Chapter – 1

Introduction
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Introduction

From the middle of 20th century, a major demographic revolution has occurred throughout the world. More and more people are surviving to ever higher ages recorded in human history. This spectacular phenomenon has occurred more intensively in the developed countries of the world and is now being experienced by developing countries as well. Theoretically aging of population is the by-product of demographic transition. The decline in fertility ensures the increasing share of future elderly and the prolongation of life expectancy ensures large and rapid increase in the elderly population. According to the United Nations (2004), the population of the world around 6.1 billion in the dawn of 21st century is likely to increase to 9.3 billion by 2050. Between 2000-2150, the global aged population is likely to multiply almost by four fold (from 595 million- 2 billions). The same phenomenon is expected in both growth rates of the elderly and its proportion in the coming decades. The proportion of the elderly population was 10 percent in 2000 and expected to increase 15 percent in 2025 and 21.1 percent in 2050 respectively. Countries like China and India will remain not only at the forefront in terms of absolute number of total population in the globe, but also in terms of absolute number of the elderly population (www.un.org/Ageing).

According to World Bank Report (1994) the number of elderly in the developing countries has been growing at a phenomenal rate to the extent that in 1990 the population of the aged 60yrs and above in the developing countries exceeded that in the developed countries. By 2030, this number is expected to triple at 1.4 billion. Most of this growth will take place in developing countries and over half of it is in Asia. Obviously two major giants of Asia, namely India and China will share a significant population of this growing elderly in future. According to U.N forecast elderly population is going to increase more rapidly in Latin America and south East Asia. India being the second most populous country in the world is also foreseeing this increase (Sharma, 1995).
The 2001 census has shown that the elderly population of India consisting of 28 states and 7 Union Territories accounted for 77 million. In 1961, the elderly population has been only 24 million; it increased to 43 million in 1981 and to 57 million in 1991. The proportion of elderly persons in India has risen from 5.63 percent in 1961 to 6.58 percent in 1991 (Rajan, Mishra and Sarma, 1999) and to 7.5 percent in 2001 (Rajan, 2005a; 2005b; 2006). Within the elderly population, persons aged 70 and above have also grown rapidly; from a mere 8 million in 1961 to 21 million in 1991 to 29 million in 2001.

The proportion of the elderly above 70 years of age to total population increased from a mere 2.0 percent in 1961 to 2.9 in 2001. In 1961, the Indian census had reported 99 thousand centenarians. Their number went up to 1.38 thousand in 1991. The growth rates among the different groups of elderly, namely 60 years plus, 70 years plus and 80 years plus during the decade 1991-2001, were much higher than that of the general population growth rate of 2 percent per annum (Rajan, Risseeuw and Perera, 2006).

Generally, demographic transition has the inevitable consequence of population ageing. This is because of the absence of substantial in-migration of younger population and falling mortality and fertility. When a society, with a sizeable share of younger population, is transformed into another with a sizeable share of older population, the average age of the entire population rises. In India, high fertility maintains youthfulness of the population. With onset of fertility and adult mortality decline, the percentage of share of the aged, 60 years and above, in the total population increased to a very large extent. In the process of aging of population have regional dimensions in India and remains at differential stages of demographic transition. Among the states, Uttar Pradesh with 11 million elderly, followed by Maharashtra (8.5 million), Andhra Pradesh and West Bengal (5.6 million) each and Bihar and Tamil Nadu with 5.5 million each. The smallest no. of elderly is found in the Union-territory of Lakshwdeep. The low fertility state of Kerala ranks as number one with the highest proportion of the elderly in the country with 10.5 percent in 2001. Punjab and Himachal Pradesh occupy the second largest position in terms of percent of the elderly, followed by states of Tamil Nadu (8.9%) and Maharashtra (8.7%).
Naggar Haveli registered the lowest proportion (4%). The highest percentage of 80 yrs and above is seen in Himachal Pradesh (1.3%) followed by Kerala (1.2%).

The estimates from NFHS puts the proportion of population in the age group 60 and above in Punjab at 11.2% in 1998-1999. Punjab is fast by turning into a land of old people. Women live longer than men in the state. In fact after Kerela, Punjab is the second state with the highest percentage of the aged persons, (above 60 yrs). In 1971, percentage of the old (above 60) in rural areas of Punjab was 8.03% and in urban areas 7.48%. Average in the state was 7.48% against the national average of 5.97 percent. The national level figure that year was 6.21% in rural areas and 4.98% in urban. In 1981, the percentage of elderly had gone up to 8.44% in rural areas and 6.12% in urban. The state average was 7.80% against the national average of 6.49 percent. In the 1991, the percentage of elderly had gone up in Punjab up to 8.51% in rural areas and 6.25% in urban area. The state average was 7.84% against the national average of 6.7 percent. Recently in the year 2001, it rose to 9.8% in rural areas and 7.4% in urban areas. The state average is 9 percent against the national average of 7.9 percent. Generally, the basic reason behind the increase in the elderly population in the state of Punjab is that of the number of per female (married) birth has gone down tremendously in the state. It was 5.2% per female in 1971-73, 3.9% in 1981-83. It came down to 2.9 per female in 1993-94 and 2.1% in 2004-05. This has led to change in the profile of the state. People are focusing on improving living conditions, living styles instead of giving birth to more kids. Along with this longevity is another factor in Punjab which adds to the problem of the elderly. In Punjab, average age of woman is 71 years and in Kerala it is 76.68 whereas the national average is 68.01 at present. Similarly, the average male age in Punjab is 68.7 years against 72 years in Kerala. The national average is 65.8 years for male. Thus, while analyzing the changing trends in the percentage of the aged, life expectancy, and dependency ratio, it was found that the population of the aged is growing at a very fast rate over the years. With the introduction of health facilities and control over different epidemics the death rate was brought down, which automatically increases the population of the aged. On the other hand, when there is increased longevity and fall in infant mortality and child mortality have resulted in increased
dependency ratio which has also adversely affected the position of the aged. Keeping in view the changing age pyramids, it was found that in the near future not only the population of the older people would increase but there socio-economic conditions would also deteriorate because of the increased dependency ratio. Thus, we can say that the problem of the aged become a matter of serious concern.

Generally, the problems of the old people are not something new in our society. No doubt problems were present in the past but the difference is that in the past, the old age presented fewer problems as compared to the present. From the times immemorial, the aged people used to exercise greater authority, they had a better social status and moreover, they were the head of the joint family which was prevalent at that time. In a study of large number of folk societies Simmons (1945) has reported that “older people have an enviable position in all folk societies without exceptions”. They were considered the repositories of ancestral wisdom and experience and that is why they were respected. As Tibbitts (1960) says, “In the previous culture-primitive, ancient and medieval period, old persons had recognized social role- they were of great value because they could impart knowledge and skill to youngsters”. Generally, the status of the aged appears to be highest when they constitute a low proportion in the population and it tends to be decline as their numbers and proportion increases.

