Older persons occupy a unique place in society. In the older times, they used to be authority in family having decision-making power. Domain of agricultural economy and joint family system were two main reasons which contributed to this status in family. However, the social structure has undergone a drastic change. The agricultural economy has now turned into industrial economy and joint family system is replaced by nuclear family system. These types of socio-economic changes have a profound impact on the condition of elderly persons.\(^1\) The dilemma of the elderly can be explained in the development of science and technology, adds improvement into life.\(^2\)

The migration of people from rural areas to urban makes aged lonely and socially alienated. Due to the breakdown of joint family system in society, the elderly suffers from lack of emotional and socio-economic support from their children. These system forces the elderly people to go to old age homes, day care centers and religious institutes.\(^3\)

Today, various researches are going on concerning the problems of aged. Ageing is not the trend of modern times; since the advent of humanity. The problem has become acute because of urbanization, stress on material comforts, change in family values and a number of other factors leading to nuclear families where personal comforts take precedence of everything else.\(^4\) Largely, three factors have played an important role in declining mortality rate, which in turn, lead to increase in population of elderly. They are income growth, improvement in medical technology and public health programmed. Population of aged in India is currently the second largest in the world.

India is one of the few countries in the world where men outnumber women of all ages since last 70 years. Based on the existing problems of ageing, there is a need to pay greater attention to increase awareness on issues concerning the aged.\(^5\)

### 1.1 Demographic Transition In India

India’s demographic landscape has witnessed exceptional changes over the last 50 years. A rapid and impressive transition from a high to relatively low mortality
and fertility rate has fundamentally altered the age composition of India’s population. In particular, the number of those living beyond the age of 60 years is rising rapidly. The proportion of people aged 60 years and above is rising and is expected to grow rapidly over the next 50 years.  

In the beginning of the 20th century, life expectancy stood at 30 to 40 years for less developed countries. But towards the end of the 20th century, it was increased up to 50 to 70 years for less developed countries; and 75 to 85 years for most developed countries. The following table reveals the projected level of life expectation for males and females in India.

Table 1.1  
Projected Levels of Life Expectations in India.

<table>
<thead>
<tr>
<th>Years</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001-2006</td>
<td>64.11</td>
<td>65.43</td>
</tr>
<tr>
<td>2006-2011</td>
<td>65.36</td>
<td>65.43</td>
</tr>
<tr>
<td>2011-2016</td>
<td>66.93</td>
<td>68.80</td>
</tr>
</tbody>
</table>


In 1991, when the last decennial Census was undertaken, the population of the elderly (60+) in India (excluding Jammu and Kashmir where no Census could be undertaken because of disturbed conditions) was 57 million compared to 20 million in 1951 (when the first Census after Independence was conducted).

According to the official projections of the India’s Registrar General, the elderly population is estimated at 71 million in 2001 and 114 million by the year 2016 (the year for which the ultimate projections were made). The United Nations projections (medium variant) put the estimated number of elderly in India in 2000 at 77 million. The projection for the year 2025 is 168 million and for 2050, it is 326 million. These are frightening numbers: an elderly population of 20 million in 1951 increasing to 326 million in 2050.

A look at the proportion of elderly to the total population from absolute numbers, it is found that in 1951 it was 5.4% of the total population while in 1991 it was 6.7%. According to the Registrar General’s projections, the figure will be 8.9% in 2015. By 2025, the figure will be 12.7% and by 2050 it will be 21.3%.
It should be noted that the proportion of 60+ female populations is invariably higher than that of the male population. According to the UN projections, in the year 2000 the 60+ male populations will constitute 7.1% of the total male population, while the comparable figure for 60+ females is 8.2%. By the year 2025, the male and female population will be 11.9% and 13.4% respectively, and by the year 2050, the comparable figures will be 20.2% for males and 22.4% for females. This is because of the higher life expectancy of females compared to that of males.10

According to UN estimates, during the period 1995-2000 in India, the life expectancy of males stood at 62.3 years while that of females was 62.9 years. For the period 2020-25, the figures are 68.8 years for males and 72.1 years for females. For the period 2045-50, the estimates are 73 years for males and 76.9 years for females. It may also be noted that over the decades, the gap between male and female life expectancy is estimated to increase. In this situation, the gender gap affects the males adversely.

Kerala had the highest proportion (8.8%) of 60+ populations in 1991, followed by Himachal Pradesh (8.1%), Punjab (7.8%), Haryana (7.7%) and Tamil Nadu (7.5%). Among major states, the lowest proportion was in Assam (5.3%) followed by West Bengal (6.1%), Bihar (6.3%), Rajasthan (6.3%), Gujarat (6.4%), Madhya Pradesh (6.6%), Andhra Pradesh (6.8%) and Uttar Pradesh (6.9%).11

Figure 1.1
Population aged 65+ (2000-2050)

The above table shows population of aged (65+) according to United Nations in world as well as in India. As India is second largest country in the world in terms of elderly population, it is a matter of great concern for every country.

1.2 Concept of Ageing

With the rise in population of the aged throughout the world, concern and care of the aged have attracted global attention of the social scientists and the administrators. The aged and their problems exist right from the beginning of human civilization. However, ageing has been perceived as a social problem and studied by social scientists in years not far back.

Gerontology, which is the science of ageing formally, came into existence towards the second quarter of the 20th century. Closely related to it, is the term Geriatrics. The word ‘geriatric’ has been derived from the Greek word Geron meaning old man. Literally, geriatric refers to the medical care of the aged. The problems of ageing have been widely studied and every society has tried to offer various programmes and services to minimize these and to provide aged suitable adjustments in their environment.

Human life from conception to death is a complex sequence of events. For the convenience, whole life cycle or life path has been divided into four distinctive but successive stages like:

Juvenile age $\rightarrow$ Young age $\rightarrow$ Middle age $\rightarrow$ Old age

Juvenile age is the period of growth and development. During this period, the child grows biologically, psychologically and socially, into an adult. Young age is marked by youth, vigour and experience of real life situations. This stage continues up to the age of 35 to 40 years in which the individual pick up and consolidate a number of public and occupational roles and learn to maintain his family and private affairs. Middle age is marked by individual’s importance in terms of positions and social affairs, which continues until the onset of old age. The exact chronological age at which the young man becomes middle aged or when he turns into an old man is difficult to identify. Old age is marked by deterioration in biological and psychological capacity. It is the last phase of life, which results in one’s disengagement from main occupation and curtails one’s independent status.
In the Hindu tradition also, the life cycle is divided into four ashrams: 
Brahmcharya ashram means childhood, Grihastha ashram covers marriage and social life etc, Vanprasth ashram covers the religious practices and devotion for spiritual gains and the last one is Sanyas ashram which means complete detachment or vairagya for the attainment of supreme bliss known as moksha.

Traditionally, the aged are given respect in Indian society. But the various facets of advancement have been weakening the psychological bond between the young and the old. Apart from socio-economic changes like modernization, industrialization, price rise and cost of living, increasing employment of women in offices implies that women can spend less time in taking care of elder members. The joint family structure as well as the values and respect attached to the aged in Indian culture for long, provided emotional strength, security and adjustment to them. But the gradual disappearance of joint families has contributed to several problems of the aged in the society.

