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LITERATURE REVIEW

2.1 Introduction

Aging is a phenomenon which is universal. It is considered the second childhood of a person. Shakespeare (1954) beautifully describes the last state of man in the famous seven stages of man in his romantic comedy As You Like It (Act II) as:

Last scene of all,

That ends this strange eventful history,

Is second childishness, and mere oblivion,

Sans teeth, Sans eyes, Sans taste, Sans everything.

According to Armstrong (1978), the period during old age when physical and mental decline is slow and gradual and when compensations can be made for these declines is known as senescence-time of growing old or of aging. Aging affects different people differently. Because they have different hereditary factors, different socio-economic and educational background and different patterns of living (Kent, 1975).
Problem of aging appears as a major issue in modern age, because the progress of medical science has raised the life expectancy of people. Generally speaking, when a situation or issue is not solved by one’s available knowledge and skill, it is called a problem. An issue that may be a problem for one individual or group may not be a problem for another. Some problems which are related to our basic needs may be common. But certain problems are specific to aging. But while aging has a charming beginning in the form of development (i.e. growth and differentiation), it has a dismal end marked by senescency, loss of adaptability of the organism to its extrinsic and intrinsic environments, decrepitude and ultimately the macabre death. Thus the problems of the old differ from those of the young. Joshi (1971) observed that aging in human beings creates a number of bodily disfunctions as well as psychological disorder. Seal (1979) has divided the problems of the aged into national, special (community and family) and personal (physical, psychological and socio-economic).

Hence, this chapter reviews the literature on available so far. Such a review will enable us to understand the concerned issues thoroughly.
2.2. Earlier Studies on the Aging

The works on the aging covered historical, psychological, biological, physiological, anthropological, social aspects etc. along with geriatrics. Most of the works on these aspects have been done in the western countries. In India there are a few studies with reference to a large number of population divided into various communities living in different ecozones in varied milieu. The Indian literature on aging obliquely indicates that in India the study of aging might have started in south India which were mainly on psychological aspects. Thereafter, we find a few studies in west, north and east India.

In India gerontology is passing through its infancy. A group of young scientists belonging to different disciplines established the Indian Gerontological Association in the late 1960's. It started the publication of a journal The Indian Journal of Gerontology in 1969. The publication of this journal was discontinued after sometime.

The study of social aspects of aging and the emergence of social gerontology as a discipline started around the second half of the 1950s in India. Until then the old age was not considered to be a problem that required social intervention. The Indian society had certain built-in
safeguards and the aged then enjoyed a respectable position in the family even after their withdrawal from economic activities. The earlier studies suggest that the problems of the aged were confined mainly to metropolitan cities. In ancient and medieval India, the elderly occupied a place of importance both within the family and in the community. This was facilitated largely by the agrarian economies and the joint family system (Prabhu, 1954; Karve, 1953). In many rural and tribal areas this situation is prevalent even to this day. Amesur (1959) in his article, ‘Welfare Services for the Aged and Infirm’ stated that because of industrialisation, urbanisation, inflation, and the resultant changes in the family system, the aged have to face a number of problems. Welfare services for the aged have, therefore, become necessary and he suggested that these should focus on accommodation or living aid programmes, medical aid, assistance at death, and welfare for the infirm. He also recommended the employment for the healthy aged people in alternative occupations. Sing (1970) reiterated the same points and discussed the process of aging, the pattern of social services provided to the aged by the central and state governments, the status of the aged in the Indian society, and finally the contribution of social work professionals in this regard. D’Souza (1971) in his study
concluded that the problems of the aged in India arose as a result of changes in the family and social structure of the Indian society. Consequently, the status and the role of elderly people in the family is related to their wealth and higher degree of education rather than the virtue of their being old.

2.3 Theories Related to Aging

Two prominent theories related to aging are Activity theory and Disengagement theory. According to activity theory, the maintenance and continuation of activities and attitudes of the middle aged, give satisfaction and thereby lead to adjustment in older ages. Actively participating in the family and other social group activities give them a sense of being useful to themselves and to others. Studies on senior citizens staying in institutions also supported the hypothesis of high activity and adjustments (Kleenmeir, 1951). The basic idea of the activity theory is that there is a positive relationship between activity and life satisfaction; that is the greater the role loss, the lower is the life satisfaction.

According to the disengagement theory, (Cuming and Henry 1859), as individuals grow older, both individuals and society are withdrawn from each other. Old people automatically avoid activities
and social participation. This process is natural. According to Birrern (1964), social disengagement involves three elements of ‘load shedding’; less involvement with other people, a greater use of mental ability, and less participation in physical activity. For most older people, this means a radical change in the pattern of social life.

2.4 Changes in the Traditional Support Base

The traditional norms and values of Indian society laid stress on showing respect and providing care for the elderly. Consequently, the older members of the family were normally taken care of in the family itself. The family, commonly the joint family type, and social networks provided an appropriate environment in which the elderly spent their lives engaging themselves in religious activities, rearing grand children and following other pursuits. Thus the institution of family fulfilled the needs of the elderly in respect of social, psychological and economic security. In addition, the family took care of their physical as well as mental well-being and in their turn the elderly contributed by dispensing the acquired wisdom and prudence, distributing their wealth, belongings and keeping the members of the family united. This way the relationship was one of symbiosis and reciprocity. Such a
system of mutual support is not possible in a modern, industrial society.

Forces in the industrial order oppose the traditional role aspiration and release the individual from the rigid bond control of hereditary groups. The individual emerges as the focal unit in the contemporary society (D'Souza, 1982). The elderly have to depend on their own resources rather than on group resources to fulfill their needs. The advent of modernisation, industrialisation, urbanisation, secularisation, occupational differentiation, education and growth of individual philosophy have eroded the traditional values that vested authority with the elderly. These have led to defiance and decline of respect for elders among members of younger generation (Nayar, 1987). Assessing the impact of forthcoming social change on the status of elderly, D'Souza (1982) apprehended that transition from agrarian to urbanised and industrialised society; from joint family type to unitary family type, and increasing emphasis on the individual as a unit would certainly deteriorate the position of the elderly.

In a study on the Voluntary Welfare Services for the aged, (1989) although family support and care of the elderly are unlikely to disappear in the near future, family care of the elderly seems likely to
decrease as the countries of Asia develop economically and modernise in other respects. According to this report, there are four ways in which industrialisation and urbanisation tend to make family care of the elderly more problematic: (1) As economic production shifts from the family to the factory or workshop, the older generation tends to lose control of younger family members. This control was traditionally maintained through their hold on such productive resources as, land. The ability of the younger generation to earn a living no longer depends on access to land or other resources controlled by their parents. (2) Industrialisation tends to increase the labour force participation of women. This leads to the reduction of people available to care for older family members. (3) Declining fertility means that there are fewer adult children to share in the care of older family members. (4) Increased rural-to-urban migration among the young tends to separate the generations physically.

Mishra (1991) feared that the changing social structure, preponderance of individualistic and materialistic values, negative values of the younger generation towards the elderly and compulsory retirement of the elderly from economic activities would contribute a great deal in the emergence of old age as a social problem. This is the
result of the emergent conflicts between traditionalism of the old and the eagerness of the young to embrace the modern values. While analyzing the resource among different age groups, Gore (1993) opined that in developed countries population aging has resulted in a substantial shift in emphasis between social programmes causing a significant change in the share of social programmes going to older age groups. But in developing society these transfers will take place informally and will be accompanied by high social and psychological costs by way of intra-familial misunderstandings and strife. For a developing country like India, the rapid growth in the number of older population presents issues, barely perceived as yet, that must be addressed if social and economic development is to proceed effectively.