The crux of the problem is not the increasing number of old persons but rather the significance or the value of the aged in our modern industrial society. Generally, India encompasses within its geographical boundaries an amazing number of ethnic, linguistic and culturally diverse groups. The elderly members are respected in all countries in their family and held in high esteem in their community. The traditional Indian view of the aged and old age was of respect and reverence. The authority enjoyed by the elderly in the society was not opposed by younger generation. Our ancient scriptures, the epics and Vedas all lend support to the respectability of the aged people and treat them at par with gods. This particular concept of respect and reverence of aged people was there in our joint-families, caste system and community structures. So much so the social status, occupation and interpersonal relationships were also prescribed in our way of life. The Indian view
of life even divided the man’s life into four stages of life i.e. i) Brahmacharya ii) Grihastha iii) Vanprastha and iv) Sanyas for the pursuit of ‘Dharma, ‘Artha,’Kama and Moksha; these stages were known as ‘Ashrams’; the literary meaning of which is halting or resting place. Therefore they were regarded as resting place during one’s journey on way to final liberation which is the final aim of life. The earthly life of the individual was supposed to be 100yrs, which is divided into four divisions of years with corresponding ‘Ashrams’. The first division is from birth to 25yrs which is known as ‘Brahmacarya Asharam’; the second from 25th to 50years known as ‘Grihastha Asharam’; the third from 50 to 75years known as ‘Vanprastha Asharam’; and the least one from 75 to 100 known as ‘Sanyas Asharam’. This is the Asharam in which the individual is expected to surrender all his earthly belongings for the perfection of the self.

Deference to old age is a basis on which society has build up social order with its characteristics pattern of values, discipline and social organization. The ideal of social order which recognizes the social value of old age is expressed in cultural practices in everyday life. In an Indian household it is usually the oldest male member of the family who is the head of the household and his decisions are rarely questioned. He owns the property decides where and how to educate his children, gets his children married when they grow; infact he brings under his umbrella the entire family, regardless of the age of the individual members and consider it his duty to direct, advise and guide them till the moment of his death. Similarly, the traditional norms and values of Indian society laid stress on showing respect and providing care for the elderly persons. Although, the traditional family values of respect for the elders and acceptance of responsibility for them still persist, but the changing social and economic context raises new problems. In the traditional land owning families in the villages, the elderly male had a sustained feeling of having a share in the property of the family, and therefore of economic self-sufficiency. In the urban economy the elderly often for go their economic role and status the moment they ceases to be active in the economy. To the extent elderly have savings, they may still retain a sense of worth. However the sudden withdrawal from the daily routine activity and their
dependence upon their own or other relatives will reduce their acceptability in the family.

Thus, in the modern times, the role of the family has been undergoing significant changes. The traditional joint family system is gradually making way for nuclear family mode. Since the traditional norms and values of Indian society laid stress on respect and care for the aged, the aged member of the family were normally taken care of the family itself. In recent times the rapid socio-economic transformation has affected institutions like joint family system. Technological advancement, impact of mass media and high degree of mobility have influenced long established life styles, conventional value systems and customary place of aged and women in the society. Thus, the society is witnessing a gradual but definite withering of the joint family as a result of which a section of the family, primarily the elder, are exposed to somewhat emotional neglect and a lack of physical support. As a result of demographic changes and the changing family context, it can no longer be assumed that older persons live comfortably at home receiving care from family members. Given the trend of population ageing in India, the older persons face a number of problems ranging from absence of ensured and sufficient to support themselves and their dependents, to ill-health, to absence of social security, to loss of productive social role and recognition, to non-availability of opportunities for creative use of free-time. The trend clearly reveals that ageing poses a major challenge and vast resources are required towards the support, care and treatment of the older persons. There is an emerging need to pay greater attention to aging issues and to promote holistic policies and programs for dealing with an ageing society. Care of the older persons becomes a great challenge for the government of the country to provide more and more institutions or old age homes for the elderly who really need them. Although institutional care for the destitute has always existed in India, but, for the elderly especially as an alternative living arrangement is a recent concept. In India, family is idealized as an institution that could take care of the older persons. However, reality tends to vary from this perception, many older persons living with their married children will be more difficult than living alone and many do not have a choice and have to live separately from their adult children. In these circumstances emergence of
Concept of Aging

Aging is a natural, irreversible, biological process and age is its chronological indicator, but the particular age at which the individual are considered ‘old’ varies considerable overtime and space. The term ‘old’ connotes to a certain extent, deterioration in an individual biological, psychological and health related capabilities and consequent changes in social roles. In other words a person is considered “elderly” in one of two ways: chronologically, according to how many years that person has lived, or how many birthday’s have passed ; and functionally, depending on how that person see’s himself or herself depending on how other’s see that person. Although sixty-five is chronologically the age used by many to indicate passage into the “elderly” years. Functional definition of old age generally incorporate notions of “later maturity” and “old age”: the former refers to that time when one has a sense of closeness with one’s spouse, less physical energy than previously and greater susceptibility to illness. Old age, in contrast is the period when one is fragile and susceptible to death.

Aging is a universal process which begins with the conception and ends with death. Getting old is a later phase of Aging. Old ages comes to everyone of us. It is an inescapable part of human density. Though, aging is a multidimensional process and it is not easy to determine when it starts yet for the purpose of understanding aging can be discussed at four levels i.e. Biological, Psychological, Sociological, Psychosocial aging.

Biological Aging - Biological age refers to the present position of an individual relative to his potential life-span. Biological aging refers to anatomical and psychological changes that occur with age. Strehler (1962) consider that aging is the change which occurs, in the post-reproductive phase of life, resulting in a decrease in the survival capacity of the organism. Biological aging differs from individual to individual because they have different medical history, live and work in different situations, have different levels of income and nutrition and have varied psychological
and social problems. Aging is viewed as an involuntary phase in the development of the organism, which brings about decline in its adaptive capacities.

Psychological Aging - Psychological aging refers to changes in the central nervous system, in sensory and perpetual capacities and inability to organize and utilize information. Psychologists are also concerned with personality and within the external behavior of the aging person. In other words, it implies general decline in the mental abilities that accompany old age.

Sociological Aging - Sociological aging refers to changes in social roles. The most frequently cited crises that are related to social aging include: loss of spouse, vulnerability of disease, compulsory and voluntary retirement, loss of income, reduction or loss of status, loss of authority, birth of grand-child, reduction in social contract, assumption of ‘Terminal sick role’.

Sociological aging also designates elevation of status, greater participation in the management of the affairs of family and community and religion. In short, some social roles are reduced and some other roles are intensified. Social-aging, is as distinct from biological & psychological aging, refers to that stage in the life-span of an individual that is designated as old age by the group (Bhatia 1976). Every society has its own conception of Aging. It is the society, which defines age related roles, privileges and expectations.

Psychological–Social Aging - Psycho-social aging refers to systematic changes in the personality, needs, expectations and behavior as well as changes in status and roles and changes in relations to others (Doering 1983).

Besides these levels of aging, it is difficult to understand the concept ‘aging’ because the term is used to describe persons of different ages depending on the circumstances and the areas of operation. Inspite of these difficulties a person is treated as having become ‘old’ on the basis of certain criteria. Generally the rural societies have certain criteria that they apply in describing a person as ‘old’. The loss of teeth, gradual weakening of eye sight, pain in knee or joints, shrinking of skin, the appearance of grey hair, the arrival of grand children, particularly the offspring of the son, are very important criteria (Marulasiddiah 1966). On the other hand in industrialized and
urbanized societies when the person attains retirement he was regarded as old. But while taking retirement as a criteria it is very much difficult to depict a person as old because the retirement age is different government and private jobs. On the other hand in some professions such as doctors, advocates, politicians etc the more the age they attains, they were regarded as experienced and welcomed in the society. Since 1970s studies of aging have undergone a drastic changes. Old age is depicted negatively in terms of physical decline and decrepitude. They are often depressed by feeling of loneliness and alienation. Their problems include of feeling of material insecurity or dependence, and attenuated inter generational relationships. The aged said to be losing gradually their decision making authority. The hardest pains of being old are declining health and lack of finance, threat of dependence and loss of beloved ones.