In Indian society, children have usually been considered as source of security and economic support to their parents, particularly in times of distress, sickness and in old age. The problem of the aged arises only when the needs of the aged cannot be met by the social groups to which they belong, particularly their families. To the concept of ageing as a social process influenced by social, political and economic change within a given culture or sub culture, these factors have an influence on both individual and population ageing and they interact with other factors that are more closely related to biological and psychological ageing.  

Further the term, ageing has different but interrelated connotation namely biological, physiological, social and psychological ageing. Biological ageing, which refers to the physical body means declining vision, hearing loss, wrinkles and a decline of muscle mass and an accompanying accumulation of fat, especially around the middle. Psychological ageing is much less established than physical effects. Even though such things as memory, learning, intelligence, skills and motivation to learn are widely assumed to decline with age, research into the psychological effects of ageing suggests a much more complicated process. Social ageing consists of the norms, values and roles that are culturally associated with a particular chronological age.
India is a developing nation and the state alone cannot ensure elderly, a fully secured and harmonious life. It is for the family to take responsibility. By and large, Indian traditional culture is gradually withering away under the onslaught of western culture, mass media etc. Hence, it is important to strengthen the values in the institution of family and also the capacity of the families to cope with the problems of the elderly. The family system has to be supported with suitable incentives in order to undertake responsibility of their aged with less financial and physical hardships. Further, non-government organizations would have to come forward to deliver the health services to elderly, especially in rural areas.15

In India, both Central and State governments, have taken up the responsibility to take care of the aged and have started several schemes to provide care and support to the aged. Also, there are some non-governmental organizations (NGOs) which have undertaken the work of taking care of the aged. However, it is still the family that plays the most important role in India in this respect. At the end of the 20th century, one in ten human beings was over the age of 60 years. By 2050, the ratio is projected to reach one in five.16

Demographic ageing is a global phenomenon. With a comparatively young population, India is still poised to become home to the second largest number of aged in the world. Projection studies indicate that the number of 60+ in India will increase to 130 million in 2013 and to 198 million in 2030. The special features of the elderly population in India are: - (a) a majority (80%) of them are in the rural areas, thus making service delivery a challenge, (b) feminization of the elderly population (51% of the elderly population would be women by the year 2016), (c) increase in the number of the older-old (persons above 80 years) and (d) a large percentage (30%) of the elderly are below the poverty line.

1.3 Predicaments Faced by the Aged17

1. Biological and physiological problems
   • Problem in mobility
   • Problem in following routine work
   • Dependency
2. Health care and medical problems
   - Health problems like: eyesight weakness, cough and cold, blood pressure etc.
   - Chronic diseases
   - Accidents
   - Lack of health insurance schemes

3. Psychological problems
   - Maladjustment, lack of regard, affection, love, feeling of isolation, neglect, loneliness
   - Insecurity, humiliation and frustration
   - Rigidity
   - Dissatisfaction with life

4. Socio-cultural problems
   - Change in status
   - Disintegration of joint family system
   - Urbanization and industrialization

5. Occupational and financial problems
   - Income deficiency
   - Loss of employment
   - Problem in arranging suitable job to supplement their income

6. Elder abuse
   - Physical abuse
   - Financial abuse
   - Social abuse

7. Increasing crime against as they are
   - Weaker section
   - Softest targets
   - Lack of physical strength

8. Housing problems
   - Seek solace in old age homes
   - Need to spend time in day care centers
1.4 Integrated Programme for the Aged

The main objective of the scheme is to improve the quality of life of aged by providing basic amenities like shelter, food, medical care and entertainment opportunities and by encouraging productive and active ageing by providing support for capacity building of government/ non governmental organizations/ Panchayati Raj Institution/ local bodies and the community at large.

Programmes Admissible for Assistance under the Scheme

1. Maintenance of Old Age homes: The grants-in-aid for running old age home for 25 aged persons to provide free of cost food, shelter, care, recreation facilities, etc.

2. Maintenance of Respite Care Homes/ Continuous Care Homes: Grant-in-aid under this project is given to agencies which have shown a credible track record in running old age homes for a minimum of 150 beneficiaries, as an additional grant for continuous care or respite care for a minimum of 25 older persons with mild to severe disability.

3. Running of day care centre for Alzheimer’s disease/ Dementia patients

4. Physiotherapy clinics for aged

5. Running of multi service centre

6. Maintenance of mobile medicare units

7. Disability and hearing aids for older persons

8. Mental health care and specialized care for the older persons

9. Helpline and counseling centres for the older persons

10. Sensitizing programmes for children in schools and colleges

11. Regional resource and training centres

12. Training of caregivers

13. Awareness generation programmes for older persons and caregivers

14. Multi facility care centres for destitute older widow women

15. Volunteer bureaus for older persons

16. Formation of vridha sanghas/ senior citizen associations
1.5 Government Support for the Aged

Article 41 of the Directive Principles of State Policy in the Indian Constitution specifies that the State shall, within the limits of economic capacity, provide for assistance to the elderly. The National Policy for Older Persons, recently announced by the Government of India (Government of India, 1999) mandates State support for the elderly with regard to health care, shelter and welfare. Social security has been made the concurrent responsibility of the Central and State Governments. The policy recognizes that older persons could render useful services in the family and in the society. However, it emphasizes that employment in income generating activities after super-annuation should be the choice of the individual.18

Section 125 of the Criminal procedure Code, 1973 specifies the rights of parents without any means for maintenance to be supported by their children having sufficient means. If any person refuses or neglects to maintain his/her parents, a magistrate may order such a person to make a monthly allowance for the maintenance of his/ her mother or father at a monthly rate not exceeding Rs.500.

Government Pension scheme has become the most sought after income security scheme. The policy seeks to ensure that the settlement of pension, provident fund, gratuity, and other retirement benefits is made promptly. It has also proposed to set up a Welfare fund for the old age persons.

The Government of India has started giving fare concessions to old age people in all modes of travel, concessions in entrance fees, preference in reservation of seats, priority in telephone and gas connections etc. The government has declared the year 2000 as the National Year for Older Persons to highlight the issues relating to the care and support for the old age people. It is also proposed to have a National Older Person's Day every year.

The National Policy recognizes the need for making use of the huge untapped resource of the old age population by providing training appropriate to the person's experience and capabilities. However, the individuals are to be given free choice to either continue to work or to take peaceful retirement. The policy aims at involving mass media to give better understanding of the ageing process, the issues and the areas for action.
In order to implement the National Policy for Older Persons, the National Council for Older Persons (NCOP) has been constituted in May 1999 under the Ministry of Social Justice and Empowerment, Government of India with the Minister for Social Justice and Empowerment as the Chairperson, and the Secretary of that Ministry as the Vice-Chairperson. The NCOP includes persons from different departments of the Central and State Governments, Non-Governmental Organizations (NGOs), representatives of the National Human Rights Commission, the National Commission for Women, and elected members: the oldest member of the Rajya Sabha and the oldest member of the Lok Sabha.

To make the NCOP functional, a Working Group has been established comprising select members of the NCOP. The term of the NCOP as well as the Working Group shall, unless dissolved sooner, will be five years from the date of its constitution.

1.6 Non-Governmental Efforts to Provide Care for the Aged

Governments alone can not take care of all the needs of the older population. The private sector consisting of the voluntary agencies and the family must have to play an important role in this regard. The Non-Governmental Organizations (NGOs) constitute a very important institutional mechanism to provide user friendly, affordable services to take care of the elderly persons. However, this sector in India is playing only a minor role catering only to a rather small segment of the old age population, which is capable of paying for the services rendered. NGOs run Old Age Homes and Day Care Centers where old age persons are admitted for a specified charge per month.