Because of the demographic changes in the society and the changing family context, it can no longer be assumed that our elderly live comfortably at home receiving care from family members. Given the trend of population aging in India, the elderly face a number of problems which range from the absence of ensured and sufficient income to support themselves and their dependents, ill-health, the
absence of social security, the loss of a social role and recognition, to
the non-availability of opportunities for the creative use of free time.

Dr. Satya Sundaram, in his study Elderly need Better sums up
some of the problems of the aged. They suffer from alienation due to
changes in the value system, the generation gap and the divergence in
rural and urban cultures. The improvement in life expectancy
and the disintegration of the joint family have created problems for
the aged. Dr. S.P. Gupta in his study, The Aged Parents Where Will
They Go explains the effect of migration of the elderly. In
contemporary society, young people tend to be more mobile and get
separated from elder members of the family. Large scale migration of
the young to the towns to get work or to get better education is
depriving the aged of the emotional and material support of the
children. And in some areas rapid changes are alienating the old people
who find it difficult to adapt themselves to new conditions.
Vijayakumar and Suryanarayna attributed the problems of the rural
aged to the breakdown of joint families, growing individualism and
mobility. In 1995 in his study Rao concluded that the position of the
aged who are owning land and assets is better than those who
economically depend on others. Old individuals staying alone are most
unhappy. The aged have expectations that the children would support them in their old age. Non-fulfilment of this leads to bitter feeling.

One of the findings of Kripal Singh Soodan in Aging in India is that more heads of the households are from younger age group and two-third of the aged who live in the same households are rarely consulted by the family members. According to one half of the aged respondents in his study, their absence from the family would not disrupt the family functioning. Sayid Zafar Hassan, forward to Kripal Singh Soodan’s, Aging in India states that the status of the aged varies in different societies and culture. Economic dependency brings about psychological and personality changes in the aged which affect their social status and role. Dr. M. Himabindu’s book Human aging: Study of Rural Women in Andra Pradesh tries to explore the various aspects of human aging with reference to the aged women in rural areas of Andra Pradesh. An attempt is made to explore the status of the aged rural women, their problems, and coping mechanisms. The book addresses effectively a number of issues that affect aged women namely, ill health, psychological, financial, and social problems.

According to a survey conducted by the Age Care India, most of the aged are a neglected lot and leading a woeful life. In urban areas
they have virtually been isolated while the process has also been started in rural areas. In a majority of the cases covered by the survey the elderly lacked basic needs like proper food and support and further, they are looked upon as a burden to society.

According to Nag (1987) the traditional norms and values of Indian society laid stress on showing respect and providing care for the aged and elderly persons. The aged were looked after by the family. Those who had no family, were looked after by the community, or caste organisations, through institutions like Sadavasta, Dharmasala, Math and Village Council. Desai and Bhalla (1978) in their book Social Situation of the Aged argue that in the past, old age was associated with virtues, knowledge and wisdom. Referring to a younger as an 'elder' was considered to be a great mark of honour. The joint family of India had often been referred to illustrate the status of the aged in the rural agrarian societies with the aged 'Patriach' as the executive head of the household. As compared to the western countries, the aged persons in India, as far as possible, were not left to fend for themselves by their relations. However, recent changes in the social values, social structure and economy, coupled with demographic
transition, have created problems for the aged who are now under a severe strain.

Siddaih (1969) based on his village study found that the aged in the rural areas are in a better position than those in the urban. The aged are not isolated as they continue to be a part and parcel of the society discharging important responsibilities. But aging in rural society is not a smooth process. Attitudes of the young towards the old have undergone significant change due to education, economic mobility and contact with nearby towns. Roman (1980) concluded that breaking of joint families and changing social values are responsible for devalued status of old people.

Toraxler (1971) considers that there is a strong evidence that the young people in the United States regard old age negatively and tried to avoid contact with those who are older. India's attitude to the aged is diametrically opposite to that of the West. In India age is respected while in the West it is dreaded.

Indian culture and tradition expects the old persons to start renouncing the world and prepare themselves for death. In certain parts of Arunachal Pradesh the elderly and the aged, if they so desire, are even today treated as 'perpertual' guests in the Kebang-the village
council by the community (Nag, 1987). The Hindu joint family which was the unit of social organisation itself provided an element of social security as well as status to the aged. The reciprocal obligations of the parents to support the children in infancy and those of the children to support the parents in the old age resulted in 'social insurance' through the cohesion of traditional family comprising two or more generations (Hasan, 1975).

In India poverty, unemployment, under employment and inflation have created a situation in which traditional social institutions are no longer able to discharge their duties towards the elderly and the aged. The mobility resulting from industrialisation and urbanisation has triggered off changes in the socio-economic spheres which have developed stresses and strains in the family and the aged no longer occupy the same position as in the past. According to William (1963) the economy of industrialised and urbanised society is in many ways incompatible with stable family structure. One of the findings by Soodan (1975) in Lucknow city is that more heads of the house holds are from the younger age groups and two-thirds of the aged live in households where the head of the household is the son. As early as in the mid fifties (Dube 1995) had highlighted the gap between the ideal
norms and actual practices in intra-family relations in Shamirpet village in Andra Pradesh. A case study of 120 households revealed that 78 percent of the sons in the village had established separate households within five years of their marriage. According to Bhatia (1964) the main forces of change affecting the age are community development and industrialisation which have reduced the status of the aged individual as adviser and spokesman of the village and guide of the family.

One of the fundamental demographic changes that most of the countries of the world are undergoing is an acceleration in the pace of the aging of their population. In U.S., fair-generation families were to become increasingly common and the Baby Boom generation was expected to evolve into a great-grandparent Boom in future (U.S. Bureau of the census, 1993).

The transition from the traditional pro-industrial to the modern phase of development of society in India has changed the social context of adjustment of the aged. The contributions of science and technology, health care institutions and the basic changes in economy and social ecology have altered the demographic structure of the society. During the traditional period, the high death rate, the
epidemics, natural disasters and lack of modern medicines lowered the life expectancy and fewer members attained the status of aged in the society, and those who did attain old age were looked upon with reverence. Old age had a mystique of its own.

Migration to other countries also changed the age structure of the population in Kerala. It was estimated that in 1977, the total number of persons working outside Kerala was 4,32,000. By 1987 it was 6,80,000 (Sooryamoorthy, 1997).

Life expectancy of Kerala has grown substantially. During 1961-71 the life span of Keralites was nearly 12 years more than the National average which in 1971-81 become 10.7 years. The average life expectancy of Indians in 1991 was 56.2 years whereas it was 70 years for Keralites, (Sooryamoorthy, 1997). All these have contributed to an increase in the population of the aged in Kerala.

The disintegration of joint family combined with rapid industrialisation and urbanisation and the change in social values have together caused serious problems for the aged. According to Sooryamoorthy, the care of the elderly in the family depends on many factors. First, migration reduces the number of the younger ones who would like to look after the aged. Secondly, the growing number of the
working women’s acts as a determinant in the case of the elderly. Thirdly, with low fertility, the elders have very few children to depend on. The nuclear family has actually become disadvantageous for the aged.

