits of its economic capacity and development for public assistance in case of unemployment, old age, sickness and disablement and in other cases of undeserved want”.

The government further assures in order to make this provision effective, the responsibility for providing relief to the disabled/ unemployment aged persons, is explained in the State List of the ‘Seventh Schedule’ of the Constitution (Government of India, 1993 census) and the subjects like social security and social insurance, employment and unemployment have been mentioned in the concurrent list of the ‘Seventh Schedule’ with a view to providing necessary assistance to the aged and
other persons. With a view to making these provisions fruitful, both the State Government and Union Government have formulated various welfare measures for the well-being of the aged people. Such welfare schemes/programmes mainly run by the voluntary organizations with formal financial assistance for the respective governments.

Apart from the scheme of the Union Government, many states have their own welfare for the betterment of the marginalized people. N. K. Behura and R. P. Mohanty (2005), points out elaborately about the welfare schemes of the Union Government which are in operation for the well-being of the aged people in India. They are as follows:

a) National Social Assistance Programme (NSAP):

According to Government of India (1995 census), this programme is in operation in the country with effect from 15th August, 1995. National Old-Age Pension scheme (NOAPS): As per the guidelines of the National Social Assistance Programme (NSAP) of Government of India, under National Old-Age scheme (NOAS), an amount of Rs. 75/- is provided to an aged person per month who is 65-years-old provided that he/she is a destitute in the sense of having little or no regular means of subsistence from his/her own spouse or financial support from family members or other sources.
b) Foster care/adoption services for the aged:

Under this programme, various social services are provided to the homeless and lonely old people who lead a pitiable life because of utter poverty and helplessness. Arrangement is made to such aged persons with the willing families considering to the local culture and social values of either parties.

c) Mobile Medicare services for the aged:

Mobile Medicare service is a very useful scheme for the aged people who reside in rural and in urban slums. Many of them suffer from various age-based diseases and remain untreated because of poverty. So, under this programme, medical consultation and treatment facilities are rendered to such people through mobile health camps by trained medical experts.

d) Day-care centres for the aged:

Government of India (1995 census) states that, the main purpose of this scheme’ is to keep the aged integrated in their respective families and to supplement the activities of the families in looking after the needs of the aged. Both groups of the aged, viz, well-to-do and the poor in the age group of 60 years and above should benefit from the programme.

According to Government of India (1993 census: 9-12), in order to fulfill these objectives of the scheme, financial assistance is provided to the NGO sectors for
maintenance of ‘Day-Care Centres’ for the aged belonging to urban, urban slums, rural and tribal pockets of the State. The guidelines which are specified by the Government of India for working of day-care centres for the aged are as follows:

i. The activities of a day-care centre should be such as would lead to improve in the living styles and gainful utilization of the spare time of the elderly persons

ii. A day-care centre shall establish links with welfare institutions and welfare services available to various categories of people in the area and make efforts to involve its members in those activities and services.

iii. Every day-care centre shall have activities of interest to its members and to the elders living in the area and ensure participation of elderly in these activities.

iv. A day-care centre should have at least 150 aged persons in their list, so that even after dropout and absenteeism, its daily attendance does not fall below 50. Thus, a day-care centre should run at strength of 50 aged persons.

v. It should have duly satisfied regular timings with a minimum of 4 hours at scheduled activities in a day.

vi. A day-care centre should have adequate accommodation (at least two 4×5 m rooms) and seating arrangements.

vii. Each day-care centre should appoint a part-time qualified physician for medical check-up of the aged persons. Cases which require further medical care should be referred to the nearby government hospitals. The organisation should incur a limited expenditure for medicines which serves as first aid.

viii. The organisation should utilize the community services available in the area for running day care centres. For such facilities they should approach the concerned state government/ local authorities in advance for getting such provisions to run the day-care centre. The ministry would consider rent of the
accommodation only if they have no such cases, the organisation should furnished a certificate from the local authority indicating the rent of accommodation paid to the owner of the building, and

ix. The expenses of outings and visits shall be borne by the elderly themselves except in case of those elderly who are destitute and have no source of income.