Government of India envisages promoting the NGO sector in a big way. It hopes to have continuous dialogue with the NGOs on issues of the ageing and on the services to be provided to the elderly, in order to ensure better services. Older persons will be encouraged to organize themselves to provide services to the fellow senior citizens.
1.7 Programmes For Care of Older Persons

The National Policy for Older Persons (NPOP) – It was announced in January, 1999 with the primary objective viz. to encourage individuals to make provision for their own as well as their spouse’s old age; to encourage families to take care of their older family members; to enable and support voluntary and non-governmental organizations to supplement the care provided by the family; to provide care and protection to the vulnerable elderly people, to provide health care facility to the elderly; to promote research and training facilities to train geriatric care givers and organizers of services for the elderly; and to create awareness regarding elderly persons to develop themselves into fully independent citizens.19

National Council for Older Persons (NCOP) The government has constituted a National Council for Older Persons (NCOP) under the chairmanship of Minister for Social Justice and Empowerment to advise and aid the government on policies and programmes for them and also to provide feedback to the government on the implementation of the National Policy on Older Persons as well as on specific programme initiatives for older persons. The NCOP is the highest body to advice and coordinate with the government in the formulation and implementation of policy and programmes for the welfare of the aged. It includes financial security to the elderly population, health care and nutritional needs of the elderly population, food security and shelter, protection of life and property of older persons.

An Integrated Programme for Older Persons Under this scheme, financial assistance up to 90% of the project cost is provided to NGOs for establishing and maintaining old age homes, day care centers, and mobile medicare units and to provide non-institutional services to older persons. The scheme has been made flexible so as to meet the diverse needs of older persons including reinforcement and strengthening of the family, awareness generation on issues pertaining to older persons, popularization of the concept of life long preparation for old age, facilitating productive ageing, etc.20

Scheme of Assistance to Panchayati Raj Institutions/Voluntary Organizations / Self Help Groups for Construction of old age homes/multi service centers for older persons - This scheme provides for one time construction grant for old age homes/multi service centers. The registered societies, public trust,
Charitable Companies or registered Self-help Groups of Older Persons in addition to Panchayati Raj Institutions are eligible to get the assistance under this scheme.

**Ministry of Empowerment and Social Justice** - This ministry was constituted for policy formulation for the older persons, coordination, monitoring, evaluation of activities on ageing, advocacy and promotion of the rights of older persons, also assisting NGOs for establishing and maintaining old age homes, day care centers and mobile medicare unit for older persons.

**Old Age Social and Income Security Scheme (OASIS)** The Old Age Social and Income Security (OASIS) Committee constituted to examine policy questions connected with old-age income security, enunciated the basic philosophy of pension reforms, emphasizing “economic security during old age should necessarily result from sustained preparation through life-long contributions” and that “the government should step in only in case of those who do not have sufficient incomes to save for old age”.

**Inter Ministerial Committee** The Ministry has also set up Inter-Ministerial Committee (IMC) headed by Secretary (SJ & E) for ensuring speedy implementation of decisions taken in the meeting of the National Council for Older Persons and also to review the progress of plan of action for implementation by the concerned Ministries/Departments as in many cases, the activities have to be initiated by the other Ministries/ Departments and, therefore, a combined effort by all the Ministries/ Departments is required to implement the National Policy on Older Persons.

**Indira Gandhi National Old Age Pension Scheme** – This scheme was launched in November, 2007. It covers all senior citizens of age 65 and above in all below poverty level families. The pension will be Rs. 400 per month, with centre giving Rs 200, and the state paying the rest. The objective of the scheme is to disburse pension to the destitute old age persons. The scheme will cover 1.57 crore people and cos: Rs. 3,772 crore and an equal contribution by all states and Union Territories (UTs).

**National Initiative for the Care of the Elderly (NICE)** – It is an international network of researchers, practitioners, students and seniors dedicated to improving the care of older adults. It has three main goals 1. Help to close the gaps between evidence-based research and actual practice 2. Improve the training of
existing practitioners, geriatric area.3. Effect positive policy changes for the care of older adults.24

1.8 Agencies Related to Welfare of Aged

**Agewell foundation** was established in 1999. Agewell endeavors to bring about a change in the perception of old age and assist older persons to move surely but steadily from helplessness and self pity towards confidence, respect and mutual caring. It is worth mentioning here that it is carrying out various projects for the welfare of older person; **Aadhar-** Nationwide voluntary Action network, Agewell employment exchange for elder persons, “share a smile with your elders”. School contact program and Agewell family membership scheme.25

**Age care India** was established as a non political, non profit, secular, charitable, educational, cultural, and social welfare society for care of the aged in 1981. It focuses on helping older persons to lead a healthy and dignified post-retirement life. It organizes free geriatric health check up camps in Delhi for the urban poor and soon spread its network to provide the much needed health care services to the rural poor and elderly from low income groups around the metropolis.26

**Help age India** was established in 1978 on the pattern of Help the Aged Society England. It is working nation wide for the cause and care of the elderly people. It is the country’s largest voluntary organization with 23 regional offices. Help-age India is offering commendable services to the old people. In last 25 years, it has helped seven million aged by supporting 2056 projects. These includes old age homes, day care centers, geriatric wards, mobile medicare units, rehabilitation of the blind aged, physically handicapped and leprosy patients and contract operations.

Another widely acclaimed concept is the **Adopt-A-Gran (AAG)** programme. It links older people in need with sponsoring families, individuals and corporations, and help is provided in the form of food, clothing, medical care, bedding, articles for personal use and pocket money.

**Social Help Assistance (ASHA),** the Family Welfare Agency, Meals on Wheels, and many more are operating in different parts of the country, providing
counseling on second careers, income generating activities, companionship, nutrition and other health related issues.

**Caritas India** a non profit organization was established in 1962. Caritas internationalis is a confederation of 162 catholic relief, development and social services organization working to build to better world, especially for the poor and oppressed in over 200 countries and territories. Caritas India is currently working on human and institutional development projects, gender equity, aged care, child care, education, public policy and advocacy.

**Geriatric society of India** This academy is working for health services for older persons, health checkups and rehabilitation. **Association of gerontology** – the aim of this association is to plan and execute comprehensive strategies in order to make elderly live a meaningful life.

1.9 **Introduction of Punjab State**

Punjab, a region in northern India and the east side of Pakistan, has a long history and rich cultural heritage. It is bordered by Pakistan and the Indian state of Jammu and Kashmir, Himachal Pradesh, Haryana and Rajasthan. The people of Punjab are called Punjabis and they speak a language called Punjabi. The three main religions in the area are Sikhism, Hinduism and Islam. The region has been invaded and ruled by many different empires and races, including the Aryans, Persians, Greeks, Egyptians, Afghans and Mongols. Around the time of 15\(^{th}\) century, Guru Narak Dev founded the Sikh religion, which quickly came to prominence in the region and shortly afterwards, Maharaja Ranjit Singh reformed the Punjab into a secular and powerful state. The 19\(^{th}\) century saw the beginning of British rule, which led to the emergence of several heroic Punjabi freedom fighters. In 1947, at the end of the British rule, the Punjab was split between Pakistan and India. Many races of people and religion made up the cultural heritage of Punjab. Punjab is the land where spiritual aspirations arise and Harappa civilization was also developed in Punjab and its culture spread to Iran, Afghanistan, Balochistan and northwestern parts of South Asia.
Presently, the total number of districts in Punjab is 20. A district of Punjab is headed by a Deputy Commissioner who is over all in-charge of the administration in the particular district. He has to perform triple functions as he holds three positions: at once he is the Deputy Commissioner, the district Magistrate and the Collector. As a Deputy Commissioner, he is the executive head of the district with multifarious responsibilities. As the District Magistrate, he is responsible for maintaining the law and order situation in the district. As the Collector, he is the Chief Revenue Officer of the district, responsible for revenue collection and recovery. The Police administration in the district is under the control of Superintendent of Police. To decentralize the authority in administrative set up, a district is divided into one or more subdivisions, further divided into tehsils and blocks.