Perspectives on Aging

Generally, there are various perspectives on the basis of which an attempt has been made to understand the meaning of aging, problems of aging, and social behavior of the aged. However these perspectives are categorized into three parts i.e. Functionalist perspective, Conflict perspective and Interactionist perspective. Generally the functionalist perspective holds that “social order is based on cooperation interdependence, and shared values, adjustment by the individual to the society, and societal equilibrium”. On the other hand conflict perspective holds that society consists of conflicts between dominant and subordinate social groups. As far as functionalist perspective is concerned their are mainly two theories of aging are used i.e. Disengagement theory and Activity theory. The another major perspective is conflict perspective which holds that society consists between dominant and subordinate groups and in gerontological field they have used resource theory as their assumptions are based on this perspective. The third major perspective is interactionist perspective which almost exclusively emphasis upon social life i.e. how people define situations, how they create social order, and how they relate one another in daily life. However social gerontologist have made use of this perspective to a very
large extent because it provides insights of everyday interactions and under this perspective they have made use of exchange theory.

Under the functionalist perspective, two major theories are highlighted i.e. Disengagement theory and Activity theory. According to two of its proponents, Cumming and Henery (1961) disengagement theory contains three basic propositions: 1) a process of mutual withdrawal of aging individuals and society from each other is a usual occurrence. 2) This process of withdrawal is inevitable; and 3) it is also necessary for “Successful” aging. Disengagement theory tells us that all people die eventually, yet for society’s institutions to survive they must maintain social stability and cohesive social functioning. It follows then that it is necessary to have an orderly means of transferring power from the older members of society to the younger. Disengagement theory support the notion that it is to society’s benefit to phase out those individual’s whose deaths would disrupt the smooth functioning of the social order. The process of phasing out older people from the mainstream of society thus becomes institutionalized, as stable and routine norms are developed to indicate which individuals should be disengaged and what forms of behavior should occur at this time. Accordingly, societies develop norms requiring that an individual retire from work at a certain age. However, Atchley (1977) explains, disengagement is not usually a single event, but instead of gradual process that involves the separation of an individual from several of his or her regular social roles and activities.

The disengagement of society from the individual is only half of disengagement theory. The other half theory, according to Cumming & Henry (1961), maintains that individual’s themselves select to withdraw from certain social roles when they become old. The more roles an older person withdraws from, the less that person is bound to society’s norms. The disengaged person is thus able to play a particular social role (the retired person) that allows him or her to become increasingly more self-centered and more pre-occupied with personal interests. To the extent that the disengagement process allows the aged person to assume such a role, the more successful the aged person will be in retirement.

However, there are some significant weaknesses in disengagement theory. Atchley (1977) notes that this theory has the following weaknesses: 1) societal
disengagement does not seem to occur in all social institutions. He explains that if societal disengagement were a functional necessity, it should supply to political office holders as well: 2) individual disengagement is most probably a much more complex process than the theory allows: 3) preliminary research has shown that once an individual has internalized a norm, more than simply the absence of interaction is required to extinguish it: and 4) the assumption that people will desire to be disengaged (to pursue their own self-centered world) does not explain the desire that many individuals have toward continued engagement.

The another theory under functionalist approach is Activity theory suggested by Havighurst (1963) is primarily an action theory for successful aging. It consists of three basic premises: 1) that the majority of normally aging people will maintain fairly constant levels of activity; 2) that the amount of engagement or disengagement will be influenced by past life styles and by socio-economic considerations rather than by some intrinsic and inevitable process; and 3) that is necessary to maintain or develop substantial levels of social, physical and mental activity if the aging experience is to be successful (Palmore, 1969). According to Havighurst, the norms for old age are the same as those for middle age; therefore successful aging is how close a person in the stages of later maturity or old age approximates the norms and activities of middle-aged persons. In other words, activity theory is an approach to understanding the social behavior of elderly people in terms of how well they deny the fact that they are elderly. Successfully aging consists of being or behaving as much as possible like a middle-aged person. What activity theory essentially tells us is that some people (perhaps a majority) do not disengage from society when they become old. If they do retire from their occupational role, they compensate for its role loss by engaging in some other type of activity which provides satisfaction. Yet as a theory explaining the social behavior of the aged, activity theory suffers from two basic inadequacies. First, it rests on the assumption that older people judge themselves according to norms common to middle-aged activity and behavior, but it does not explains what happens to those older people who cannot, for physical, mental, or socio-economic reasons, maintain a middle-aged standard of living regardless of how they judge themselves.
Thus, activity theory, like disengagement theory, falls to account for the behavior of all individuals.

The second perspective is known as conflict perspective which mainly focuses on tension, competition, hostility and division in society. Under this perspective resource theory is used which highlighted that all valuable social resources or rewards ---- such as power, prestige and property------are scarce in human groups. This scarcity generates conflict, since several groups must vie for control of the resources and for the privileged positions in the social system. Given that no society has managed to achieve an equal distribution of resources among all its members, it seems safe to assume that no society is devoid of conflicts of interests and that, in the process of struggling for scarce and valuable resources, groups develop strategies to maximize their rewards and minimizes their losses. Resource theory explains that those groups and individuals who mange to gain control over a large amount of resources obtain a privileged status within the social system; and they are elite group of the society. Under this perspective, European Scholars –Karl Marx, Max Weber and George Simmel etc highlighted that social system distribute scarce resources unequally and that certain groups in society appropriate greater amount of resources at the expenses of all others and thus, contributing to conflict among classes.

The third perspective is symbolic interaction approach in which exchange theory offers a new perspective for viewing the process of aging and the interaction between the individual and the social system. There are various theorists who propounded this theory. According to GeorgeHomans, in his book Social Behavior; Its Elementary Forms (1961) he argued that people continue to do what they have found to be rewarding in the past. Conversely, they cease doing what has proved costly in the past. According to him exchange theory is concerned not only with individual behavior but also with the interaction between people involving an exchange of rewards and costs. The premise is that interaction are likely to continue when their is an exchange of rewards. On the other hand interactions that are costly to one or both parties are much less likely to continue. The basic assumptions of this theory are as follows; i) For all actions taken by persons, the more often a particular
The action of a person is rewarded, the more likely the person is to perform that action. ii) The more valuable to a person is the result of his action; the more likely he is to perform the action. iii) The more often in the recent past a person has received a particular reward, the less valuable any further unit of that rewards becomes for him. iv) If in the past the occurrence of a particular stimulus, or set of stimuli, has been the occasion on which a person’s action has been rewarded, then the more similar the present stimuli are to be the past ones, the more likely the person is to perform the action, or some similar action. Similarly the another major statement in exchange theory is by Peter Blau(1964) in his book Exchange and Power in Social Life. Blau basically adopted Homan’s perspective, but there was an important difference. Blau wanted to integrate this with exchange at the structural and cultural levels, beginning with exchanges among actors, but quickly moving on to the larger structures. He focused on the process of exchange, which in his view directs much of human behavior and underlines relationships among individuals as well as among groups. He predict a four stage sequence leading from interpersonal exchange to social structure to social change: i) personal exchange transactions between people give rise to ii) differentiation of status and power, which leads to…. iii) legitimization and organization, which sows the seeds of…. iv) opposition and change. However Blau’s concept of social exchange is limited to actions that are contingent, that depend, on rewarding and reactions from others- actions that cease when expected reactions are not forthcoming. Generally people are attracted to each other for a variety of reasons that induce them to establish social associations. Once initial ties are forged, the rewards that they provide to each other serve to maintain and enhance the bonds. On the other hand the parties cannot always reward each other equally; when there is inequality in the exchange, a difference of power will emerge within an association. Their is one famous theorist who relates exchange theory with gerontology. The proponent of this famous theory was Dowd (1975). He believes that the decreased social interaction in older age can perhaps best be explained in terms of an intricate process of exchange between society and its older population resulting from the older
power dependent relationship. The basic premises of the exchange theory are; i) Society is made up of social actors in pursuit of common goals. ii) Pursuing these goals, actors enter into social relations with other actors; these entail some costs in the form of time effort and wealth. iii) Actors expect to reap as their reward the achievement of the desired goals, for this they are willing to assume the necessary cost. iv) Regardless of the nature of the exchange relationship, each actor will attempt to maximize rewards and minimize costs. v) Exchange processes are more than an economic transaction, since they involve intrinsic psychological satisfaction and need. vi) Only those activities that are economical will be repeated.