e) Old-age homes (Maintenance and Services of Old-Age Homes):

Under this scheme, poor and destitute aged persons of 60 years are accommodated in old-age homes. The destitute and helpless aged persons belonging to lower middle income groups are also covered under the scheme provided that they meet the eligibility conditions. The inmates of old-age homes are kept in the familial environment and the social workers and counselors take utmost care. Their physical and psychological well-being is also taken care of with assistance of the trained medical professionals. Medicines up to limited extent are also provided with the view to making the diseased and psychologically depressed old persons fit to face the situations and to lead the rest of their life in peace.

Natarajan (2000) examines the Government of India 1999 census, in which he pointed out Article 41 of the Directive Principles of State Policy in the Indian Constitution, and specifies that the State shall, within the limits of economics capacity, provide for the assistance to the elderly. The National Policy of Older Persons (NPOP), recently announced by the Government of India mandated State support for the elderly with regard to health care, shelter, and welfare. Social security has been made the
concurrent responsibility of the Central and State Governments in this field. The policy recognizes that older persons could render useful services in the family and in the society. However, it emphasizes that employment in the income generating activities after superannuation should be the choice of the individual. The Government of India (1999 census) Section 125 of the Criminal Procedure Code, 1973, specifies the rights of parents without any means for maintenance to be supported by their having sufficient means. If any person refuses or neglects to maintain their parents a magistrate may order such a person to make a monthly allowance for the maintenance of his/her mother or father at a monthly rate not exceeding Rs. 500.

AN INTEGRATED PROGRAMME FOR OLDER PERSONS

An Integrated Programme for Older Persons has been formulated by revising the earlier scheme of assistance to Voluntary Organisations for Programmes relating to the welfare of the aged. Under this Scheme, financial assistance up to 90% of the project cost is provided to NGOs for establishing and maintaining old age homes, day care centers, and mobile medicare units and to provide non-institutional services to older persons. The scheme has been made flexible so as to meet the diverse needs of older persons including reinforcement and strengthening of the family, awareness generation on issues pertaining to difficulties faced by older persons, popularizing of the concept of life long preparation for old age, facilitating productive ageing, etc. About 843 old age homes/day care centers/mobile medicare units are operational under the scheme. Schemes of Assistance to Panchayati Raj Institutions/Voluntary Organisations/Self Help Groups for construction of old age homes/multi service
centers for older persons have been revised to enhance the one time construction grant for old age homes/multi service centers.

**Table- 3.1 State-wise number of Old Age Homes, Day Care Centres, Mobile Medicare Units and Projects of Non-Institutional Service Centres for the last three years is given below:**