### 2.5 Roles and Status of the Elderly

The honour accorded to the old, the importance attached to their advice, the respect with which they were invited to sit in judgement over a dispute have become a thing of the past, and are considered redundant in the modern context. The disappearance of these privileges as a result of the emergence of new values and norms caused a lot of despair and anguish to the elderly. D'Souza (1971) opined that in the past the structure of society was such that the aging process did not put any obstacle in the way of older persons getting enchanted status, but in the recent times the structure of the society has been undergoing a fundamental change under which the older persons are being dislodged from their roles of higher status. Due to the changes in the family structure and the value system, the respect, honour, status and authority which the elderly used to enjoy in the traditional society, gradually started declining and in that process the elderly are relegated to an insignificant place in our society. These days the younger generation is
almost taking charge of the functions which the elderly used to perform in the past.

Marulasiddaiah as early as in 1969 studied the declining authority of the elderly in a small village Makunti in Mysore and found that the elderly faced severe health problems and economic adjustments. Nandal, Khatri and Kadian (1987) found that loss of the decision-making role was experienced more by those who had surrendered their property in favour of the young members and had thus no control over the sources of income. The loss of status and decision making role made the aging women to suffer more than men. Data further indicated that more women suffered from the problems of widowhood than their male counterparts.

Some of the studies (Gangrade, 1988; Mahajan, 1987; Purohit and Sharma, 1972; Soodan, 1975) focused on inter-generational changes and found that most of the elderly were of the view that the younger generation did not pay respect to the elderly and they perceive the stresses on the bonds of inter-generational togetherness in the future. Though a majority of the young generation viewed that the elderly were a socio-economic burden on them, the advantages from the elderly like care at the time of sickness, advice in family matters,
education, and all-round development of the family were also recognised by a few from the younger generation.

The change in the status and role due to retirement was also studied by a few researchers. Desai and Naik from their study of 600 pensioners in 1972 found that most of the respondents (93%) claimed that they were still the heads of the households and a large majority (nearly 70%) said that they were the decision makers regarding family affairs even after retirement. Most of the respondents were happy that the behaviour of their family members towards them had not changed after their retirement. The study concluded that loss of status in the family was not an important problem for most of the retirees. The study further indicated that many young people were aware of the problems of the retired persons and, in general, had a positive approach to them. They willingly provided financial assistance, accepted them as heads of family, consulted them on family matters and would not like them to go for jobs after retirement. A sample study of 1,000 civil pensioners in Delhi in 1976 by Jagannadhan and Palvia found that a vast majority (81%) of the retired persons were reported to be satisfactorily treated by their family members even after retirement. The majority of the pensioners (60%) preferred living with their adult
children as a desirable choice, while an equal number considered that living arrangement as 'somewhat desirable' or 'not at all desirable'.

Menachery (1987) compared the positions of the retirees in the family before and after retirement in his study of 545 retired persons and concluded that the loss of family status in the case of the retired is brought about not by retirement, but in conjunction with other intra-familial and personality factors. Similarly, Sati's study (1988) of retired persons of Udaipur city has concluded that the degree of socio-economic liability has no implication for perception of the respondents about their status in the family and respect enjoyed by them. A comparative study of retired working and non-working males in Delhi (Dhillon and Arora, 1992) showed that both working and non-working: perceive: (1) a high degree of social support, particularly from friends and family members, ii) all life events almost equally stressful, and (iii) that greater the amount of social support the less the effect of life events. However, retired and non-working males perceived that social support decreases the negative effect of life events related to health, work, finances and personal and social problems, whereas retired working males perceived that social support mainly decreases the negative effect of the events related to family members.
2.6 The Issues Related to the Elderly

The problems of the aged are understood differently by the young and the old; they also vary from country to country on the socio-cultural background. Venkoba Rao (1979) indicated how the prevalent cultural conditions are affecting or contributing to the problems of the aged. Ghosal (1962) observed that the problems of old age tend to be multiple. The multiple nature being observed in the old age causes different problems. The social scientists in India become more and more conscious of the problems of the aged, especially those who have crossed seven decades or more. (Krishna, 1971; Ramamurti, 1970; Satyavati and Murthy, 1976; Shanmugam, 1970; Sharma and Jain, 1969; Sharma and Bhadure 1970; Sharma, 1971; Soddan, 1970).

Rao (1975) in his study observed that high blood pressure, heart disease, cancer, diabetes, lung disease, kidney infections and diseases of joints and bones etc. are some of the common somatic diseases of the aged Indians. Decline in vision, hearing and sensitivity of taste are the other common physical handicaps of the old age. According to Mehrotra et. al. (1979) 43% of the aged had some morbidity, mostly respiratory trouble, skin-infection, bowel disorders and dysentries,
Psychologists have confirmed the popular belief that during advanced age, with the trend towards decline in other areas, there are natural and automatic decline in mental abilities as well. Backman (1973) found that older man and woman suffer from rolelessness and powerlessness and depression. With aging there is decline in many functions which lead to feelings of inadequacy and insecurity. Post (1966) cautioned that the development of withdrawal of social interest, suspiciousness and antipathy towards others can be viewed as a paranoid process in old age. Social isolation in old age is also caused by several factors that some of which may be viewed as the nominal process of aging and some as pathological. Arnhoff et.al. (1964) reported that aging is accompanied by many stereotyped believes, which make the old people predominantly negative in outlook, regardless of one’s nationality. Nair (1976) also reported that physical and intellectual isolation of the old gives rise to human problem which is intense and pathetic, Gupta (1968) acknowledged that old age parents have a number of problems and important among them are the problems which are purely social and psychiatric in nature such as mania, depression, senility, psychosis and senile dementia. Boverley (1975) and Labouvievief and Gonda (1976) reported that the lack of
environmental stimulation among the aged affects adversely their mental and motor learning.

The findings of Light and Amiek (1956), Pradus and Fried (1947) highlighted that the older individuals experience reduced drive, stereotype thinking, reduced power of judgement and loss of emotional control. Fremont (1971) indicated that in old age recent memories are usually adversely affected whereas the remote memory usually remains unaffected. Poon (1980) observed that advancing age results in loss of intellectual and cognitive functioning and adjustment difficulties. Cultman (1978) found that healthy elderly persons suffer from depression on account of their loss in competence. Kublen (1945) and Schait (1958) pointed out that people in the older age group are conservative and display more rigidity in their viewpoint. Bozzetti (1977) stated that the aged are susceptible to loss of independence and they employ simple and primitive defence strategies and frequently exhibit affective disorders. Kay (1959) and Post (1965) agreed that depression in old age is associated with continually increasing losses such as loss of close relatives, intimate friends, status of job. Bromley (1974) showed that motivation in general appears to decrease in old age because of decreased energy and poorer arousal mechanism.
Welford (1958) reported a detailed account of deterioration of human skill an account of aging effect. Rao (1975) observed that emotionally disturbing influences affect the aged life more frequently than the young. The aged suffer from psychological trauma at the death of a near and dear one, fear of death, conflicts with the younger generation, disappointments at the son or daughter's failure to live up to expectations and the like. An old man suffering from a fatal illness, such as cancer, goes through a series of emotional reactions like shock, anger, dependency, depression and dejection which spread over weeks or months before he finally accepts the inevitable. Sinha (1989) studied the certain issues of aging with the strategy of adjustment of the aged.