Generally exchange is a basic concept in economics: beginning in the late 1950s, sociologists began to explore the ways the concept of exchange could be applied to all human interactions and relationships. Exchange theory suggests that people are motivated by self-interest in their interaction with others. People interact with one another when it is their advantage to do so. According to exchange theory, people are essentially 'inter-personal accountants' in that they constantly assess the rewards and costs of interaction with others. Generally people seek relationships that provide maximum rewards at a minimum cost. For a relationship to succeed, participants must be able to exchange desirable rewards that exceed those available from other partners. In simple words, power enters the exchange relationship when one of the participant in the exchange values the rewards gained in the relationship more than the other participant does. Thus, theorist viewed power is that which is derived from imbalances in the social exchange. Generally exchange relationship exists between two or more persons. In the family context, if one person holds more resources than the other, he was regarded an asset within the family and indulge in many social exchange relationships. He attains better status within the family in making proper decisions. On the other hand, the person holds less resource or without resources, he was regarded as burden within the family as well as in the society. So, due to possessing less resources their social exchange relationship is reduced and nobody wants to maintain any kind of relationship with him. Due to which they feel
deteriorated and failure of relationship leads to be the basic push factor that for future life –satisfaction the elderlies prefer to be shifted to old age homes. Thus in the present study interactionist perspective will be applied under which exchange theory will be used to probe out the fact that why the elderlies shifted to old age homes or for institutional care rather than family care.

Review of Literature

Generally the field of gerontology is of relatively recent origin. Yet a plethora of literature has mounted in this short span of time to prove the growing interest in this area.

A large number of studies have been undertaken to explore different issues related with ageing population the west. The dominant issues and themes discussed by these studies pertain to the care of the elderly provided by their children, roles and responsibilities in parent-child relationships, stresses and strain relationship of care giving and changing status of the elderly in old age.

While exploring the first theme, that is, care of the elderly by their children in old age. Generally, family served as traditional institution to look after its members in old age. Members of the younger generation are expected to care of their elderly persons. Providing Care to a disabled parent has profound impact on the primary caregiver and her or his family. It is seen that when parents are healthy and living independently, interactions with their children takes on a friendly and supportive character. However, when the parents become bereaved, become frail due to depleted physical health, or they are suffering from conditions affecting their cognitive functioning, however, the elderly parents and their adult children behavior often change.

However, with the increasing urbanization the family underwent a great strain and the kin ties between its members weakened because its members weakened because of their dispersal from the family residential units (Maldonado, 1975; Lopata, 1982). In the industrially advanced societies which are highly urbanized, family members neglected to care of elderly persons. As a matter of fact that the family in
such societies became ‘child centered’ than ‘parent Centered’. Douglass (1982) has shown that elderly in U.S. face both passive and active neglect, verbal/emotional abuse and physical abuse depending on their intensity of dependency on others. However, the studies shows that popular negative stereo-types about family ties in US between aging parents and their children are not supported by current research (Stephens, 1978; Ward, 1978; Miller,1982;). It is concluded in these studies that it is only a small segment that are generally neglected. As such the stereotype impression about the neglect of elderly by family members is blown out of proportion.

The elderly are usually considered to be dependent upon others. By Dudely (1983) found that U.S. the elderly have differential self- perception of dependency according to the sex of person. The male senior citizens tended to see themselves as independent while depending upon primary relationships whereas female elderly felt dependent upon others even when they were living independently. Stoller (1983) with the help of an empirical study came to the conclusion that care for the elderly dependent is dependent upon the nature of impairment and illness of the elderly parents. Further it was noted that daughters were more likely to provide assistance than the sons. However, in this study neither the working status nor the working hours of the sons and daughters have been indicated.

Steinmerz (1982) suggested that families use a variety of methods to identify the child who will provide care to the needy parent. Sometimes there is someone who possesses nursing skills, sometimes a child assumes the care giving role in the hope of obtaining parental love, and sometimes the unmarried or childless or even the unemployed siblings are delegated the duty of caregiver by the consensus of all others.

Cicirelli (1983, 1984) found that the children with disrupted marriages, those who were divorced, widowed or had remarried were able to assist significantly less than those who had successful marriages. Kivette and Atkinson (1984) also found that a number of conditions affect the ability and willingness of adult children to provide care for their parents. The parents of only children were less likely than other to receive assistance. The effects of income, geographical proximity, gender and parent’s health had a tremendous impact on children’s helping behaviour which varied according to the number of children in the family. Horowitz (1985) explained that the
data on who cares for elderly parents are not very definitive. It is usually thought that one child is tasked as the primary care giver. Brody (1985) wondered if parent caring is so widespread as to be considered a normative life event of adult children.

Brody and Schoonover (1986), investigated the types and amount of assistance given by working versus non-working daughters of disabled elderly widows. Although the amount of help with tasks like shopping, transportation, housekeeping, money management and emotional support did not differ between the two groups of daughters, but those who were employed tended to provide less personal care and cooking than the non-working daughters.

Stoller (1986) compared the help provided by working daughters with that of the working sons. She discovered that employment reduced the assistance that sons provided to parents, but it made no difference in amount of help that daughters gave. Matthews (1987), however, demonstrated that there is a need to rethink about what is known about children as caregivers. In their studies, Mathews and Rosner (1988) have shown that most children in the family participate in care giving in some manner and that there are several styles of participation (routine, back-up, circumscribed, sporadic and disassociation).