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Name of the State</th>
<th>No. of NGOs</th>
<th>OAH</th>
<th>DCC</th>
<th>MMU</th>
<th>NIS</th>
<th>TOTAL Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Andhra Pradesh</td>
<td>151</td>
<td>116</td>
<td>61</td>
<td>18</td>
<td>1</td>
<td>196</td>
</tr>
<tr>
<td>2.</td>
<td>Assam</td>
<td>15</td>
<td>7</td>
<td>18</td>
<td>2</td>
<td>0</td>
<td>27</td>
</tr>
<tr>
<td>3.</td>
<td>Bihar</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>4.</td>
<td>Gujarat</td>
<td>6</td>
<td>3</td>
<td>3</td>
<td>11</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>5.</td>
<td>Haryana</td>
<td>21</td>
<td>5</td>
<td>23</td>
<td>1</td>
<td>0</td>
<td>29</td>
</tr>
<tr>
<td>6.</td>
<td>Himachal Pradesh</td>
<td>2</td>
<td>0</td>
<td>7</td>
<td>1</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>7.</td>
<td>J&amp;K</td>
<td>9</td>
<td>4</td>
<td>2</td>
<td>5</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>8.</td>
<td>Karnataka</td>
<td>39</td>
<td>40</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>45</td>
</tr>
<tr>
<td>9.</td>
<td>Kerala</td>
<td>4</td>
<td>2</td>
<td>7</td>
<td>2</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>10.</td>
<td>MP</td>
<td>8</td>
<td>6</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>11.</td>
<td>Maharashtra</td>
<td>24</td>
<td>7</td>
<td>17</td>
<td>8</td>
<td>0</td>
<td>32</td>
</tr>
<tr>
<td>12.</td>
<td>Manipur</td>
<td>39</td>
<td>24</td>
<td>37</td>
<td>2</td>
<td>1</td>
<td>64</td>
</tr>
<tr>
<td>13.</td>
<td>Nagaland</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>14.</td>
<td>Orissa</td>
<td>60</td>
<td>44</td>
<td>96</td>
<td>7</td>
<td>0</td>
<td>147</td>
</tr>
</tbody>
</table>
From the above statement it may be noted that out of 391 Old Age Homes, 116 have been set up in Andhra Pradesh, whereas only one in Bihar and two each in Kerala and Rajasthan. According to the Scheme, there is no legislation for the care and protection for the older persons in India, though the society has a definite duty to provide care and protection to vulnerable elderly persons. The older persons not only need protection and support from family members but also need protection from unscrupulous elements in the society from exploitation. Under this Scheme, it suggests strongly by recommending that the Government should bring a comprehensive legislation for the care and protection of older persons.
The above chart shows out of the total number of 391 old age homes 116 have been set up in Andhra Pradesh whereas only one each in Bihar and Nagaland and two each in Kerala and Rajasthan and none have been set up in Himachal Pradesh, Delhi and Chandigarh. The factors responsible for imbalance in setting up of projects are stated to be the non-availability of funds, non-receipt of complete relevant documents and proposals duly recommended by State Governments. The Scheme ensures that at least one integrated Old Age Home is to be established in each district.

SENIOR CITIZEN ACT, 2007

The Government enacted the Senior Citizen Act in 2007 as an answer to the insecurities faced by older persons of the country, an initiative of the Ministry of Social Justice and Empowerment. This Act accords prime responsibility for the maintenance of parents on their children, grand children, or even relatives who may possibly inherit the property of a Senior Citizen. It also calls upon the State to provide facilities for poor and destitute older persons.

The National Portal of India has a Senior Citizen Corner that offers information of special help to older persons in the country. It provides details about health ailments, old age homes, government schemes, travel concessions, loans, benefits and a lot more. The main aim of this section is to make the lives of Senior Citizens safer, securer, and financially sound.
Provisions of the Act

i. Parents who are unable to maintain themselves through their own earnings or out of their own property may apply for maintenance from their adult children. This maintenance includes the provision of proper food, shelter, clothing and medical treatment.

ii. Parents include biological, adoptive and step mothers and fathers, whether senior citizens or not.

iii. A childless Senior Citizen who is sixty years and above, can also claim maintenance from relatives who are in possession of or are likely to inherit their property.

iv. This application for maintenance may be made by Senior Citizens themselves or they may authorize a person or voluntary organization to do so. The Tribunal may also take action on its own.

v. Tribunals on receiving these applications may hold an enquiry or order the children/relatives to pay an interim monthly allowance for the maintenance of their Parents or Senior Citizen.

vi. If the Tribunal is satisfied that children or relatives have neglected or refused to take care of their parents or Senior Citizen, it shall order them to provide a monthly maintenance amount, up to a maximum of Rs.10,000 per month.

vii. The State Government is required to set up one or more tribunals in every sub-division. It shall also set up Appellate Tribunals in every district to hear the appeals of Senior Citizens against the decision of the Tribunals.

viii. No legal practitioner is required or permitted for this process.
ix. Erring persons are punishable with imprisonment up to three months or a fine of up to rupees five thousand or with both.

x. State Governments should set up at least one Old Age Home for every 150 beneficiaries in a district. These homes are to provide Senior Citizens with minimum facilities such as food, clothing and recreational activities.

xi. All Government hospitals or those funded by the Government must provide beds for Senior Citizens as far as possible. Also, special queues to access medical facilities should be arranged for them.