List of different districts of Punjab is given below:

<table>
<thead>
<tr>
<th>District</th>
<th>Barnala</th>
<th>Bathinda</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amritsar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faridkot</td>
<td>Fatehgarh Sahib</td>
<td>Ferozpur</td>
</tr>
<tr>
<td>Gurdaspur</td>
<td>Hoshiarpur</td>
<td>Jallandhar</td>
</tr>
<tr>
<td>Kapurthala</td>
<td>Ludhiana</td>
<td>Mansa</td>
</tr>
<tr>
<td>Moga</td>
<td>Mohali</td>
<td>Mukatsar</td>
</tr>
<tr>
<td>Nawanshahr</td>
<td>Patiala</td>
<td>Roopnagar</td>
</tr>
<tr>
<td>Sangrur</td>
<td>Taran Taran</td>
<td>-</td>
</tr>
</tbody>
</table>

Source: Selected Statistical data, GOI.

1.10 Demographic Transition in Punjab

Rapidly increasing population has remained a major problem in India. The Punjab State has slightly overcome this problem. According to 2001, census population of the state was 2.44 crore which was 2.03 crore as per 1991 census. The rate of growth was reduced to 1.82 percent per annum as per 2001 census as compared to 1.91 percent of 1991 census. Two third (66.1 percent) of the total population resides in rural areas and the remaining one third (33.9 percent) in urban areas. The adverse sex ratio is the main cause of concern in demography of the Punjab State. As per 2001 census, there were 876 females per 1000 of males in Punjab as compared to 933 females at the all India level as per 2001 census. This adverse trend in the sex ratio is mainly attributed to female foeticide and infanticide. The trend of sex ratio in last century since 1921 is as below:
Table 1.3

<table>
<thead>
<tr>
<th>Year</th>
<th>Punjab</th>
<th>India</th>
</tr>
</thead>
<tbody>
<tr>
<td>1921</td>
<td>799</td>
<td>956</td>
</tr>
<tr>
<td>1931</td>
<td>815</td>
<td>950</td>
</tr>
<tr>
<td>1941</td>
<td>836</td>
<td>945</td>
</tr>
<tr>
<td>1951</td>
<td>844</td>
<td>947</td>
</tr>
<tr>
<td>1961</td>
<td>854</td>
<td>941</td>
</tr>
<tr>
<td>1971</td>
<td>865</td>
<td>930</td>
</tr>
<tr>
<td>1981</td>
<td>879</td>
<td>934</td>
</tr>
<tr>
<td>1991</td>
<td>882</td>
<td>929</td>
</tr>
<tr>
<td>2001</td>
<td>876</td>
<td>933</td>
</tr>
</tbody>
</table>

Source: Statistical data of Punjab, GOI.

The government is concerned about this malice and has put a total ban on the Pre Natal diagnostic tests by enacting the legislation. Efforts are also being made to generate awareness and sensitive people at social level too. The table reveals that although the sex ratio of Punjab State had conventionally been significantly lower than all India throughout the last century, yet it had been improving since 1911 to 1991. But it declined in 2001, which should be taken as a cause of concern both for the government and society.31

Table 1.4

<table>
<thead>
<tr>
<th>Total/rural/urban</th>
<th>Age group</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>50-59</td>
<td>15,12,790</td>
<td>8,14,948</td>
<td>6,97,842</td>
<td>40.83</td>
</tr>
<tr>
<td></td>
<td>60-69</td>
<td>12,55,458</td>
<td>6,09,717</td>
<td>6,45,741</td>
<td>33.89</td>
</tr>
<tr>
<td></td>
<td>70-79</td>
<td>6,38,281</td>
<td>3,46,960</td>
<td>2,91,321</td>
<td>17.22</td>
</tr>
<tr>
<td></td>
<td>80+</td>
<td>2,97,954</td>
<td>1,55,014</td>
<td>1,42,940</td>
<td>8.04</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>37,04,483</td>
<td>19,26,639</td>
<td>17,77,844</td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>50-59</td>
<td>9,90,782</td>
<td>5,27,428</td>
<td>4,63,354</td>
<td>38.5</td>
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<tr>
<td></td>
<td>60-69</td>
<td>8,88,095</td>
<td>4,30,986</td>
<td>4,57,109</td>
<td>34.53</td>
</tr>
<tr>
<td></td>
<td>70-79</td>
<td>4,65,850</td>
<td>2,55,345</td>
<td>2,10,505</td>
<td>18.11</td>
</tr>
<tr>
<td></td>
<td>80+</td>
<td>2,27,014</td>
<td>1,19,199</td>
<td>1,07,815</td>
<td>8.82</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>25,71,741</td>
<td>13,32,958</td>
<td>12,38,783</td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>50-59</td>
<td>5,22,008</td>
<td>2,87,520</td>
<td>2,34,488</td>
<td>46.08</td>
</tr>
<tr>
<td></td>
<td>60-69</td>
<td>3,67,363</td>
<td>1,78,731</td>
<td>1,88,632</td>
<td>32.43</td>
</tr>
<tr>
<td></td>
<td>70-79</td>
<td>1,72,431</td>
<td>91,615</td>
<td>80,816</td>
<td>15.22</td>
</tr>
<tr>
<td></td>
<td>80+</td>
<td>70,940</td>
<td>35,815</td>
<td>35,125</td>
<td>6.26</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>11,32,742</td>
<td>5,93,681</td>
<td>5,39,061</td>
<td></td>
</tr>
</tbody>
</table>

Source: Director, Census Operation, Punjab.
The above table shows the population of older persons in Punjab in urban and rural areas. The total aged population of rural area is greater than the urban aged population. The total population of aged people is 37, 04,483 and male population is 19, 26,639 and populations of females is 17, 77,844. In rural area, the total population of aged persons is 25, 71,741 and males in the rural area are 13, 32,958 and females are 12, 38,783. In urban area, population total population is 11, 32,742 where males are 5, 93,681 and the females are 5, 39,061.

**Figure 1.2**

Percentage Distribution of Elderly according to their Health Problems

The above chart shows the comparison of survey of 52nd round (1995-96) and 60th round (2004) regarding the percentage distribution of elderly according to their health problems. Health problems like blood pressure, diabetes and heart problem are compared in percentage. The survey of 60th round (2010) indicates the increase in health problems among the elderly as compared to the survey of 52nd round (1995-96).
Figure 1.3
Living Arrangements among Elderly in India and Punjab, 2010

The above chart compares the living arrangements among elderly with spouse only, with spouse and children, without spouse but with children, with other relatives and living alone between India; rural, urban and Punjab; rural, urban areas.