Much work has been done on the adjustment problems of the aged. According to Schineider (1965) adjustment is a process involving both mental and behavioural responses by which an individual strives to cope with inner needs, tensions, frustrations and conflicts and to bring harmony between these inner demands and those imposed upon him by the world in which he lives. Bromley (1966) made a comparative study of good and bad adjustment and found that a well adjusted person is likely to be physically fit, active and mentally alert for his age. His morale is high and he will be fairly confident in
social relationship. He will be relaxed and satisfied with the way things go on. He will be effective in overcoming frustrations, resolving conflicts and achieving socially acceptable satisfactions and achievements.

In the early studies of the aged the scholars were interested in personality and adjustment problems. But now a number of works have been done on personality problems in the adult and the elderly. From their studies it is observed that old age is fraught with negative changes in the psycho-physical and socio-economic status of the individual. Field (1977) reported difficult adjustment during old age on account of economic insecurity, health problems, fewer relations and friends and loss of status.

This is a fact that every one tries to cope with or manage the crisis that one faces in a particular manner. Bell (1978) pointed that the coping with the potential of the aged surpasses that of the younger people. Huerta et.al., (1978) observed that elderly person in 65+age cope well with the disaster situations and tend to report fewer advance emotional effects and feelings of deprivation than younger victims. Jarvik (1979) found that those who survive into old age develop
strategies to deal successfully with stress and among these strategies is a passive stance called ‘freeze’ which is an emergent reaction.

There are theoretical models-Disengagement theory and Activity theory developed to explain the adjustment problems of the aged. The engagement of the aged in different work makes them better adjusted and happier. Balter and Schaie (1976) and Fisher (1973) reported that those who are active in their life do better on intelligence tests than those who are idle. It appears that neither the theory of disengagement nor the activity theory accounts for satisfactorily all the aspects of aging phenomena, for there are persons with low role activity but high life satisfaction and high role activity but low satisfaction. It indicates that different patterns of successful aging are possible.

Regarding life satisfaction it is expected that a person having high life satisfaction will have happy adjustment with his life situation and vice-versa. Bromley (1974) observed that very few elderly persons think of old as the most satisfactory period of their life. Life satisfaction is a composite index of one's adjustment, attitudes toward life and event, perception and experience of problems and interaction events. Cumming and Henry (1961) supported the Disengagement
theory in which high satisfaction in old age is normally found in those individuals who accept the inevitability of reduction in social and personal interaction whereas in ‘Activity theory’ the old people who live an active life derive greater satisfaction from their life. Some studies show that life satisfaction and social adjustment in the aged are negatively related to socio-economic factors. Elderly persons belonging to lower socio-economic status tend to exhibit less satisfaction and poor social adjustment even when health and other relevant factors are controlled. But it has also been found that high socio-economic group people do have superior life satisfaction. Some other studies have pointed out that life satisfaction and social adjustment in the aged are related to socio-economic factors. Studies have shown that in lower socio-economic status groups elderly people tend to exhibit less satisfaction and poor social adjustment even when health and other relevant factors are controlled (Aiston & Dudley, 1973; Gurineuu1, 1980; Kutner et.al., 1956; Streith, 1956).

Neugarten and Moore (1968) observed earlier aging affects low class people. According to Hale (1982) poorer financial status was found to be related to depression, fewer and less satisfying interpersonal relationship, and poor physical health. Ramamurti (1970)
and Sinha (1971) reported that socio-economic status is a significant factor which determines satisfaction and dissatisfaction of the aged. According to Bromley (1974) poverty, loneliness and undernourishment contribute to the general burden to ill health in old age and reduce the likelihood that medical and psychiatric treatment will produce lasting effect.

Attitude towards the aged also varies with socio-economic status groups. Rosow (1967) in his study asked the questions to middle class people and working class people, who should help and take care of older people having difficulty or problems. The middle class people answered the family while working class people answered “other organisation viz voluntary organisations, government agencies, churches, unions etc”. Participation of the elderly in community activities, political programmes is closely related to socio-economic status at all stages of life cycle. Biley et.al., (1968) have observed that the best educated aged persons are likely to continue voting whereas less or uneducated aged people drops off voting with age.

From the above studies it is observed that aging affects in later age are generally marked by deterioration in physical and mental strength and capabilities.
The problems faced by the aged are manifold-financial, psychological, physical and social. According to Christopher (1992), good health in old age is a rare gift for many of the aged. In most cases the advanced age brings with it some chronic ailments and the aged get bedridden and depend on others for their mobility and need, medical care for their treatment. Majority of the people have financial problems (Sachadeva, 1995). Even those who are recipients of retirement benefits after superannuation find it difficult to meet their basic requirements with the decrease in their income and increase in the cost of living as a result of unabated inflation and particularly when they have yet to discharge their responsibilities of their children. Pathetic is the case of those aged who don't have a source of income. Combined with these are familial and emotional problems. Sachdeva (1995), is concerned with the neglect and poor upkeep, that give rise to emotional and psychological problems. Depending on others especially during sickness, aggravates the situation leading to great emotional disturbances; and loneliness is the most burdensome. Today with the disintegration of the joint family, the old have to fend for themselves. Some others have housing problems and security problems. The elderly experience the absence of housing facility as their grown up
children find their present accommodation too small to accommodate their parents with them after they get married. According to Sooryammorthy (1997), the young find little time to spare for the elderly who are lonely, depressed and unwanted.

Desai and Naik (1971) conducted a study sponsored by the Planning Commission, Government of India, on the problems of retired persons in Greater Bombay. They concluded that the majority of the retired people were protected by their families. According to them, it is in our culture to value and respect the elderly. Ranade (1974) conducted a sample survey of the aged population of Delhi during 1970-74. In the socio-economic profile and health status of the aged compiled by him it was highlighted that nearly 70 per cent of the female respondents were widows, and over 87 per cent of the elderly suffered from certain ailments. He also studied the developmental cycles of the households of the aged and made some interesting revelations. It was brought out that in Delhi, the majority of the families have three generations living jointly; such joint households have a tendency to break up into nuclear ones after the death of either parent; the most natural course followed by them was of an extension along parent-son-grandson direction. Other relationships came into
play when either a married son was separated or the elderly person was deprived of a son. These relationships were limited to the siblings of elderly persons or their married daughters.

Soodan (1975) in his study, *Aging in India* which relates to the aged in Lucknow city found that almost half of the aged were though fully dependent upon others, about one third of them were still the main bread earners of the families. Majority of them did not have any income of their own and about one fourth of them were supposed to meet the responsibilities of educating and marrying off their children. On the basis of this study, he had identified four major areas of hardships faced by the aged, i.e. income generation, medical care, adjustment to changing roles and status, and the proper use of leisure time. He recommended suggestions like financial assistance, medical and health care, institutional care, survivors and disability insurance, recreational programmes, etc. that could meet the needs of the aged. Counselling programmes were also suggested for solving the adjustment problems that may arise out of the changing roles and status of the old in the family and in the community.