ROLE OF NON GOVERNMENTAL ORGANISATIONS (NGOs) IN WELFARE DEVELOPMENT

a) Nature and Concept of Voluntary Action:

B. T. Lawani (1999) says that, the term voluntarism is derived from Latin word “voluntas” which means “will” (forms of pulses, human desires, passions, appetites). It is prior to or superior to the intellect or reason. All theories of voluntarism, whether psychological, ethical, theological or metaphysical which interpret various aspects of experience and nature in the light of the concept of the will, subscribed to this thesis. Lawani argues that the concept of voluntarism is based on humanism. Further he says that, it is based on the philosophy of treating the whole world as the “Family of Man”.

It has no room for differences of caste, creed, colour, race, region, religion. Rather it is based on principles of peaceful co-existence in spite of these disparities and differences. The term “volunteer” is normally used to denote someone who offers unpaid service to a good cause.
In India, the social workers who have contributed a lot to the welfare of the vulnerable people created a history of social work. In fact the personalities involved in charity and philanthropic social work did an excellent job. Rather they became the moving institutions and organisations of social work. Social reform by way of social action was the main focus of social work during the ancient period. Lawani further argues that, the dawn of the 19th century can rightly be said as the beginning of the social reform movements in India. The main thrust was challenging the feudal system. The second stage started with the Nationalist Movement, the voluntary organisations can be traced back to the growth of Nationalist Movement.

Maneeta Sawhney (2005) in her article “The role of Non-Governmental Organisations for the welfare of the Elderly: the case of HelpAge India” argues that, the concerns of the Government of India for the welfare of its elderly citizens began with India’s participation in the World Assembly Conference in Vienna in 1982, when it adopted the United Nations (UN) International Plan for Action on Ageing. The UN plan focused on the governmental role in adopting programs for the care and protection of the elderly, synchronizing these with the changing socio-economic conditions of each society.

From the mid 1980s, the Government began to recognize the aged as a social category of persons who need specialized attention. Under several Five-Year Plans, various policy-oriented programs were introduced, but these often ignored rural-urban differences as well as the local disjunctions of class and power. An Old-age assistance pension, applicable to a minority of the elderly, also was introduced, along with other
welfare measures. M. K. Shankardass (1995) states, under the Eighth Five-Year Plan, the Government sought to encourage non-governmental organizations (NGOs) to provide Old-Age Homes and non-institutional services via a limited grants-in-aid program. He further states that a comprehensive policy for the aged however was missing.

A. Bhatt (1995) argues, after many years of debate, the Government finally declared the National Policy on Older Persons in January 1999, the same year as the UN-designated International Year of the Older Person. D. Stoesz et al (1999), is of the view that, the policy highlights the rising elderly population and the urgent need to understand and deal with the medical, psychological, and socioeconomic problems faced by the elderly. In particular, the policy emphasized the dominant role NGOs should play to assist the Government in bringing forth the society where the needs and priorities of India’s elderly are taken into account. Thus, NGOs are expected to play a crucial role in welfare for India’s aged as in many parts of Asia, the United States, and other developed nations.

On the other hand A. M. Kurup (1989) specifies how the National government has attached considerable importance to the role of NGOs in extending social welfare services. In the realm of aged care, NGOs are associated at different stages of planning and implementation. They set up old age homes and, to a lesser extent, trained personnel. Further S. Liebig Phoebe (2005) opines as to how many of these efforts are small-scale and local in nature, serving very limited numbers of elders. Furthermore, most NGOs have focused on the creation of old-age homes, rather than
on day-care centers and other non-institutional services, in part due to demand but also because larger subsidies are provided for homes.