The second theme highlights the role and responsibilities, Sellbach and his colleagues conducted a series on filial responsibility expectations of the older adult parent (Sellbach and Sauer 1977; Sellbach 1977, 1978, 1981 and 1984; Hanson, Saucer and Sellbach, 1983). They investigated the extent to which parents expect their children to assist them in their times of need, correlates such expectations for filial responsibility, and predicts the actual types and amounts of assistance that adult children provide. The areas of responsibility examined in these studies involved children living near or sharing their room with their parents, frequency of contact and provision of various forms of emergency assistance. The result of these studies revealed that there were gender differences, whereby, females were not more likely than males to endorse living with their children if they did not wish to live alone or if they were unable to care for themselves. Parents who received high levels of filial support from their children were likely to be females, not married having low income and having failing health.
Brody and her colleagues have pursued investigation on filial responsibility from the perspective of multiple generations of women (Brody, Johnson, Fulcomer and lang1983; Broty, Johnson & Fulcomer, 1984). They were especially interested in determining whether women’s changing roles in the family and work force had any effect on the attitudes about and preferences for parental care given by children. They found that each successful younger generation had more egalitarian attitudes about the appropriateness of both sons and daughters providing parental care than the previous one, although members of all three generations favored sharing this task between genders.

Mutran and Reitzes (1984) noted that the combination of increased longevity, the absence of well established role models and uncertainty with both, the roles of adult-child and elderly parent make the intergenerational family roles especially problematic.

Blieszer and Mancini (1987) reported that older parents generally failed to endorse the filial responsibility issues used in the research by Seelbah. Rather their respondents held expectations for more abstract demonstrations of filial responsibility, such as affection, thoughtfulness and open communication. They expressed concern on the means of negotiating the desired level of non-interfering closeness with their children, and how to discuss their wishes with respect to issues like care, future medical agreements and dispossession of their property after death. These findings suggest that well-educated, healthy, and resourceful elderly parents are comfortable with routine interaction with their children and do not expect direct assistance except in the most extreme circumstances.

The third theme pertains to the stresses and strains of care giving. Providing care to a disabled parent has often a profound impact on the primary care giver and his or her family. Robinson and Thurnker (1979); Spenser and Chenoweth (1986) found that daily routines are disrupted and care givers are confined to the home.

Zarit, Reever and Bach-Peterson (1980) highlighted the importance of total family support in easing the care giver’s burden. When other relatives visited the frail parent frequently most care givers reported lowered feelings of burden than in the cases where such support was not forthcoming. Johnson and Catalano (1983),
Populshock and Deimling (1984), said that it may increase the negative effect and parent-child conflict. Cantor (1983) found that the closer the emotional bond between the child and the parent, the more stressful the care giving role. Whereas Snyder and Keefe (1985); George and Gwyther (1986) found that care giver experienced none of physical and emotional strain.

Problems of the aged are not only limited to those who have children and whose children are not interested to take care of their parents. Studies have also been done on childless elderly. Couples disclosed that marital status was more important than parental status in determining patterns of help (Keith, 1983, 1986). Even though children were an important source of income for parents, it was concluded that the childless elderly were not greatly disadvantaged in receiving assistance. Similar results were found in other studies both in U.S. and Canada (Rempel, 1985; Rubenstein, 1987)

In another study on the life styles of the elderly widows and widowers in urban America, Lopata (1982), found those widowers were more concerned about the loss of income and social status in their advanced years, whereas emotional loneliness, grief, and social isolation were experienced by both widowers and widows.

The fourth and the major theme highlighted the status and position of the of the elderly in old age. In industrialized Japan has been completed by Palmore (1975). He argues that there has only been minimum loss of status by Japanese elders since industrialization. Sparks (1975) and Plath (1972) found that although children may care for their parents, an increasing number do so reluctantly.

Indeed, some abandon their parents or pass them from one sibling to another to enable them to meet the minimal norm of filial duty. Plath cities the continuing high rates of suicide among the elderly as evidence of their dissatisfaction with life. He also indicated that even where the elderly parents reside with the children, their quality of life may be low since they may not be included in family conversations and activity. The elderly are sometimes reduced to the level of domestic labourers or servants. Similarly, Maeda (1975) states that the elderly often live in a small room without privacy that there is frequent intergenerational conflict between the mother and the Daughter in law and that the elderly are economically dependent on their children. As
a result of these conditions, there has been rapid development of old people’s clubs and federation which give them a centre in which to engage in social activities independent of their children.

Mckain (1972) reports that the status of the elderly is conferred not by age but by attaining a new status such as retiring or becoming a grandparent. Respect for the aged in modern soviet society is derived from the role they play in teaching the young, helping to raise grand children in home as both the husband and wife are usually employed.

Braam (1984) reported that aged occupy special position in Netherlands because they are treated as minority group which has a relatively low social position as compared to the rest of the population.

Indian Studies

Generally in India, research in the field of aging and the aged started only in 60s and yet has to go a long way. In traditional Indian society, the old persons occupied a special position of prestige, privileges and power. Old people a dominate role in the family as well as in the society. In other words, they were respected and enjoyed a privileged position within the family and wider community. But now a days India is passing through a phase of rapid socio-economic transformation due to new forces of modernization, technological changes, urban way of life, formal education, and mobility have sought about changes in the familial network of relationships. These changes have also affected the status and role of the aged which has attracted the attention of social scientists in India. Social scientists however, are concerned with studying about how a society defines roles which are considered appropriate for its various members. They are also interested in knowing what types of adjustments or relearning these roles may require among the elderly as also how justified these role definitions are from the perspective of aging individual and his or her basic human needs. They also examined the difficulties the individual may face, besides what appropriate mechanisms might be required to minimize stress and strains of aging as well as maximize the potential for making the process of aging a worthy and enjoyable life experience.
While reviewing the literature on the aged and their families in India, the researcher noted that the issues highlighted by the social scientists in their respective were mainly the status and conditions of the elderly, the socio-psychological problems faced by them and social adjustment imposed upon the elderly and the elderly under institutional care.

While exploring the first theme, that is, status and condition of the elderly. Davis and Coombs 1950; Moore 1950; Smith 1950; and Harlan 1964; found that the problem of status-loss is quite acute in the urban-industrial society where the old are expected to make room for their younger ones and to play ‘roleless roles’. This is frequently contrasted with the prestige, power, authority and security enjoyed by the aged in the traditional Indian village society.

Dube (1955), points out discrepancies between the ideal norms of family life and actual practice in a south Indian village. Accordingly, ideals, such as respecting the aged males, etc, are considerably diluted at the intermediate levels and are “diluted so much that it is difficult to find any traces of them in practice”. Respects may be shown to the aged on ritual occasions but in everyday life, they are ignored and even abused particularly among those at lower socio-economic levels. While the eldest male continues to be the nominal head, the de facto head is the son.

Singh (1962); and Indra (1983); studied two villages of Punjab and stated that the ideal family norm defining the eldest male as the family head was no longer rigidly adhered to. The status as head with its associated authority and prestige is not automatically retained by old men simply on the basis of chronological age, it is determined by several other factors, particularly physical state, marital status, interpersonal relationships etc. It was observed that the shift from dominant to subordinate position occurred more for individuals who were more than 65 years of age.

Jamuna and Ramamurti, (1986, 1987, 1992, Jamuna; 1992, Jamuna, 1988; Jamuna et.al, 1991, 1995; Ramamurti, 1989; Reddy et.al, 1992; Muthayya 1995) studied the status and problems of the elderly widows and noted that a widow is in an ambiguous position if her status has been dependent principally on her husband’s rank and status. The death of her husband, more than any other loss, would be most likely
to disorganize a woman’s life. Not only does the death of husband bring about fundamental disruption in a female’s social environment, but it also shakes the key relationships in her emotional life. In addition to the severe emotional loss, it may involve the loss of status, economic independence, mobility and lack of opportunity for social interactions. Simultaneously, the loss of a spouse tends to disrupt the established interpersonal and support network that one may have come to depend on for guidance and support in many matters. It also disrupts the major need for informal support during advancing age. Dak and Sharma (1988) observed that the death of a spouse, particularly of the husband, brings serious consequences for the elderly female. She is cared for and looked after only, so long as her husband is alive. His death renders her position most vulnerable.