Vatuk (1975) studied the changing roles of the elderly women and their self-perception. The book 'Aging in India', edited by Desai
is based upon the report of a seminar jointly organised by the Ministry of Social Welfare, Government of India, New Delhi, and the Tata Institute of Social Sciences, Bombay, on the subject of aging. The demographic profile, the health and social aspects of the problems of aging, and the social welfare services that existed and which could be organised for them are discussed in this volume. Bose (1982) in his article, “Aspects of Aging in India” suggested that any study of the aged must include both the demographic and socio-economic aspects together with the socio-psychological, moral, and spiritual considerations. He asserted that in spite of the various processes of social changes that have been transforming the Indian society, the elderly have continued to enjoy respect and dominant position in the family. According to him, a multidimensional plan of action for the welfare of the senior citizens is required. That should be able to counter premature aging, should have greater concern for the destitute, and must be able to provide institutional care to those for whom family protection was not available. Provisions should also be made for enhancing special health and mental care services. Efforts should also be made to make proper utilisation of the capabilities, etc. of the senior citizens.
D’Souza (1982) focused especially on the problems of old people among the urban poor. Since the conditions of urban poverty pose specific social and economic problems that affect the management of the aged, he studied the problems related to old people belonging to the low-income groups. These were analysed in the context of the changing structure of the family under the influence of urbanisation. It was suggested that adequate and balanced nutrition should be provided to the aged and day care centres should be opened for them. The eligibility criteria for Old Age Pension scheme should be made flexible and the amount be increased in accordance with the rising costs of living. For health care he advocated for the establishment of special wards or units in the hospitals that would cater to the needs of the elderly poor. Prasad (1983) studied welfare needs of the elderly in the context of the changing family structure and observed that the elderly did enjoy a modicum of respect in the family and they were consulted on all domestic and educational matters.

Retirement has several social, psychological, and economic effects on individuals. It not only means loss of monthly salary, but also loss of work and loss of social relationships at work. For middle and lower income strata of salary earners who have no substantial
savings or investments, loss of monthly salary would mean the beginning of full or partial dependence on their children. Lack of occupation may mean facing the problem of what to do with the available time. This leaves a void in time and in the social world of the elderly. In a study of retired employees of an urban area of Udaipur, Bhatia (1983) concluded that most of the people face retirement without any planning and preparations that lead to problems in their old age. The retired people opined that the age of retirement should be raised to enable them to continue their services longer. Since the income became the greatest cause of deprivation after retirement, many a time the aged were faced with economic hardships. The status and the role of the elderly in urban settings are different and are changing fast. Ranjan (1986) highlighted the feelings of neglect and frustration amongst the elderly.

Mishra (1987) studied three hundred retired government employees living in Chandigarh and came up with some surprising results. She has argued for the active life style, which according to her is more desirable if the retired persons are to lead a well-adjusted life. She has also exploded the myth that religious minded old people are generally happier and well adjusted. She found that a good educational
background, a positive attitude towards social change, and a non-interfering attitude regarding the personal affairs of the grown up children, generally lend themselves to good adjustment in later life. In Tirupati (Andhra Pradesh), a study of one hundred government and quasi-government pensioners of various central and state departments was conducted around 1987-88. They were asked as to how far they expected their children to help them and how much help they received from them. It was found that only less than half were satisfied with the support they received from their sons and the support from two working sons was not necessarily greater than that received from one. It was also found that with the advancement in old age, the daughters were of greater help during the times of crises. The study suggested that increasing the number of children did not ensure greater support during old age. On the other hand, better support was forthcoming from a smaller number of progeny provided they were better-equipped (Dandekar, 1996).

In a workshop on aging sponsored by the Helpage India, papers contributed by different scholars focused on the demographic dimensions of aging and its socio-economic, psychological and cultural aspects, the health problems and the medical facilities available to
them. Some of the papers brought out a comparative analysis of rural and urban old and have also highlighted the problems of the aged women in particular (Sharma and Dak, 1987).

Darshan et. al., (1987) reported that among the older persons the most common impairment was visual handicap (62 per cent). Very few suffered from paralysis of the lower limbs and hearing impairment. Purohit and Sharma (1972) studied the profile of 521 elderly persons (60 years and above) in some villages of Rajasthan and reported that a sizeable proportion of both the males and the females suffered from a number of physical ailments. Sengupta and Chakraborti (1982) in their study on Calcutta based on 401 respondents reported that, amongst those who were 55 years and above in age, more than three-fourths were suffering from one disease or other. Darshan et. al., (1987) underlined the correlation between age and ailment and concluded that the incidence of disease tends to go up with the advancement in age. Similarly, Pathak (1975) in his study, estimated that the elderly even from the middle and higher income strata of the society suffered from multiple disorders. Gupta and Vohra (1987) also reported that mental disorders have larger prevalence amongst those persons who are more advanced in age.
In a study on the voluntary welfare services for the aged, Khan (1989) explored the problems faced by the aged and reviewed the organisational structure and functions of the old age homes and day care centres on an all India basis. He suggested that special 'geriatric units' should be opened in the hospitals to cater to the special needs of the aged; the amount and scope of old age pension should be increased; the grant-in-aid of old age homes and day care centres should be liberalized; and all the old age homes and day care centres should employ full time social workers.

In another study Mishra (1989) made an effort to investigate and determine the situational and behavioural correlates of good adjustment in old age. Along with it, the applicability and desirability of two opposite theories of successful aging that is 'activity or engagement' and 'disengagement' theories were also tested amongst the retired government employees living in Chandigarh and Jabalpur. Some suggestions were also made towards framing of the policies and programmes for the welfare of the aged.

A comparative picture of the problems of the urban and the rural aged have been presented by Randhawa (1991) in his study conducted in Patiala City and four villages of Patiala district of Punjab. The
important objectives of this study were to highlight the differences in the social, psychological, economic, and health related problems of the old living in rural and urban areas. Many misconceptions about the urban and rural aged were highlighted in his study. With a view to understanding the present socio-economic conditions of the aged and the various aspects of their lives, Kumar (1991) in his study on the aged in Chatter district of Andhra Pradesh highlighted their family life and living arrangements in order to delineate the changes that are taking place in the interpersonal relations due to modernisation and urbanisation. In another study, Dhillon (1992) discussed the psychological and adjustment processes of the aged. It examined the key issues of aging in the larger context, viz., the effect of age and sex, social class, retirement and institutionalisation, etc. on the psychological processes of the aged. With a view to understanding the present situation and to foresee the trends, Kohli (1996) edited a book Social Situations of the Aged in India. This book a compilation of research studies on the aged that were sponsored by the Ministry of Welfare, Government of India. The book contains all the available area-based or micro-level data and information on the aged. Kasthoori (1996) attempted to find out the solutions to different gerontological
issues in an urban setting in Trivandrum, Kerala. He explored different areas of old people's life like interpersonal relations with family members, problems of loneliness among the aged and their health problems. This study revealed that income was a critical factor in the life of an old person and its influence was multi-dimensional. The author also suggested many ways to alleviate the economic, health and socio psychological problems of the aged.

2.6.1 Health

Health and medical care are the major concern among a large majority of the elderly. It is obvious that people become more and more susceptible to chronic diseases, physical disabilities and mental incapacities as they grow older. In the later years of life, arthritis and rheumatism, heart problems and high blood pressure are the most prevalent chronic diseases affecting the elderly. The majority of them refrain from seeking medical aid from public hospitals mainly due to the lack of money. Some of the health problems of the elderly can be attributed to social values also. The idea that old age is an age of ailments and physical infirmities is deeply rooted in the Indian mind, and many of the sufferings and stresses within curable limits are accepted as natural and inevitable by the elderly. Sick old people often
feel that their end is so close that they need not bother themselves or others about their ailments. It is not uncommon to hear of older persons who refuse to take proper treatment merely because they have never taken such treatment before. Gore (1990) analysing the social factors affecting the health of the elderly, concluded that while there are no data showing direct relationship between income level and health of elderly Individuals, one would assume that nutritional and clinical care needs of the elderly are better met with adequate income than without it. If so, the poor countries and the poorer segments of the elderly population within each country would experience greater problems of health and well-being.