**b) Non-governmental Organizations (NGOs) in India:**

Terry Alliband (1983) argues, India has one of the most developed NGO sectors in the third World. The origin of voluntary work in India, as elsewhere, can be traced back to social service with its antecedents in charity, philanthropy, and individuals. India has a great tradition of voluntary service and in spite rapid changes, the urge to serve fellowmen is still strong and widespread. Religion has played a very important role in the creation of such actions. As it emphasized in the virtue of *dan* i.e., free gift, which encompassed different forms of social services. Giving cash assistance to the needy, imparting knowledge, providing food, and shelter to pilgrims, care of the sick and the destitute were considered to be righteous acts. Religious doctrines for the poor and needy played its role. Christianity, Hinduism, Islam, and Jainism contributed much for such actions. The voluntary efforts in the early phase were limited in scope and were marked in rural and community development projects such as digging wells and tanks, planting trees etc. Charity on a voluntary basis outside the religious channels operated freely and extensively in the fields of education, health, famine, droughts, and epidemics.

c) **Role of Non Governmental Organisations (NGOs)**

The UN plan focused on the governmental role in adopting programs for the care and protection of the elderly, synchronizing these with the changing socio-economic conditions of each society.

M. K. Shankardass (1995) asserts that from the mid 1980s, the Government began to recognize the aged as a social category of persons who need specialized attention. Under several Five-Year Plans, various policy-oriented programs were introduced, but these often ignored rural-urban differences as well as the local disjunctions of class and power. An Old-age assistance pension, applicable to a minority of the elderly, also was introduced, along with other welfare measures. Under the Eighth Five-Year Plan, the Government sought to encourage non-governmental organizations (NGOs) to provide Old-Age Homes and non-institutional services via a limited grants-in-aid program. A comprehensive policy for the aged however was missing.

D. Stoesz (1999) opines after many years of debate, the Government finally declared the National Policy on Older Persons in January 1999, the same year as the UN-designated International Year of the Older Person. The policy highlights the rising elderly population and the urgent need to understand and deal with the medical, psychological, and socioeconomic problems faced by the elderly. In particular, the policy emphasized the dominant role NGOs should play to assist the Government in bringing forth the society where the needs and priorities of India’s elderly are taken into account. Thus, NGOs are expected to play a crucial role in welfare for India’s aged as in many parts of Asia, the United States, and other developed nations.
On the other hand, A. M. Kurup (1989) says that the National government has attached considerable importance to the role of NGOs in extending social welfare services. In the realm of aged care, NGOs are associated at different stages of planning and implementation. They set up old age homes and, to a lesser extent, train personnel. However, Phoebe S. Liebig, (2005) further argues that many of these efforts are small-scale and local in nature, serving very limited numbers of elders. Furthermore, most NGOs have focused on the creation of old-age homes, rather than on day-care centers and other non-institutional services, in part due to demand but also because larger subsidies are provided for homes.

According to the Planning Commission of India (2005), the growth of NGOs has not been geographically uniform in different parts of the country. Nigger states like Utter Pradesh have a much lower NGO presence than others. States in the South and in the West have had greater concentration of NGOs. In the proliferation of NGOs in the 1985-1995, large numbers of organisations are formed in the eastern states of Orissa and Bihar. According to planning commission (ibid), there are 12,265 NGOs in the country of which 91% are involved in social sector activities, 52.75% in rural development, 17% in human resource development, 10.15% in social justice and empowerment, 6.2% in health and family welfare and 4.8% in youth affairs and sports. About 25% of NGOs are working in the Southern States of which 10% in Andhra Pradesh, 4.15% in Karnataka, 2.84% in Kerala and 7.85% in Tamil Nadu. About 30% of the total numbers of NGOs are working in the States of West Bengal (9.73%), Orissa (6.78%), Maharashtra (4.95%), Delhi (4.08%), Gujarat (2.59%), Haryana (1.5%), and Punjab (0.36%). And 7.35% NGOs are working within North Eastern States, viz. Assam (2.1%), Manipur (2.9%), Meghalaya (0.18%), Mizoram
(0.28%), Nagaland (0.47%), Arunachal Pradesh (0.2%) and Tripura (0.37%). While, 36% NGOs are working in the States such as: Uttar Pradesh (15.84%), Madhya Pradesh (4.5%), Bihar (9.33%), Rajasthan (2.9%), Jharkhand (1.7%), Uttaranchal (1.3%), and Chhattisgarh (0.35%).

d) **The role of Non-governamental Organizations (NGOs) for the elderly in India:**

While the Government has continued its efforts to introduce programs for the welfare of the elderly, NGOs have played a key role in bringing to the forefront the problems of India’s older people in the society at large, and they have also provided some solutions. Through various activities and services, NGOs have established a forum whereby the voices and concerns of the elderly can be addressed.