The chart shows the highest percentage of elderly living arrangements without spouse but with children, where both Punjab urban, rural elderly have 63.4% and 50.4% respectively, which is the highest percentage as compared to India urban, rural elderly.

The state of Punjab has a developing economy. It has the highest average growth rate of 10% among the states of India. There are number of departments and institutions in the Punjab government. These departments and institutions look after the different sections which form an important aspect of the administration of the state. These departments and institutions are working efficiently towards the service of the people and the development of the state.

1.11 Social Welfare Department in Punjab

The Department of Social Welfare was set up by the state government in the year 1955 with the objective of providing social services to the weaker sections,
socially mal-adjusted & under privileged sections of the society and rehabilitation of the Pakistani refugees. With the passage of time the objective of the Department has changed manifold and it has become much broader. In fact the mission of the Department has been changed from "Welfare" to "Social Therapy and Development". Now its scope has been widened to provide physical, emotional, psychological, economic, employment and income generation, gender sensitization, awareness generation, child survival and child development support to the aged and informs, destitute, delinquent, physically handicapped, juveniles, widows and destitute women, nursing and lactating mothers and children below the age of six years. This way the Department of Social Therapy covers 70% population of the State.

The objective of the Department of Social Security and Women & Child Development is to cater to the developmental needs of over 70% population of the state by ensuring that the benefits of development from different sectors do not bypass children, women, aged and persons with disabilities. The flow of benefits under Pension/Financial aid schemes for the old age, widow and destitute women, dependent children, disabled persons, the flow of benefits to women in the three core sectors of education, health and employment and package of child survival and child development support under the I.C.D.S. program shall be kept under close vigil and surveillance as these contribute a great deal towards main-streaming and national development. In order to achieve this objective, the department recognizes that it should respond to the problems of aged and weak.

1.12 Scheme of Assistance to Voluntary Organizations for Programmes relating to Aged in Punjab

The government provides financial assistance to NGOs and other voluntary organizations to run the old age homes in Punjab. The voluntary welfare organization plays a major role in the activities and functions relating to the welfare and upliftment of weaker section of the society and extends a helping hand to the needy persons in the society. Grant –in- aid is provided to Social Welfare relating to women, children, and lepers, old aged persons with a view of helping them to continue their activities and make improvement and addition in services being provided by them.
### Table 1.5

<table>
<thead>
<tr>
<th>Year</th>
<th>Released Budget (Lakhs)</th>
<th>Expenditure (Lakhs)</th>
<th>Released Budget (Lakhs)</th>
<th>Expenditure (Lakhs)</th>
<th>Released Budget (Lakhs)</th>
<th>Expenditure (Lakhs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002-2003</td>
<td>11055.09</td>
<td>9553.01</td>
<td>75.00</td>
<td>50.00</td>
<td>18.42</td>
<td>17.75</td>
</tr>
<tr>
<td>2004-2005</td>
<td>4650.15</td>
<td>3016.91</td>
<td>82.10</td>
<td>82.10</td>
<td>13.42</td>
<td>8.90</td>
</tr>
<tr>
<td>2006-2007</td>
<td>27741.85</td>
<td>27704.99</td>
<td>74.45</td>
<td>74.30</td>
<td>13.42</td>
<td>10.65</td>
</tr>
<tr>
<td>2007-2008</td>
<td>30810.00</td>
<td>5440.26</td>
<td>0.25</td>
<td>---</td>
<td>13.42</td>
<td>NIL</td>
</tr>
</tbody>
</table>

Source: Social Welfare Department, Punjab.

A list indicating number of ongoing Projects (Including Old Age Homes) in Punjab State.

### Table 1.6

#### Details of ongoing projects

<table>
<thead>
<tr>
<th>Name of the District</th>
<th>No. of NGOs</th>
<th>Old Age Homes</th>
<th>Day Care Centres</th>
<th>Mobile Medicare Units</th>
<th>Non-Institutional Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amritsar</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Bhatinda</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Faridkot</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ferozpur</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hoshiarpur</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Jalandhar</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ludhiana</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mansa</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mukatsar</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ropar</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12</strong></td>
<td><strong>4</strong></td>
<td><strong>8</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>

Source: Department of Social Welfare Department, Punjab.
There are number of ongoing projects in Punjab state named old age homes, day care centres, mobile medicare units, and non-institutional service for the welfare of older persons.

Table 1.7
List of Old Age Homes/ Day Care Centers in Punjab

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name of the organization</th>
<th>Amount recommended (Rs. in lakhs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Vridh Ashram, Old Age Home, Jalalabad Road Muktsar.</td>
<td>3,33,000/-</td>
</tr>
<tr>
<td>2.</td>
<td>Sarav Jan Gramin Vikas Sansthan, Old Age Home, 322/11 Prem Nagar Haro Channi, Road Gurdaspur.</td>
<td>3,79,000/-</td>
</tr>
<tr>
<td>3.</td>
<td>Jan Kalyan Samiti, Old Age Home Barnala.</td>
<td>3,79,000/-</td>
</tr>
<tr>
<td>4.</td>
<td>Isha Handicraft Society, Old Age Home, 632/13, Near Mehak Hospital Behrampur, Road Gurdaspur.</td>
<td>3,79,000/-</td>
</tr>
<tr>
<td>5.</td>
<td>Gyandeep Sikhia Samit, Day Care Center 60, Footi Road, Kanahaiya Nagar, Bhatinda.</td>
<td>1,95,750/-</td>
</tr>
<tr>
<td>6.</td>
<td>Mahila Kalyan Samiti, Day Care Center Rorki Road, Sardulgarh, Distt. Mansa.</td>
<td>1,95,750/-</td>
</tr>
<tr>
<td>7.</td>
<td>Akhil Bharti Jan Seva Samiti, Day Care Center, Abohar, Dashmesh Nagar, Kandwala Road, Distt. Ferozpur.</td>
<td>2,36,250/-</td>
</tr>
<tr>
<td>8.</td>
<td>Guru Nanak Charitable Trust, Day Care Center, Mullanpur Dacha Mandi, Gurmat Bhawan, Distt. Ludhiana.</td>
<td>1,71,450/-</td>
</tr>
<tr>
<td>9.</td>
<td>Lok Sewa Sansthan, Day Care Center, Abohar.</td>
<td>2,66,040/-</td>
</tr>
<tr>
<td>10.</td>
<td>Indian Rural Development And Social Welfare Society, Day Care Center, Vpo, Hariyou Khurd, Patiala.</td>
<td>1,25,000/-</td>
</tr>
<tr>
<td>11.</td>
<td>Social Work And Rural Development, Day Care Center, VPO Nurpur Bedi, Distt. Ropar.</td>
<td>2,04,000/-</td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td>28,74,240/-</td>
</tr>
</tbody>
</table>

Source: Department of social welfare department Punjab.

1.13 Home for Aged and Infirm, Hoshiarpur

This home was set up in the year 1951 for neglected and destitute old and infirm at district headquarters of Hoshiarpur by the department of Social Welfare,
wherein older persons of both sexes i.e. women above the age of 60 years and men above the age of 65 years are provided free lodging and medical assistance etc. A dispensary has been set up in the home itself under the charge of full time doctor. Separate hostels have been provided for men and women. This is the only old age home run by the government.