Some clinical studies have found that a multiplicity of diseases was normal among the elderly and that a majority of the old were often ill with chronic bronchitis, anaemia, hypertension, digestive troubles, rheumatism, scabies and fever. Some of the cases of disability among the elderly as reported by a few medical studies, were difficulty in walking and standing, partial or complete blindness, partial deafness, joint pains, indigestion and mild breathlessness. Joshi (1971), in his clinical study of the elderly, arrived at the conclusion that the differential aging phenomena, both physical and mental, appear to
depend on environmental and social factors such as diet, type of
education, adjustment to family and professional life, and consumption
of tobacco and alcohol. Purohit and Sharma (1972), in their clinical
study, observed that males to have more ailments (average: 4.07) than
females (average: 3.85). Further, they also found that the older patients
had under-reported the incidents of diseases during the survey and that
some of the serious and significant ailments were revealed only on
closer examination. Desai and Naik (1972) by comparing the pre-and
post-retirement situation of health of the retired persons in Greater
Bombay, inferred that if a retired person kept himself/herself fit before
and immediately after his/her retirement, he/she continued to be free
from illness during the post-retirement period; but once an illness
started, before or just after the retirement period, he/she continued to
face it during the post-retirement period too. The study of the Medical
Research Centre of the Bombay Hospital Trust (Pathak, 1975), based
on the post-treatment analysis of the records of 1,678 patients admitted
in the Bombay Trust Hospital during the years of 1970 and 1971,
revealed that a good number of patients had gone through more than
one major illness in the past. The author believed that the patients
suffered from more diseases than those mentioned in their records
since the patients mentioned only such symptoms as they considered serious. In another study of the hospital data, Pathak (1982) found that 62.6 per cent of the elderly patients had cardiovascular ailments, 42.4 per cent had gastrointestinal problems, 32.5 per cent had urogenital problems, 19.8 per cent had nervous breakdowns, 19.2 per cent had respiratory problems, 11.6 per cent had lymphatic problems, 7 per cent had high or low blood pressure, 11.2 per cent had ear and eye problems. 4.8 per cent had orthopaedic problems, 5.7 per cent had surgical problems while 37.3 per cent of the elderly had problems with all their systems. Darshan and others (1987) carried out a study of the elderly in various slums scattered in and around the city of Hissar, Among the 85 subjects interviewed by them, 67.1 per cent were sick at the time of the survey. Out of these, 73.7 per cent were suffering from chronic illness. Gupta and Vohra (1987) observed that only a few elderly with psychiatric disorders were being cared for in the inpatient-wards in hospitals or as residents of homes. A socio-medical study of the urban elderly in Mumbai (Siva Raju, 1997) revealed that the influence of the factors like, educational status, economic status, age, marital status, perception on living status, addictions, degree of feeling idle, anxieties and worries, type of health centre visited and the
irregular/regular intake of medicines, on both the perceived and actual health status of the elderly is found to be significant and vary considerably across different classes and sexes of the elderly.

Several studies (Basu, 1990; Kar, 1986, 1990; Rizvi 1986; Sahu, 1986; Sahy, 1993) reveal that socio-economic factors, socio-cultural variants are inter-related with socio-biological norms such as mating pattern, preferential marital alliances, age at marriage etc. and they have tremendous influence on the fertility and morbidity pattern. The impact of environmental and genetic factors are further additive ones which complicate the situation (Kar and Gogoi, 1993).

World Health Organisation defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Prolongation of life is not sufficient unless the extended period of life is made livable. Health becomes a critical factor in this. It is more important for the old because the old are most vulnerable to diseases. Geriatric medicines have made rapid strides in the west but the concept is hardly popular even among the professionals in India. There are many similarities in western and Indian societies regarding the old age diseases though not on the causes of death. The concept of “health for all by 2000” envisaged total health
coverage of all by the end of the century but this might not apply with equal force to the old who are not on priority in the health care system in India (Nayar, 1990).

It is widely known that old patients suffer from multiple pathologies. The illness pattern of the old is quite different from that of young and so the basic approach and the mode of treatment to the illness of the old also need to be different. The aged have different health problems. Generally they have complains of muscular pain, eye and hearing impairment and respiratory problem. Some major disease like blood pressure, arthritis, asthama are seen to be more pronounced during the old age. The National Sample Survey data shows that 7.4% in rural and 7.9% in urban areas are suffering from one or other chronic diseases.

Problem of health is very important to the aged people. During the old age, power of resisting a disease diminishes. They become ill due to the frequent attack of various diseases and no medicine can cure them completely. The old people become home bound due to their poor eyesight, hearing deficiency and poor physique.
2.6.2 **Physical**

A rapid increase in the number of the elderly as well as their proportion to our population, has led us to being more conscious of many social, economical, psychological, physical and health problems of the elderly in our country.

As reported by Rosenberg (1996) some of the physical and physiological changes that occur during the aging processes are visible. The changes in skin, texture, hair colour and body posture and shape are the most obvious. WHO (2002) also has reported that the most dramatic physiological transformation that occurs over the decades of aging is the change of the composition of the body. As lean or muscle mass decreases along with decreasing mass and mineralization of bone, fat increases as a percentage of body weight. These changes can result in weaker bodies, in less mobility and can score risks associated with excessive body fat including diabetes and heart disease. As stated by Pankajam (2004), during aging, the skin wrinkles, hair loses colour, muscle’s strength diminishes, the shoulders become stooped and a reduction in height characterizes the elderly persons.

There are a variety of problems common for the aged people throughout the world, but certain problems are typically related to
Indian socio-cultural background. The problems of the aged are different from those of the younger and middle ages. Seal (1979) highlighted various problems of the aged. He divided their problems into national or special (community and family) and personal (physical, psychological and socio-economic).

All human beings are inescapable from the process of aging. The process of aging slowly but surely decreases the individual's ability to cope with its environment. The aging process can also be observed internally i.e., in the changes of body composition, structural tissues and tissue cell loss and replacement. The aging effects are clear in the tissues where continuous renewal is needed such as intestinal epithelium and blood. A decrease in the number of proliferative cells, decrease in the rate of cell division and decrease in responsiveness to feed back signals are the signs of aging.

The physical basis of aging is either the cumulative loss and disorganization of important large molecules of the body or the accumulation of abnormal products in cells or in tissues.

Due to old age, different age related changes are found among the aged. Some of these are:
i) **Poor Vision**

This is one of the main physical problems. Becker (1959) pointed out that aging brings many changes in an individual’s body. Ridgidity of lense increases, night vision is reduced and sensitivity to glare is greater, and cataracts and glaucoma are common.

ii) **Loss of Teeth**

Bagchi (2000) reported that loss of teeth and incidence of increased oral diseases are also seen among the aged. As the person gets advanced in age the hydrochloric acid secretion and other digestive enzymes are reduced, but absorptive differences in protein, sugar, vitamins or minerals are not found to differ from those of their adult counterparts. Similarly poor eating habits lead to deficiency in protein, calcium, iron vitamin A and thiamine (Vitamin B).

iii) **Reduced sense of Hearing**

Sarala (2003) reported that one of the most important changes among the aged is the gradual loss of hearing. It is varying from individual to individual. Generally after 50 years of age, there is a gradual reduction in the ability to perceive tones at higher frequencies.
2.6.3 Economic Crisis

Among the several issues of the elderly in our society, economic problems occupy an important position. They depend on their children economically. Their children also experience difficulty in providing even the basic necessities of life to the elderly as their limited income is not sufficient to cater to the needs of both their offspring’s and their elders.