Presently, there are many National and International NGOs working for the cause of India’s elders. Most have concentrated their work among lower-income groups and the disadvantaged and underprivileged sections of the society. This is mainly because one-third of these sections are identified as “capability poor,” which means they do not have access to minimum levels of health care and education for earning a decent living. Because the government is unable to deal with such a huge dependent population, it is non-profit, non-governmental sector-also know as the third sector (Stoesz, D., Guzzetta, C., and Lusk, M. 1999) that has for the last few decades, begun to work actively for the welfare of the lower-income and dependent strata of Indian society, including the elderly.
In the first few years of NGO growth, the emphasis was placed on the abuse of women due to the gender discrimination prevalent in the Indian society. The government and hospitals concentrated their attentions and resources on the needs of women and children, rather than on the elderly, leading to separate departments of pediatrics, but not geriatrics.

Jamuna (2005) opines that, since demographers began providing alarming statistics about the growth of elderly population, there is a need to work in this area. This lack of focus on the aged occurred because it was assumed to be that the elderly were well taken care of, safe in the custody of the well-integrated family system in India. But recent ethnographers case studies have indicated that the so-called “joint family system” is a myth. Many elderly, though living with their sons and their families, are often neglected and uncared for.

This scenario has led to the mushrooming of various NGOs working on the concerns of the elderly, especially in urban areas. For instance, the Rotary clubs, which helped improve services for the elderly by supplementing existing services at governmental primary health-care centers and by contributing to or sponsoring old-age homes, and the Aged Care India, which has provided residential and institutional services to people aged 50 and older, created social, cultural, educational, recreational, and spiritual programs, and has arranged for medical check-ups and part-time employment to supplement incomes of older people.
One of the prominent NGO known as HelpAge India (1995 and 2001) affirms that NGOs focus on India’s elderly initially emerged in the 19th century, but those efforts were small and isolated. HelpAge India (ibid) further asserts that in 1940, The Friend-in-Need Society of Madras (Chennai) was the first organisation to devote itself to the care of the aged, and the Little Sisters of the Poor (LSOP) of Calcutta followed suit in 1882. The LSOP opened a home to provide shelter, clothing, and medical care to the old. Both organisations still operate old-age homes today.

**REVIEW ON LITERATURE:**

Books were selected on Ageing and NGOs dealing with the Ageing problems for the literature review. A. S. Kohli (1996) in his book entitled ‘Social situations of the Aged in India’ argues that differences in ageing problem may be because different groups face different physical conditions; they are differently organized, or have different traditions, values, and culture as the socio-economic situation faced and experienced by individuals differs for different groups of people.

David R. Unruh (1983) in ‘The Study of Invisible in Social Worlds’ examines what he has termed as problematic populations. That is, there are certain populations or group of people who for various reasons are believed to find integration and involvement in society especially problematic. He made a comparative analysis that among the mentally ill, minority group members, the institutionalized, the deinstitutionalized and the physically disabled, most important problematic populations are the aged in modern society.
Bliezner Rosemary et al. (1987) in their study of ‘Rural-urban Differences in Service use by Older Adults’ points out that “older adults represent not only the fastest growing age group in the U.S. population, but also high users of health care and social services”.

Sahu (1998) in his work ‘Problems of Ageing among the Indian tribes’, a study of the Santhal tribe of North Chotanagpur division of Bihar, points out that modernization, urbanization, industrialization, migration of young members, breaking-up of joint family system etc. have made the condition of the Santhal aged vulnerable and pathetic.