Prakash (1989) stated that in India the religious and social stigma that is still attached to widowhood is so deeply rooted in the Indian psyche that even talking about widowhood is considered inauspicious. With age, the possibility of becoming a widow increases steadily. The roles one’s position in the family, living arrangements, economic status, physical health, mental health, availability of care providers, companionship in old age, social support and presence of the confidence are also deeply affected by the loss of a spouse.

Chen and Dreze (1992) conducted a study on widows in 47 villages of seven North Indian states to find out why their status are lowered to such an extent that they are totally marginalized in society? And what are the sources of their vulnerability? They came to know of horrifying accounts of exploitation and marginalization of widows. They contended that the position of widows in Indian society was strongly influenced by a set of practices that governed gender relations as a whole. Their findings revealed that the households headed by widows usually suffered dramatic decline in per capita income which rendered them all the more vulnerable. Further, the excess mortality risk associated with loss of as spouse was greater with women than men.

Parkash (1994) stated that widowhood weakens the kinship network from husband’s side. Probably the loss of wife’s role restricts certain social interactions. Further loss in status is experienced by older widows who have to give up their own
home and hearth to share their domicile with their children. Backman (1973) reported that older men and women suffered from rolelessness, powerlessness and depression. With aging there is decline in many physical functions which leads to a feeling of inadequacy.

Bhatia (1983) while studying old people in a group of villages in Rajasthan found that nearly 66% of the aged were dependents, the incidence of dependency being higher in the higher age groups. The main causes of dependency were the incapacitation and disabilities commonly prevalent among the aged. According to the survey, a majority of the aged reported that they were cared for at the time of sickness and were respected and consulted for advice in family matters. Women, however, were found to be in a disadvantageous position as compared to men.

Naik (1992) found that the condition of the elderly in the rural areas is in many ways distinct from that in the urban areas. The condition of the rural elderly was worsened by the migration of youth to urban centers and the gradual fragmentation and deterioration of the rural farming economy. For the elderly who have migrated to urban areas and lost their support network, there is often a problem of loneliness.

While analyzing the second theme that is the socio-psychological problems of the aged, Gupta (1968), has shown that the old age presents a number of problems and some of the most important among them are the problems which are purely social and psychiatric in nature such as mania, depression, senility, psychosis and senile dementia. Joshi (1971), noted in his study that aging in human beings creates a number of bodily dysfunctions as well as psychological disorders.

Rao (1975) stated that some of the common somatic diseases of the aged found in India are high blood pressure, heart disease, accidental injuries, strokes, cancer, diabetes, respiratory and lung diseases, kidney infections and diseases of the joints and bones. Decline in vision, hearing and sensitivity to taste and other common deficiencies of old age are also widespread. Cutman (1978) reported that elderly persons are also prone to suffer from depression on account of their loss of competence.

De Souza (1982), describes, in general, four factors which determine the health status of old people among the urban poor: (i) the nature and condition of their work,
especially as hard work combined with poor nutrition leads to a state of general disability. Most elderly people generally suffer from what may be called a ‘deficiency’ illness; (ii) environmental conditions, resettlement colonies, in spite of the good intentions of planners, are characterized by a lack of basic amenities, such as, water, latrines and drainage, with the result that environment itself becomes a health hazard; (iii) inadequate and unbalanced diet; (iv) the availability or lack of adequate and quality of heath services.

Kumar (1997) stated that the escalation in human longevity and consequent graying of the nation is occurring more rapidly in the developing countries like India. This increases the life expectancy at birth and enhanced age is accompanied by an enormous magnitude of diverse problems such as decreased health, finance, housing and an array of socio-psychological issues faced by the elderly (like loss of power and status, loneliness, depression and dependence on others etc.). The breaking down of the joint family system due to changes in human values, migration of youth in search of jobs, inflationary trends and growth of individualism further compounds the problems of the elderly and leaves them vulnerable and unattended.

Patel (1997) studied 200 old people residing in the city of Anand, in Gujarat, to obtain information on the mental problems of aging and the care taken of them by their families. The chief problems of the old people were mental tension (because of ill health of self and life partner, bed-ridden status of self, or partner, conflict in the family, lack of control on life and values, economic dependence on others, lack of adjustment in old age and trouble in passing leisure time) fear of death, feeling of dependence, anxiety, felling of loneliness and helplessness, uselessness, depression and erratic behavioural whims. In his study, he also found that both, old people and their family members were less vigilant about mental illness as compared to physical illness. Due to this, family members were most often not prepared to accept certain mental diseases and took little initiative in the treatment and diagnosis of psychological disorders.

Studies pertaining to the third issue i.e. social adjustment of the elderly have tried to understand how feelings of subjective well-being emerged and are maintained in later life to facilitate their social adjustment. Good health, high job morale, happy
home, social participation, good relationship with other people including the spouse, religious involvement, etc., are reported to be associated with the positive feelings and greater life satisfaction.

Beinton (1950) and Moberg (1956) have indicated that certain religious activities are related to good personal adjustment in old age. Religiosity has been found to be a meaningful dimension in the Indian context. Backman, William and Fisher 1958; Munjal 1969; Ramamurti 1970; who conducted studies in different societies including India have reported that old age results in poor adjustments. Lowenthal and Berkman (1967); Benneti (1980); Ramamurti (1989); and Indira (1990); studied the increased feeling of alienation and isolation that grows with advanced age and is found to be a strong predictor of poor mental health and adjustment problems among elderly widows. Poon (1980), found that advancing age results in the loss of intellectual and cognitive functioning and adjustment difficulties.

Jamuna (1984, 1987, 1988, 1989, 1990, 1991), Jumuna and Ramamurti (1984, 1989) and Asha and Subramaniam (1990) examined problems of aging like, adjustment patterns, role activities and acceptance besides husband-wife communication. They found that as the aging process goes on, it brings in several changes for the individual in terms of role playing and adjustments to be made at various stages. It requires adjustment to changing relations of authority and difference, to changing health situations, inter-generational problems, relation between the spouses, as also economic, social and psychological problems, following ‘exit’ situations like death and bereavement. All these call for adjustment between the aging individual and other members of the family as well as the community.

The fourth theme is the institutional care of the elderly. By reviewing the literature, the researcher found that in the traditional Indian society the old persons occupied a social position of prestige, privileges and power. In other words, the care of the aged traditionally has been the concern and responsibility of the family. In fact they were considered to be a blessing to the family. But in the present scenario, along with demographic changes, drastic changes have also been taking place such as industrialization, urbanization etc. These changes consequently affected social institutions. The single most affected social institutions are the family. Indian society
is characterized by the joint family system which has its root deep in deep tradition but there has been a gradual disorganization of the joint family system because of modernization. The breaking down of the joint family system is increasingly being exhibited in a lowering of the levels of tolerance of the aged persons by the younger adults. The elders who have so long been in control of the household are unwilling to step aside and handover responsibilities to the young adults, even though the defibrillating effects of illness in old age might prevent them from effectively carrying on their overruns responsibilities. The young adults are also increasingly resentful of the authoritarian attitude of their parents. Moreover due to economic necessity more and more women are going out to work, hence their services are not available for the care of the elders in the family. Also many young couples from rural areas migrating to towns and cities in search of employment and better opportunities in life, leaving behind their elders to fend for themselves. The combination of all these factors is creating a situation where more and more elders are deprived of the love and care of the younger generation. In simple words, the traditional joint family system is now fast disappearing from Indian scenario as a result of modernization and industrialization. The transition of our culture from rural to urban way of life, the reduction in the living space per family unit, the increase in standard of living and care which are considered appropriate make the fulfillment of the traditional obligation increasingly difficult.