The economic status of older persons is, perhaps, more varied than that of any other age group. Resources of the aged and their need patterns undergo a considerable change because of their diminished participation in productive and economically gainful work (Soodan, 1975; Khan, 1989). For the middle and lower strata of salary earners who have no substantial savings or investments, the loss of monthly salary would also mean the beginning of full or partial financial dependence on their children. In contemporary times, unabated inflationary trends have significantly added to the problems of the aged. The plight of the aged in the unorganised sector is even worse. They have practically little or nothing to fall back upon. A micro level study of 120 aged persons spread over 4 villages of the Anthiyur block
in Dindigal district in Tamil Nadu revealed that in addition to health problems economic insecurity was a major set back. The study clearly brought out that due to the absence of any economic security in old age the aged males especially the labour class continued to work for earning their livelihood in spite of their physical inability and mental agony. The study also found high incidence of single member households among the rural aged women. This indicated distress and destitution. The respondents were of the view that their children - sons/daughters should take care of them and strongly expressed their unwillingness to join the old age homes (Lalitha, 1999). There is hardly any study available on economic dependency. It is felt that dependency burden may affect consumption patterns, capital investments, indebtedness, etc. In fact a whole range of life style may get adversely affected. Dependency aspects concern the old in two ways: (i) large number of aged persons who have dependents on them and (ii) the aged who depend on others. Older persons tend to spend more of their income on necessities, and their expenses on Studies conducted in urban areas (Singh and D’Souza, 1976; D’Souza, 1982) show that urban poor spend more than three fourths of their income on food yet their diet remain, deficient and unbalanced. The nursing
homes and hospitals which have sprung up on commercial lines are beyond the reach of most of the aged. Even in Government dispensaries and hospitals full or part of the cost of the medicines and diet has to be borne by the patients, which is hard on most of them. The result is that either medical complaints remain unattended to or they are left to their fate. This further aggravates their economic problems. Illness can be significantly reduced by elimination of poverty through welfare services. Similarly, high incidence of depression could be alleviated by the creation of meaningful social roles. In dealing with problems of aging it is essential to keep these aspects in mind. Substantial expansion of public assistance and welfare services are, therefore, required (Khan, 1989).

Dandekar (1996) also reported that low income was the greatest problem of old age. Even in a rich country like the United States of America, the problem of poverty in old age prevailed. In a survey conducted by the National Council on Aging (Washington, D.C.) old people were asked to note the things they missed most due to retirement. Money was the most missed item by the old people even in the United States.
2.6.4 Socio-Psychological Situation

The older persons face a change in their previous roles or positions due to changes in their cognitive, conative and other abilities. He has to pass through a series of status passages such as retirement, widowhood and accepting to death. Therefore, it is important to understand whether there occurs any change in an individual’s set of ideas, their ways of looking at life in general, owing to the change of their status, roles and abilities in their particular phases of life. As older people become aware of their incompetencies, they begin to revise their ideas about themselves. They also have to start coping with reduced income, change of status, loss of friends and spouse, and lastly, their waning physical health. Psychological changes accompany the passing of years, slowness of thinking, impairment of memory, decrease in enthusiasm, increase in cautiousness and alternation of sleep patterns. Social pressure and inadequate resources create many dysfunctional features of old age. Further, it is well known that the incidence of mental illness among old people is much higher than that among the young. The psychological problems encountered by retired persons are much wider and its impact on the individual is entirely different as compared to those in the unorganised sectors. Reduced
health, reduced income and a sudden break with a particular kind of professional life results in various socio-psychological problems for the retired. The attitude of family members towards retired persons changes and his attitude towards his family members also changes in this period of life. Attitudes towards old age, degradation of status in the community, problems of isolation, loneliness and generation gap are the prominent thrust areas resulting in socio-psychological frustration among the retired persons (Mohanty, 1989).

Shanmugam (1970) studied the personality traits of adolescents, adults and old persons and found that changes in the personality traits of the adolescents were not significant compared to the traits of the adults, whereas significant results were noticed during old age.

Sinha (1991) studied the loneliness in old men and emphasised the fear of death due to psychological deterioration. A survey of happiness and unhappiness in old age was conducted by Sharma (1971). He inferred that happiness in old age depended to a great extent upon busy life, good health, absence of the feeling of paucity of funds and having spouse and social contacts. Anxiety is reported to be at a higher level among the elderly in general and symptoms such as feelings of loneliness and emptiness, economic uncertainty, general
unhappiness or distress or general despair, meaninglessness and hostility are experienced by them (Soodan, 1975). Soodan further reported that age plays a significant role in escaping anxiety feelings, present and past economic distress, bleak prospects of improvement in the remaining period of one's life, a pessimistic view of life, self-condemnation as useless creatures and a burden on others and social isolation due to the gradual disappearance of near and dear ones. These are reported as the major causes of anxiety feelings among the elderly. A majority of the elderly turn to religion for overcoming their feelings of anxiety by reading or reciting religious books and hymns (De Souza, 1982; Jamuna, 1989; Soodan, 1975).

Dhillon and De Souza (1992) conducted a study to ascertain the level of frustration, degree of social adjustment and the need patterns of three age levels: 30 to 49 years, 45 to 55 years, 60 years and above (comprising both males and females). The study found that women, irrespective of age, experience a lower level of frustration, make less use of resignation and aggression as modes of coping with frustration, are better socially adjusted, more socially mature with a greater need for affiliation and nurturance, than men. Anantharaman (1979) studied the differences in the perception of old age among young and old
people and found that the older perceived more worries in old age, positive characteristics of old age and positive aspects of retirement than the young people. The older persons are reported to have a higher preference for religious values compared to young persons (Kundu, Sanyal and Das, 1989). Menachery (1987) through his study explored the relationship of retirement with the status of the individual in the family by using self-anchored scales and found a considerable reduction in the position of the elderly in their family after retirement. Family and living conditions are reported as the significant factors affecting the mental health of the elderly (Ramachandran, Sarada Menon and Ramamurthy, 1981).

Chandrika and Anantharaman (1982), found that non-institutionalized older people were better adjusted than institutionalised and geriatric patients. The younger and the elder generations view institutionalization of the elderly unfavourably which is partly due to deep rooted tradition in our society that it is the duty of the children and family to look after the elderly (Dhillon and Poduval, 1992). Another comparative study of the institutionalised and non-institutionalised elderly was conducted by Dhillon and Samat (1992) in Delhi and the findings showed that the institutionalised elderly had
greater feelings of loneliness, depression and hopelessness as compared to elderly who lived either with their children or independently. A significant positive relationship was observed in this study between age, loneliness, depression and hopelessness. Negative significant relationship was observed between income, education and loneliness, depression and hopelessness among the non-institutionalised elderly. However, among the institutionalised elderly: (a) age is found to have significant effect on any of the emotional status (b) education is found to be related significantly and negatively to loneliness but not to the other two emotional status; and (c) a significant negative relationship is found between loneliness, depression, hopelessness and income.

Some of the factors that were found to influence the adjustment of the elderly were rigidity, flexibility, availability and role involvement, nature and quality of husband-wife communication, marital satisfaction, nature and quality of attitude to retirement, attitude to future and death, and satisfactory physical and mental health (Ramamurthi and Jamuna, 1993).