Sivamurthy and Wadaknnavar (2001) in their paper entitled ‘Care and Support for the Elderly Population an India’ have indicated the importance of NGOs in taking care of the aged. According to the authors, NGO sectors play an important institutional mechanism to provide user friendly, affordable services to the elderly persons. However, they regret that, the important role played by the NGOs for elderly has not been taken seriously in India. They have suggested that, the government should have a dialogue with the NGOs in taking care of the aged.

D. Jamuna (2002) in her article ‘Care Giving Issues and Elder Abuse in India’ reveals that Indian tradition and religious teaching demands the children to take care of their parents in old age. However she argues that, the economic considerations, dual careers, migration, and individualism have contributed to the decline of this system.
Consequently, many children find it difficult to take adequate care of their parents, which is reflected in their attitude and unwillingness to provide long term care. There is also an increasing trend among the older people to live independent of their children. Some would like to live close to their children but not as apart of a joint family. Since women marry men who are older than themselves and since women live longer, many elderly women are widowed. As women in India identify themselves fully with their husbands and depend on them economically and for most social functioning, the loss of husbands makes their life vulnerable.

Liebig (2003) in his article ‘Old- Age Homes and Services: Old and New Approaches to Aged Care’ has studied 48 old-age homes in different parts of India- including the more traditional free homes for the aged poor who have no family to take care of them and the recent ‘pay homes’ for the middle classes. He also has investigated a small number of day-care centres. Almost all the Old Age homes are run and manage by the Non- Governmental Organizations (NGOs), where only few were under the government assistance. Pay homes have more privacy and western-style amenities. The government grants for homes and day-care centres are limited in this case.

Maneeta Sawhney (2003) in her article ‘the role of Non-governmental Organizations for the welfare of the Elderly’ mentions about the welfare activities of NGOs for the elderly. She has done the case study of HelpAge India and argues that, while the government continues its efforts to introduce programmes for the elderly, the NGOs plays a key role in bringing to the forefront the socio-economic and health problems of older people in the society at large. She further examines how NGOs have worked
in the field of ageing in India and made an impact on the lives of the senior citizens, especially those below poverty line (BPL) who are economically and socially deprived.

Shubha Soneja (2004) has mentioned in her article ‘The Role of Non-governmental Organisations in an Ageing India’ about the importance of the role of NGOs in global ageing. She has given the example of American Association of retired persons (AARP), which has over 33 million members and the largest voluntary organisation for older people in America as well as in the World. According to her, there are three main areas of ageing where the NGOs should intervene. They are such as health, financial security, and emotional security. She has suggested that, NGOs should play an important role in coordinating the actions of the government and civil society in developing a just society for all ages.

Usha S. Nayar (2004) in her book entitled, ‘The Situation of Ageing: the Chip and the old Block’ points out that, ageing is characterized by a general reduction in functional capacities as well as structural changes in the body. She further argues that there is a gradual increase in body weight and a degeneration of the elastic tissues of the skin, resulting in wrinkling. Other changes such as reduction of hearing, vision, muscles, and bladder control. Amongst the major problems are those related to reduced efficiency of the heart and blood circulation, and those effecting learning and memory. A decline in physiological functioning also seems to herald a change for the worse in physiological functioning and in the overall mental health of the elderly. Thus, raised blood pressure, cardiovascular disorders, and lowered functional
capacity, are related to lower reaction time in many activities. This change is visible when the elderly show their inability to sustain participation in group activities or conversations in particular.

Panda Archana Kaushik (2005) in her study of the ‘Elderly Women in Megapolis: Status and Adjustment’ attempts to study the situation of a cross-section of elderly women in a fast changing urban neighbourhood, with special reference to Delhi. The study looks at the health and well being issues among aged women. It also pays attention to the role played by elderly women in their family and neighbourhood and respect and recognition they received. Stated differently, it is an attempt to find out the factors that enhance harmonious adjustment of senior ladies with their social environment. It also deals with sense of security among aged women. Finally, it suggests ways and means to enhance well-being among elderly women.