In the traditional Indian pattern, many of the concomitants of aging were cushioned by the joint family. Besides life expectancy much shorter. Those who were not struck down in their prime had their children to take care of them. But life style are changing fast with the breaking down of joint families and diminishing acceptance of family responsibilities towards one’s elders. This had led to institutionalization of the elderlies.

By reviewing this, it can be concluded that most of the studies have been done in informal setting and little attention has been given to study those aged who are getting institutional care. Generally, now a days institutional residence of the elderly has been another issue which has recently attracted the attention of the researchers in India. Institutional residences still a very unusual and rare option followed by the
elderly themselves or their near relatives. Their are mainly 700 old age homes in India according to the directory of old age homes published by Help age India (2002); (please refer Appendix). It was found that number of old age homes are more in Kerala as compared to other states and union territories. It may be because of the reason that in Kerala the proportion of the aged is more in the general population as compared to other parts of India and number and literacy rate is higher due to which more and more persons are engaged in jobs and especially women. When women are engaged in work they do not have sufficient time to look after their aged hence they started feeling neglected by their family members due to which they were residing in old age homes. On the other hand the non government organizations in this state are more in number as compared with other states. As far as Punjab is concerned according to the proportion of the population aged the old age homes are less in number. Most of the old age homes in India are secular by nature. They provide accommodation to the needy aged men and women irrespective of caste, creed and religion. Though home for the aged are not very much suitable with our culture or background, but today there are good number of elders who need them not because they are neglected by their children but because their children are far away from them so for the reason of security they prefer to stay in old age institutions. They provide a wide range of services such as residential care, day care, geriatrics care, medical care, recreation and counseling etc. the basic aim of these institutions is to provide care and shelter to the aged poor of every caste and creed without any distinction, provision of food, medical care, clothing and most important love and a sense of belonging, go towards making the last years of the lives of their aged happier and more comfortable.

Generally there are mainly two types of old age homes in India i.e. Free and paid. In free homes inmates need not pay any fees. Generally such homes are run by voluntary organizations and the chief motive of these homes is to provide services. On the other hand, there are paid homes, they charge a monthly fee from the inmates as per their rules and regulations. They are also asked to pay a refundable deposit. The basic aim to charge deposit is that on the death of the inmate the relative may come, if not, the deposit is used to meet the funeral expenses.
While reviewing the literature it was noted that very few studies have been conducted on institutionalized elderlies in India and most of them are conducted in southern part of India. There are some studies conducted, which highlighted that entering in old age home or institution was the only last resort, and staying there is equivalent to being thrown in the dustbin (Tobin and Liberman, 1971; Townsend, 1975; Ara, 1995;). Desai and Bhalla (1978), have made broad observation and rather impressionistic statement based on the visit to old age homes in different states they reported that old age homes run by the state governments mainly admitted old people who were destitute or deserted by their children or relatives and had no income, and the old age homes gave them food, shelter and clothing.

Nair (1980), was of the opinion that old age homes as an alternative for providing protection and security to the aged but are not suitable because during old age, people expect not only financial help, food and place to live but they also need love, affection and warm care. As far as northern part of India is concerned, especially Punjab the researcher do not find any systematic and comprehensive study on institutionalized elderlies. There is one study conducted by Mahajan in the year (1989), in which she highlighted a number of reasons and conditions in which the aged people joined the old age homes. A few studies taken into account the difference between institutionalized and non-institutionalized elderlies regarding the size of the social support network. It was found that institutionalized elderlies are exhibiting significantly smaller social network than non-institutionalized elderlies (Chadda and Arora: 1995).

Recently there is one study conducted by Sandhu in Punjab (2003), in which she highlighted that the inmates, despite having driven out of their families either out of compulsion or out of choice were enjoying their institutional life. They spent there leisure time by chatting, gossiping, watching, and reading and by having discussion among themselves. They did not feel bad about institutionalization. Rather they expressed their opinion that more old age homes are needed and society should make arrangements for the institutionalization of elderly. They were not ashamed of their stay, rather they were enjoying their corporate living. As a result of institutional living
they were able to construct their own community in which gender, class, caste and religious differences have no significance.

According to Khan (2005) conducted a small pilot study in Delhi in which he highlighted that unlike general perception that old age services are primarily for destitute elderly, many elderly comes to old age homes that possess resources in terms of family and economic security. Such people as evident from the research opt for old age home on the ground of insecurity, ill-treatment, and conflicting relations in the family. Most of them are lonely due to loss of their spouse and single status. The residents in these old age homes belong to all three categories i.e. rural, small towns and big cities. Thus, the problem of such people would increase everywhere, thus giving a genesis of need of institutional care across the country. The findings also reveal that a little bit more than one quarter of the inmates had no shelter and are true needy for old age homes. This also suggests that only government homes would be needed for such people who generally lag the resources and suffer with the poverty.

There are some surveys and studies conducted in southern part of India which showed that the prime reason for the aged moving into the old age homes was the lack of proper care for them within the family (Shah, 1993; Dandekar, 1993; 1996). There is one survey conducted in Kerala and Tamil-Nadu which highlighted that the basic reason for the aged shifted to old age homes, was the changing family structure in India has affected the well being of the familial support of a traditional joint family set up and also due to the changing values and norms of the younger generation (Irudaya Rajan, et.al, 1995:).

According to Paswan (2006) conducted a study in Gujarat revealed that most of the elderly persons in old age homes were from rural background, who did not have any land and most of whom were illiterate, Widowed and economically dependent. The proportion of 66yrs and above group was the highest in old age homes in Amravati District. The findings showed that many of the elderly left home due to neglect by their children and relatives. Poverty, no support from children etc. were the major causes for adopting old age homes. Misbehaviour of sons and daughter-in-law was more common among the elderly who belonged to joint families. Generally, the daughter-in-law misbehaved them.
While the majority of them adopted old age home as there was no one to three years and decisions to adopt old age home was taken solely by them. Most of the elderly persons at old age home were satisfied with the services provided. But majority of elderly were emotionally upset, and some of them even felt suicidal. Almost 50 percent of the elderly of the elderly were quite happy with their condition at old age home; they felt that staying at old age home was far more peaceful than staying with families. Staying at old age homes was quite monotonous and because of growing loneliness most of them preferred to stay together in one room than to live alone. It was seen that the elderly who had children, visit them occasionally however only few of received help from their children.