Table 1.8
List of Old Age Homes and Number of Occupants.

<table>
<thead>
<tr>
<th>Organisations</th>
<th>Sr. No.</th>
<th>Name of Old Age Homes</th>
<th>Number of occupants / Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>NGO</td>
<td>1.</td>
<td>Bhai Vir Singh Birdh Ghar (Chief Khalsa Diwan) Taran Taran, Amritsar.</td>
<td>80</td>
</tr>
<tr>
<td></td>
<td>2.</td>
<td>Shri Vivekanand Swarg Ashram Trust, Oldage home Model Town Extension, Ludhiana</td>
<td>62</td>
</tr>
<tr>
<td></td>
<td>3.</td>
<td>Mata Gujri Sukh Niwas, Khanpur.</td>
<td>25</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>167</td>
</tr>
<tr>
<td>Private</td>
<td>1.</td>
<td>Multi Service Old age Care Home, Baddal.</td>
<td>48</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>48</td>
</tr>
<tr>
<td>Government</td>
<td>1.</td>
<td>Home for Aged and In firms, Chandigarh Road, Hoshiarpur.</td>
<td>27</td>
</tr>
</tbody>
</table>

| Total         |        |                        | 27 |

1.14 Review of Literature

Srivastva (1973) has discussed about the programmes, services and the assistances needed for utilization of the skills and experience of the aged so that they become more useful to the society. According to the study, the problems of the aged may be broadly approached from two angles: 1) humanitarian- succour and relief to the sick, disabled and destitute 2) developmental i.e. utilization of the skills and experience of those amongst the aged, who are fit and capable so that they continue to contribute to economic and social development. Both for national welfare and for the good of the aged, it is necessary to utilize their skills and experience and not to let them waste their fragrance in a discriminatory and imprudent society. There is a
universal desire on the part of the aged to play a productive role in the society and to feel that it values their knowledge and ability.\textsuperscript{36}

Saul (1974) has discussed about the life style of widow women in society. According to the study, every person is born into and matures within a physical, social and emotional environment that offers certain opportunities to grow and withholds others. Like everyone else, the elderly continue to interact with their environment; its value system and social organisation, and with the people around them. The death of spouse removes not only ones sexual partner, but ones partner in most life activities. Older widows showed limited involvement in the communities except religious. In general, older widows live within a very small social space. Older widows are often unprepared for the stressful aspect of the changes brought by widowhood. Sadness and depression may be prolonged. While widowhood suggests the need to develop new roles and relationships, modern conditions of population change tend to make such opportunities less and less available and the older widows lacks the skills to develop them. This situation points failure to of the society socialize its members sufficiently so that they may acquire competence in maintaining old and building new interpersonal relationships.\textsuperscript{37}

Hendricks and Hendricks (1977) have discussed about the flexible retirement programme. According to the study, flexible retirement programmes based on ability and desire has several arguments in their favour. First, they would eliminate the age discrimination inherent in compulsory programmes. Flexible policies also offer better opportunities to utilize the experience and abilities of older members of the work force. There is a possibility that further work would raise the amount of their income. Retired workers, thereby relieving some of the burden from social security and pension programmes and reducing the number of elderly living at or below the poverty line. Finally, flexible retirement policies would increase morale and satisfaction among those people who want to remain active in labour force.\textsuperscript{38}

Hobman (1978) has described the effects of modern economics trends on elders. According to the study, modern economic trends have brought losses as well as gains to all age groups in the population. But their adverse effects have been experienced by the aged. Firstly, they lost their independence, secondly, in increasing numbers they had to give up rural residence for urban living and then they were now
forced to retire from work by the decision of the employer rather than their own will as in the past. Lastly, they lost their earlier positions in the extended family. Matthew (1979) has described the isolation phenomenon among old widows. According to the study, the correlates of growing old spell out increasing degrees of social isolation. Old age is marked by the loss of children to homes of their own; retired from jobs that involved the employee in relationship on and sometimes off the job, the loss of old friends to death or distance, the latter of which makes meetings except by telephone difficult and the loss of spouse to death. Widows are often socially isolated until their married friends become widowed also. So that loss of husband may be compounded, simultaneously by exclusion from friendship groups. Doogh and Helander (1979) have identified the relationship between the aged persons and adult children. According to the study, the relationship between the two generations is obviously patterned and shaped in the course of the many years of mutual involvement with each other. This development process does not occur in a social and physical vacuum, but is subject to numerous constraints stemming from both these domains. Amongst the factors influencing their relationship over time are, the normative systems(culture), level of education, level of income or standard of living at various stages of family life cycle, age (especially differences in age at given stages of the cycle), sex, meaningful political events and then there are personality factors, genetic factors and physiological ones. Mccluskey and Brogatta (1981) have discussed the role of the family in the life of an older person. According to the study, families play a crucial role in the lives of individuals at all stages of life and to the retired, family network seems to be even more significant. Due to the reciprocal relationship between nuclear families within the family network and the trend for younger families to model the nature of families in their networks, it is important that the family becomes a central consideration in research on the retirement years and in the formulation of social policy for the retirement years. Mcpherson (1983) has described the process of ageing in different contexts. According to study, the ageing process involves individual and social change from the cellular to societal or cultural level. While each process functions independently and at its own rate, there is also an interaction between the biological, psychological and social processes. One outcome of the interaction may be depression which in turn may
trigger biochemical changes and many lead to additional mental and psychological changes within the social contexts; Scientists know less about the social and cultural aspects of ageing than about biological and psychological processes. Similarly, there is a need to understand the reciprocal relationship between individual ageing and social change.43

Mahajan (1987) has highlighted the procedural difficulties faced by the pension beneficiaries in getting the old age pension and in which way pension has benefited the needy elderly. To claim old age pension one has to produce age, income and domicile certificates. As most of them had not got formal schooling they could not get a date of birth certificate. The only alternative available to them was to obtain an age certificate from the doctors of the government hospitals. Since all the recognized hospitals are located at the urban centres, the applicants had to face a lot of problems in commuting. Their problem was aggravated by the indifferent attitude of doctors. Similarly, they faced problems in procuring income certificate, because they were engaged in unorganised sectors with no fixed income or retirement benefits. The officials instead of helping the needy persons created problems which discouraged the applicants.44

Sinha (1989) has explained the term gerontology. According to the study, gerontology which is the science of ageing, formally came into existence, towards the second quarter of the 20th century. It is rightly said that like psychology, gerontology has a long past but a short history. Close to it, is the term geriatrics. It is a branch of medical science which has to do with ageing and its diseases. The term geriatrics has been derived from the Greek word ‘geron’, meaning old man. Literally, geriatric refers to the medical care of the aged. The problems of ageing have been widely studied and every society has tried to offer various programmes and services to minimise their problems and to provide them suitable adjustment in the environment.45

P. Krishnan and K. Mahadevan (1992) have analyzed the problems faced by the elderly. According to the study, there is a need for creating a great awareness of their number and numerous problems and needs among the planners, policy makers and politicians. The aged in India are the neglected population in the changing context of the nuclearisation of families, erosion of values and tendency to imitate certain defective western ways of life. Therefore, there is urgent need at present to set right
the deterioration in the treatment of elderly citizens of our country. States like Kerela, Punjab etc. where the proportion of elderly population is greater and on the increase, high priority may be given for their welfare. Considering the rapid modernization, the elderly people suffer more under such circumstances. The large scale migration of young people from these two states also cause problems to the elderly in these states.\textsuperscript{46}