According to Ramamurti and Jamuna (1984), most elderly bear a negative self-image and poor self-concept. Changes in looks and
likeability and a feeling that others alienate the elderly greatly contribute to the negative self image. In their subsequent study (1986), they found that the existence and the concept of elderly held by caregivers or by their relatives contribute substantially to their maladjustment. Ramamurti (1978) found that after the age of 50, people gradually manifest more problem and display poor adjustment and life satisfaction till the age of retirement. However, after the retirement they slowly and gradually find adjustment and as such their life satisfaction and adjustment show higher index until the age of 70 when the negative effects of aging again become more pronounced. According to Ramamurthi and Jamuna (1992), the significant determinants of successful aging include self-acceptance of aging changes, self-perception of health, perceived functional ability, perception of social support, inter-generational amity, belief in karma and after life, flexibility, range of interests, activity level, marital satisfaction, religiousness, certain value orientations and economic well-being.

2.7 Utilisation of Health Care Services

The existing medical facilities in India are inadequate and their utilization by the public is very meagre. Problem is more acute in the
remote areas, where whatever meagre facilities have been made available, are not optimally utilised by people. Instead, people go to private practitioners of indigenous medicine who live among them and who may not be qualified. Sharma (1987), Soodan (1975), Delhi School of Social Work (1977) and Nayar (1980) have come to almost identical conclusion namely: (1) The elderly have several illnesses; and (2) the elderly remain indifferent to what may be happening to their health. For instance, in Delhi, although over 87 percent of the elderly were found to be suffering from chronic ailments, only 38 per cent sought medical advice or treatment with any regularity. Getting proper medical aid was found to be beyond the reach of the elderly, which may have been due to their poverty, illiteracy, general backwardness and adherence to superstitious beliefs for curing illnesses and diseases. Singh and De Souza (1980) in their study of slum and pavement dwellers noted that since medicines and consultations are very expensive, they take medicines only until the symptoms disappear, and as a result, most of the leading ailments become chronic in nature. However, De Souza (1982) explained that to meet their health needs in the informal urban sector, the elderly used government dispensaries and hospitals as well as, to a lesser extent, private medical
practitioners, both traditional and allopathic. Sharma (1987) in his study of elderly women in Haryana, found a significant association between their age and the prevalence of some illnesses among them.

Upadhyay as early as in 1960, expressed his doubts as to whether India would be able to afford health services for the elderly population. Sahni (1982) suggested that the health policy should be included as an integral part of health services for the elderly. Bose (1988) advocated to create mobile geriatric units and special counters or days in the general hospitals for attending to the ailments of the elderly. Bakshi (1987) proposed that geriatric wards, out patient units and special counters need to be set up in hospitals. Pathak (1982) suggested that aids such as dentures, spectacles and hearing aids should be given to the needy elderly. Darshan and others (1987) expressed the need for frequent medical camps for the benefit of the rural elderly. Mehta (1987) suggested a three pronged approach; (a) provision of curative services; (b) legal protection and (c) health education to take care of medical and health problems of the elderly.

Ministry of Social Welfare (India, 1987) in its status paper prepared for the World Assembly on Aging, maintained that exclusive public health services for the elderly may be difficult at the present
stage of development. Keeping this in view, the Ministry felt that medical facilities which are more likely to be needed by the elderly can be augmented in the medical centres by assigning some priority for the elderly in the delivery of these services and creating a better understanding of the health problems of the elderly among the medical students, nursing students and hospital staff.

2.8 About Old Age Homes

Old age homes have been started by many voluntary organizations as a service activity. However there is a general sentiment that only those who have no family to support them join such homes. But it is not correct. These homes provide the basic needs like food, shelter and physical care. It gives a feeling of security.

Institutionalization of the elderly in our country is a fairly recent phenomenon. It may not blend with our background and culture but there is no denying the fact that there are a good number of elders who are in need of institutional care. Modernization, urbanization, both spouses with careers, a shift towards market economy and consumerist outlook are shaking the very foundation of our traditional culture which provided care and security to the elderly in their families (Chakravarthy, 1997; Kumar, 1996; Ramamurthy, 1996, 2001). The
gradual weakening of the traditional joint family system and the emergence of the trend of nuclear families, particularly in urban areas, have further compound this situation. Consequently, the family care of the aged people has suffered and the ties of kinship have become slender and many elderly now seem to seek institutional care to escape the ills of family conflict (Jamuna, 1991; Ramamurthy, 2001). Majority of the institutions who take care of the aged, such as the ‘Old Age Homes’, are urban based and these provide a range of services such as residential care, day care, recreation and counseling, etc. An investigation of the aged living in these institutions, which may be managed by governmental, voluntary or other organizations, can provide useful insight into the various problems and issues related to the aged people of our society.

Butler et.al., (1998) observed that ordinarily, elderly people regard institutionalization as a last resort s they perceive it as a kind of ‘abandonment’. They are reconciled to institutional care only after family members have arrived at the limits of their abilities to care for them. Institutionalization is a less desirable alternative because in the institution, the elderly person must accommodate to a greater degree to routines that are not of her or his own choosing. Care will be less
personal as the staff does not often build up long-term relationships with patients and as the nurses may not indulge to patient’s personal likes and dislikes.

Dandekar (1996) describes the conditions of the elderly in India using nation wide NSS data relating to 50,000 household and supported by first hand informations of the inmates of old age homes in Maharashtra. The author has studied the regional variations between the rural and the urban old, the geographical spread and functioning of old age homes.

2.9 Conclusion

The above review of the earlier studies conducted on the problems of the elderly in India clearly reveals that the problems associated with old age and care of the elders are multidimensional: social, psychological and economical in nature, along with health problems. From the review of these studies, it is clear that the health and well-being of the elderly are affected by many interwoven aspects of their social and physical environment.

A perusal of the existing literature on the problems of old age and aging suggests that most of the studies are directed towards
understanding the changes that have been brought about by the process of aging in their family and the related socio-economic aspects. The states of the health of the aged and the availability of medical facilities to them have also been discussed. Changes in the family life and the socio-economic status of the aged, mainly modifications in the status and the role of individuals after their retirements are focused. Their interpersonal relations with other family members, their power and respect within the family, their sources of income, their areas of deprivation, their leisure time activities, the need for their institutionalization, and availability and utilization of other welfare service were explored.

In India, the study of gerontology has not as yet been taken up in a big way. Examining the social and economic implications of population aging and the problems faced by the elderly had begun only since the 1960s. The rapid population aging will necessarily bring social change and economic transformation. In view of this and taking the social, economic and cultural changes into consideration, a holistic approach to aging population, is needed to tackle effectively the emerging problems of the elderly. Based on the existing diversities in the aging process, it may be stated that there is a need to pay greater
attention to the increasing awareness on the aging issues and its socio-economic effects and to promote the development of policies and programmes for dealing with an aging society.

The central/state Governments, Municipal bodies, Philanthropic societies, voluntary organizations, and senior citizen welfare associations have set up homes for the senior citizens to provide them residential facilities and other allied needs. Some of them are financed by the Government for those with low incomes and therefore, open to all those whose income fall below the limit specified by the Government, regardless of caste, religion or any other factors. Others are run by different religious organisations. Though studies have been conducted on the various aspects the senior citizens they were limited to their families.

This study would focus a comparative study of the aged living with their siblings and those living in old age homes and the specific contributions of the Archdiocese of Changanacherry to the welfare of the aged living in the various institutions in the Archdiocese.

The next chapter provides the conceptual frame work of the study.