Another study conducted by Devi and Murugesan (2006) highlighted that joint families have been a peculiarity and an important identity of Indian society. Modernization and globalization have disintegrated the Indian family system and elders are force to stay in old age homes. The study revealed that the main source of income were grants sanctioned by the state and central government. Though the elders were satisfied with their fulfillment of basic needs, the psychological and financial needs were missing. The psychological factors leading to depression were social inactivity, helplessness, lack of interest, boredom and loneliness. Hence, the management of old age homes are recommended to provide emotional support, arrange for social and income generating activities. Rawat (2008) analyzing the quality of life and life satisfaction among institutionalized elderly in the era of globalization and find that these institutions take care of old which are managed by government, voluntary organizations and Christian missionaries. These institutions provide wide range of services such as residential care, day care, geriatric care, medical care, recreation, counseling etc.

While reviewing the literature, the researcher noted that there was paucity of systematic and comprehensive study on the institutionalized elderlies in the northern part of India. Further the existing studies on institutionalized aged have focused only one or two old age homes and focusing on very limited number of cases ranging from 60-80 only. While considering the state of Punjab the only study undertaken has on single old age home with 45 cases only. Secondly, this study has explored only the
reasons for shifted to old age homes. It may be concluded that most of the studies have been done in non-institutionalized aged and a little attention has been given to study those aged who are getting Institutional care. These studies which have been done, taken into consideration only one or two old age home with the help of which proper generalizations are not made. As far as Punjab is concerned there is no systematic and comprehensive study have been done on institutionalized aged. Looking at the shortcomings of existing studies undertaken in the area of institutionalized ageing, there is need to do systematic analysis on elderly staying in these homes.

Generally the care of the aged traditionally has been the concern and responsibility of the family. Infact, they were considered to be a blessing to the family. But in present Scenario, new factors have emerged which have weakened the tradition. Now, a days, we find that taking care of the aged has become a serious problem on account of increasing poverty, high cost of living, and expensive medical treatment. Not only this they were regarded as hurdle in the progress for the family. Therefore, number of institutions or old age homes are required to take care for the aged, which are managed and controlled by government and non-government organizations. With the help of these institutions, the elderly gets companionship, medical facilities and other recreational facilities. Apart from providing institutional care, old age pension is also given to them.

Objectives

The present study on institutional care for the elderly has been undertaken to probe into the fact that why elderly shifted to old age homes. Further whether they shifted either under some compulsion or voluntarily? What is the nature and quality of care given to the elderly in old age homes of Punjab and Chandigarh, which are run either by government or non-government organizations. In order to answer the above questions, the present study was undertaken to accomplish the following objectives;

1. To analyse the socio-economic profile of the elderly, who are residents in these old age homes.
2. To probe the factors which encouraged them to shift their residence to old age homes.
3. To identify the types of supports or exchanges between the elderly and their family members before coming to these institutions and after staying in these institutions.
4. To find out whether there are any differences in the quality of care and services provided to the elderly by the government/non-government institutions.
5. To ascertain whether the elderly perceive their stay as satisfactory or unsatisfactory in these institutions.
6. To explore the level of intergenerational family solidarity among parents and children during adult family life on the basis of six dimensions i.e. association, affection, consensus, resource sharing, strength of familial norms, and opportunity structure of interaction.

Hypothesis

1. Those elderly who perceive imbalances in exchanges (emotional, physical, and financial) between them and their family members are more prone to shift to old age home.
2. Those elderly who are dependent upon their family members are more likely to abused by them.
3. Those who are abused by their family members are more likely to shift to old age homes.
4. Those elderly who are experiencing personal or emotional insecurity will be willing to shift to old age homes.

Significance of the study:

The problem of old age has emerged as a serious social phenomenon because of the growing proportion of the aged population, but to a large extent due to the declining roles and statuses of the aged people in the industrialized society of the present world. The earlier pre-industrial societies clearly gave full opportunities to their old people for the fulfillment of their different requirements. With the changed socioeconomic scenario of Indian society, which at one time looked after the elderly,
has undergone a dramatic change. Now the society places high value on youth, vitality and physical attractiveness, older people tend to become invisible.

The shift from an agricultural society to an industrial society has reduced employment opportunities for older persons. The role played by the old in the joint family system of pre-industrial society has lost much of its significance due to emergence of the nuclear family system. The old are not properly cared by their children. Thus, loss of economic and social authority over children and also the loss of regular financial and social-psychological security lead many old people to destitution. In their final stage of life cycle, when old people need more of affection, love, respect, emotional satisfaction and a sense of authority within the family they are considered burdened on it. As a result, these people feel alienated from the family of their own and look for alternatives where they can spend their final days in peace without discrimination.

**Definition of the Concepts:**

The concepts used in the title of the study namely Elderly and Institutional care needs some theoretical explanations.

**Elderly**

The term Elderly encompasses a whole array of irreversible biological and psychological changes that occur in a genetically mature human being with the passage of time, adversely affecting its survival and adjustment potency and eventually leading to death. On the other hand psychologically an elderly person experiences a general decline in the mental abilities that accompany old age. Socially the term elderly is totally distinctive from the biological and psychological connotations of the elderly. It refers to the stage of life in life span of an individual that is getting old by the group. Often individual have to give up certain adult roles, with or without substitute roles, even though their biological and mental aging may not need such changes. Thus in the present study the elderly were defined as all those individuals who had attained 60yrs of age.
Institutional Care

In the recent times, with the value system and lifestyle in a state of flux and with the decline of family solidarity, institutions or old age homes (concept used in India) are being established to care for the sick, destitute or unwanted elderly. To institutionalize means to place in or commit to the care of a specialized institution; to accustom a person to the care and supervised routine of an institution. The characteristics generally associated with institutional life are regulation, regimentation, standardization and impersonality (Webster, 1961). Institutionalization therefore means the quality or state of being or becoming institutionalized. The institutionalized are those who are mostly forced to live under protection due to adverse circumstances and are taken care of persons employed by the institution. Generally, the entry into an old age home or institution represents a turning point in the life of an individual and is commonly thrust upon a person by unfavorable circumstances, such as lack of family support or family unwilling or unable to take care of him/her, lack of financial resources to support himself, etc. It is observed that inmates residing in these institutions or old age homes often claim about the circumstances necessitating their entry in these homes.

Intergenerational Support System

Intergenerational support system refers to what one generation does for another thereby indicating the concern, respect and caring of one generation for another. The past decades have seen rapid expansion of research on parent-child interaction in later life. This interaction is generally viewed by individuals as their most significant family tie over the course of life time. Parents and children remain in frequent contact both continue to rate their relationship as positive as they age (Rossi and Rossi, 1990; and Stoller, 1983). Not only are parents or adults children more likely to be identified as family members one is closest to, but both aging parents and adult children are the major source of social support in times of need. According to Atchely and Miller (1980), while defining intergenerational support neither the parent nor the child
generation should be considered exclusively as giver or receiver of aid when all types of support are considered and that several pattern of aid exist. A direct flow of aid from the old to the young, flow of aid from the middle generation to their parents and to their own children are mutually supportive exchange patterns. Their contact is frequent, and within that contact time they exchange a variety of personal services. Intergenerational support was measured as receiving and giving help separately along six dimensions of exchange. Reception of aid was measured by receiving i) Financial help ii) Personal services which include activities of running errands, fixing things around the house, aid provided in the form of transportation and assistance when someone is ill; and iii) advice and companionship which included receiving advice on life’s problems, like running the home and for money and business matters. The measure of giving help was assessed on the basis of such questions like asking from the parents if she or he i) gave financial help, ii) when someone is ill, by running errands, taking care of small children and iii) gave advice on such things as how to deal with some of life’s problems, running the home, bringing up children, or other job related problems.

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