Srivastva (1992) has discussed the problem of the aged which may be broadly approached from two angles: (i) humanitarian- succour and relief to the sick, disabled and destitute and (ii) development, i.e. utilization of skills and experience of those amongst the aged, who are fit and capable, so that they continue to contribute to economic and social development. The programmes so far taken up for the aged by official and non-official agencies in different parts of the world have tended to relate generally to humanitarian aspects. But of late, there has been a growing international agency like International Federation on Ageing and United Nations. The Ageing of nation is a concomitant of development. Development brings about higher standard of living, better nutrition and improved health care. Coupled with this, several governments, including the Indian, are laying a great deal of stress on family planning. Their combined result is a decline in mortality, particularly, infant mortality, have brought about change in the age structure in favour of the elderly.\textsuperscript{47}

Srivastva (1992) has discussed the kind of relationship between the aged and the other family members as an another important determinant of the happiness of the aged. Due to differences in age, some divergence in views, behavior, outlook and values is natural between persons belonging to different generation. In a developing economy, with joint family system yielding place to the nuclear one, the problem of generation gap sometimes assumes serious dimensions. They pose a problem and become a source of constant torment and unhappiness even greater than poor health or poverty.\textsuperscript{48}

Jamuna (1993) has discussed about the process of ageing. Ageing brings in its wake lots of changes in the body and mind with consequent impact on life style and social relations. Ageing refers to the cumulative, progressive and degenerative changes that occur over a period of life course. Ageing and other age related changes are virtually uniform process of change over time. On the other hand, ageing is as conceived behavioural changes across the life span by supporting the view of
development as a gain and loss phenomenon. With increasing longevity and higher women to men ratio in old age, a large number of elderly women would outlive men in the coming years. Increasing longevity does not mean liveliness in old age. It only adds disability and dependency in the last years. Therefore, the health services need of these women is attracting the attention of policy makers, planners and the government. Most of the factors that affect men’s health also affect the health of women.49

Singh (1994) has described the concept of ageing, honour and social status in the late life. According to the study, the aged in traditional societies enjoyed unparalleled sense of honour, legitimate authority in the family and community, had decision making responsibility in the economic and political activities of the family and were treated as repositories of experience and wisdom. The reason for this, were many. First being the predominant oral tradition of knowledge in most agricultural or folk societies. The performance of religious and social rituals too was carried on by the oral tradition of the community mediated by the older members of the society. Due to a very high death rate in the traditional societies because of epidemics, natural disasters and lack of modern medicines etc, life expectancy was low and fewer members attained the status of the aged in the community.50

Bali (1995) has discussed the role of family in the life of older person. According to the study, the family is the most important part of its elderly members. The study highlighted the fact that the family has been the traditional primary source of social, physical and economic support of the aged. The study pointed out that the accelerated ageing process is likely to have consequences on family structure and individual life styles, which in turn, will have a profound influence on the conditions of life and welfare care problems of the aged. It stressed the need for the societal support of the family which itself is in transition.51

Dandekar (1996) has explained the various reasons for opting old age homes. It is common perception that nobody goes happily to old age homes; that the elderly who have been ignored find refuge in such situations, somehow dragging out their lives in them; that only the lonely, helpless and needy lives in old age homes. This is not always true. Even when not living alone, some of the elderly perhaps felt unwanted, either because family members were too busy or there was a shortage of space. There were others who do not want to depend on their relatives but did not
have the courage to live alone away from them. Shifting to old age home allow them to maintain good relations with their relatives and enjoy their company for a short while, when they occasionally visit them, without leaving the security of their old age home. It is clear that the life expectancy of population in India is going to increase in future. Poverty may not be alleviated quickly. Thus, the need for the old age homes especially among the poor is bound to increase. It is likely that larger numbers may be bedridden, thus escalating the demand for institutions which get government grants. But government grants always fall short of requirements so old age homes have to depend upon donations from the public.52

Swaminadhan (1996) has explained the problems of the aged. According to the study, the aged are, by no means a homogenous group. Their needs and problems vary according to their age, family background, health, economic status, living environment etc. Those of the elderly who have all along been poor and whose families continues to be poor, constitute the most vulnerable section of the aged population. The women among them are in worst condition than men. The needs and the problems of the elderly also differ from those of others sections needing social services. While the children and women need physical protection development inputs of social economic and psychological nature. The loss of income creates economic problems, failing health causing sickness, nutritional deficiencies and poor housing facilities affects their physiological conditions. This physio-socio and environmental problems create feelings of neglect, unwantedness, loneliness etc.53

Ramamurthi (1996) has defined the family structure of aged persons and the role of the state and voluntary organisation in the welfare of the aged. According to study, urbanisation, migration and changes in the life style have resulted in the breakdown of joint family leading fewer care givers in the charge of the dependent elderly. With more women increasing seeking employment and numbers of children of all age groups, providing care elderly at the family level may become difficult. Adding to this, there are problems of mother in law, daughter in law, power equations, rising educational level and awareness of rights by the younger generation. Community support for the families which care for the elderly need to be organized. It is in this context, that the opening of day care centers in every village and ward becomes useful adjunct to the family. Also, community run neighbourhood caring network and community old age homes need to be organised. They can be served by
hospital staff and organised around hospital areas with a mobile van to go round the homes extending medical services. Such services would go a long way to ensure a better quality of life for the aged.54

Singh (1996) has stressed on the adjustment of the aged and the concept of social policy. According to the study, a trend of change in the family system in India is likely to render family based care of the aged increasingly problematic. But the family will remain the most pervasive and feasible social institution to offer shelter and care to the aged. However, over a period of time, and in view of emerging alternative patterns of the family, the ability of the family to discharge welfare function is likely to be impaired. It would be timely step to be forewarned and be prepared to meet the challenges. The impediments would arise not only from the weakening of the family ties or changes in its structure and functions, but also more the problems may be enlarged because of rapid changes in the value system of people, the breakdown of communitarian sanctions and rise in the individualistic consumerist ethos. Ironically, the process of modernization and economic development, which is cherished as a coveted goal, is essential for the advancement of standard of living and quality of life but made the poor and the infirm as a burden. There is a need to sensitize the developmental strategy to normative goals which are commensurate with several welfare objectives of the study. The role of education mass media and other channels of communication assume great value in fulfilment of this task. A movement for value awareness is imperative to effectively realize the objectives of old age care, whether it is pursued through family institution or other institutional organisations.55

Sarveswara (1997) has discussed about the policies made for the elderly. Policy formulation, concerning the elderly should draw on developments in the international field beginning with the World Assembly on Ageing, 1982, the Vienna international Plan of Action, 1982, the UN principles for older persons, 1991 and finally, the global targets on ageing for the decade 1991-2001. The policy for the elderly should consider: 1) increase in employment options and provision of work after retirement. 2) provision of; a) family support b)mutual benefit societies c) income security d) social insurance e) occupational pension f) provident funds and g) public and private social assistance.56
Gurumurthy (1998) has discussed the problems faced by elderly. According to the study, demographic increase in the population of aged is an indication of development of society and as the nation improves, the socio economic condition of the population figures of the aged goes up. Whether developed or developing, the aged in a society face a number of problems. This is due to occurrence of the changes in their roles, positions privileges and status as they get older. They may take in change in their personal life negatively and seriously and they begin to think that they have become unwanted dependents. Many times, they are considered burden on the state economy since they are not economically productive. The aged face problems due to the weakening of family and community ties, lack of care, non-kin marriages, lack of space and have to move in to the home of the sons and daughters at their place of employment. So the problems of the aged are not merely or necessarily financial but social and psychological also.  