Amoako-Addo (2005) in his paper ‘The Role of Voluntary Organizations in the Care of the Elderly in Norway’ describes the contribution of voluntary organisations to the provision of social services to the elderly. He points out that, the contributions made by voluntary organizations in caring older people is noteworthy. The government still recognizes NGOs past contributions and the role they play within the framework of the welfare state’s social services for the aged, though the size of contributions has been declining rapidly in recent years.
N. K. Behura and R. P. Mohanty (2005) in their book ‘Aged in Changing Social System: Their Problems’ points out that the traditional Indian social system has been changing very fast because of the steadily engulfing forces of modernization, urbanization, industrialization and other such processes. It has drastically affected the rural family structure in general and old-age Indian joint family system has been disintegrated to a large extent and therefore, the social and economic significance of this institution has significantly diminished. The fact of consumerism and individualistic attitude of the younger generation has necessitated them to drift away from their villages to gain more comfort and achieving future goals in urban areas. In such a situation the poor and the helpless aged parents are left alone in villages, where they feel socially helpless and economically unsecured and thereby they are compelled to lead a life of uncertainty and tribulation.

The book also highlights various problems of the aged residing in urban fringes after their retirement from government and private salaried jobs. The study focuses on the general demographic trends of the aged of Indian population taking the case of the state of Orissa as an example. However, the prime thrust of the study is based on empirical findings on the aspects, like living conditions of the aged with special reference to family types, living arrangements, and economic support i.e. work participation and contribution of physical labour of the aged towards family members, renderance of advice and their participation in decision making process, food and narcotic habits, health, disease and treatment process, leisure and recreational activities, old-age and difficulties in withdrawal and utilization of pension etc. The book also argues about the constitutional safeguards and welfare measures of the
government, and provides some constructive suggestions for the well-being of the aged. The book is also enriched with a few case studies.

Sunanda Rabidranathan (2006) in his book ‘The Elderly in Urban Indian Families: Conflict in Solidarity’ argues, in the coming year, the elderly population in India will grow phenomenally. At the same time, the family size is reducing, more so in urban areas. Due to housing shortage and an increase in the number of women joining the labor force, an increasing number of elderly people are beginning to share residence with their adult children. Intergenerational and Intragenerational interactions are natural consequences, which may give rise to conflict situations in the family. This book develops taxonomy of conflicts arising out of these interactions and examines the issues of conflict in economically sound contemporary urban families. The resolution of some of these conflicts has also been delved into.

Besides highlighting social dimension to the problem of ageing, a new will be of relevance to any reader interested in knowing about the consequences of changes in the structure of contemporary urban families in India.

A.B. Bose (2006) in his book ‘Social Security for the Old: myth and Reality’ gives a comprehensive account of social security among the old, an emerging problem in the country’s scenario. It covers demographic projections up to 2050, and compares India with the trend in developed and developing countries. The book analyses financial security among both formal and informal sector workers and the extent to which
persons have been discussed, including the roles played by public and private sectors, non-governmental organizations, cooperative societies, insurance and other institutions. Caring arrangements for the old in the family and other forms of care have been analyzed. Finally, the book reviews the national policy of the elderly persons in which they are regarded as a resource and not just dependents. It has indicated areas of actions by the state, the private sector, non-governmental organizations, the family, and other institutions of civil society.

To conclude, the constitutional safeguards, National policies, Old Age schemes for the Ageing and senior citizens in India are into much action, but these programmes/schemes do not cover the whole of the population of India. Those benefited are mainly for urban areas neglecting the rural mass. Studies and surveys were done mostly on the urban spheres and as such the provisions of the acts or policies benefits the urban dwellers. On the other hand viewing at the tribal societies who have completely different ways of life are the most excluded from these schemes. The literatures available on NGOs dealing with Old Age Homes are mostly done on urban setting. But these review provide the acute ideas of the problems faced by the aged in India.