George (1999) gave stress on physical exercise in later age. According to the study, everyone naturally wants to slow down the ageing process. It depends upon the quality of life with advancing age. The meaningful use of time can no longer be evaluated in relation to economic production through work. It is important that as a person grows older, he should be able to spend his time meaningfully in leisure activities which will help to keep him in a good condition, physically, intellectually and emotionally. Physical exercise has become increasingly popular as a method of health enhancement. But voluntary participation in strenuous physically activity on regular basis is an unusual pattern of behaviour that is not observed in most ageing animals. Studies have shown that humans tend to decrease their physical activity begins after they reach adult maturity.  

Parkash (2000) has explained the modified environment to assist the older people. According to study, houses not only provide shelter and security they may sometimes be traps that cause accidents. Houses or at least the living area of the older persons could be made more safe and accident proof. Barriers to easy walking, multilevel flooring (for example, on elevated dining area or depressed living room) carpets that mat trip or tedious steps that need to be climbed, cables from telephone or T.V. that lie around on the floor could be dangerous to older persons.

Keeping in view their diminishing sensory acuity, problems with seeing and hearing such potential changes may be easily made. Many older people are frail and
may feel unsteady while walking. Uneven floors and carpets and cluttered furniture often cause falls. Older people with blood pressure or heart conditions find it difficult to negotiate steps and stairways. Sharp edged furniture, worn out mats with holes, carpets with folded edge, often cause injuries to people.

**Mohanty (2001)** has discussed about the methods to spent leisure time by the elders after retirement and those who belong to unorganised sectors. A number of elder men who are retired from formal institutions and are settled in their native villages after retirement feel more lonely as compared to others; like their spouse and family pension holder and the aged male non pensioners and those who have not served any organisation. However irrespective of any category of aged, majority of aged men spend their leisure time mostly in gossiping with their counterparts, with whom they can share their sorrow and happiness at various places like village tea stalls, meeting pandals etc. and in playing cards. But majority of the aged women spend their leisure time in playing cards. There is also a category of a good number of aged men as well as aged women who simply sit at home and spend their time.

**Raju (2002)** has examined the role of housing conditions and occupational status of an aged person in life. According to the study, as many of the elderly are retirees and have some health problems or the other, tend to spend most of their times in the house itself and, thereby, the facilities in the house in terms of toilet, bathroom and living space, play an important role in determining their life conditions. It is generally expected in the middle and upper class that an independent provision of these facilities for the elderly for their comfort. The occupational background of the elderly people explains to a great extent, the reason for their health conditions and their extent of health care facilities available to them and utilized by them. Those who are engaged in unorganised sectors, were not the beneficiaries of pension and other post retirement benefits. In the absence of any financial support during their old age, they faced many problems and were compelled to continue working even at an advanced age.

**Prakash (2003)** has discussed the impact of out migration of the young on older people. In India, earlier studies focused on rural - urban migration and out migration of the young without any special reference to older persons. Even in rural India, old people are losing their control and authority and are forced to depend on other kin due to migration of their own sons. There is evidence to suggest that.
migration of the young is leading to emergence of nuclear the family and, thereby, adversely affecting intergenerational support. Obviously, a time has come when one has to acknowledge migration of the young as a factor in evaluating the quality of life of older people in India.62

**Westerhof, Barret and Steverink (2003)** have compared age identities of middle aged and older adults in the United States and Germany. Difference between countries in social systems and cultural meaning of old age are expected to produce different age identities. The study examined the age identities of American and German in middle and later life. The study found that American and Germans tends to feel younger than their actual ages and older adults from both countries report more youthful identities than middle aged adults. However, the discrepancy is not so large that middle aged and older adult still feel as though they are young adults; even the Americans do not feel forever young. Although it can be disputed that the social status of the aged really declined over time, as argued in modernization theories, the underestimation of one’s age and the increasing underestimation of older ages suggest the presence of negative cultural meanings of old age in both countries.63

**Saharan and Shaker (2004)** have explained the lifestyle, expectations and problems of the rural aged couples. The main objectives are: 1) to study the lifestyle of the aged husbands and their wives. 2) to assess the level of expectations of the aged husbands and their wives 3) to assess the problems encountered by the aged husbands and their wives. The results depicted that the majority of respondents were able to perform their routine activities like bathing, washing their own clothes and personal care activities. The finding revealed that most of the respondents had good relationship with their spouse. Almost all the aged men and women reported that their life partners were cooperative in different household works spent adequate time with them and consulted them in different familial and social matters.64

**Seth and Chadha (2005)** have discussed about social relationships in later adulthood. According to the study, relationship with friends becomes more important than family relationship in old age. It was found that relationship with friends was more strongly related to morale building than the relationships with family members. Once the elderly persons need care, family members again become more important. At this stage, care is usually given first by spouse and then by adult children, with the
possibility of formal support from agencies when the care becomes too onerous for family members.\textsuperscript{65}

Singh (2005) has examined the socio-economic status and health conditions of the landless rural aged. The objectives of the study were: 1) to study their social position in Haryana 2) to study various adjustment problems the landless elderly face 3) to study their physical status and health problems. It was found that large number of respondents were illiterate, living in large families and depend upon the family income for their basic needs including health; on the other hand, health problems tend to increase with advancing age and very often the problems aggravated due to neglect, poor economic status, social deprivation and inappropriate dietary intake. Hence, a large number of landless rural aged was suffering from one or the other health problem and physical disabilities. It was found that the most important reason for high incidence of physically disability was non availability of specialized care, lack of knowledge and lack of facilities for timely diagnosis and treatment.\textsuperscript{66}

Cherian (2005) has discussed about the relationship between ageing and poverty regarding social security. There are three key features of chronic poverty in old age; reduced capacity to work to earn, ageing and consequent inability to earn and lack of social security. Most poor people depend exclusively on their ability to do physical labour as most of them are unskilled and illiterate. The work opportunities reduce progressively as they aged. As they belong to very poor families, the traditional support of the adult children is also not possible in these cases. Moreover in rural areas, the young adult migrates in search of jobs leaving the older parents to fend for themselves. Most of these people find themselves excluded from formal structure of support like the old age pension, anti-poverty programme targeted at people in the age group of 15-59 years.\textsuperscript{67}

Goel (2006) explored the concept of dietary habits and nutritional status of elderly in rural area. According to the study, it was found that majority of the respondents were economically dependent and had an indifferent attitude towards life. Majority of them were having low dietary intake and noticeable prevalence of anaemia as well. All these things could be interrelated as most of the times, they selected food by considering the cost and not the nutritive value and they consumed the diet prepared as well as served by others. The sad and indifferent attitude could contribute to loss of appetite and lack of interest in food.\textsuperscript{68}
Health care is very important for all the older persons irrespective of age, colour, class and caste or creed and gender. Various suggestions for improvement in the present health care are: 1) to introduce community based cooperative model of health care, where the members manage it by self financing the facilities 2) reorient the primary health care system and encourage mobile facilities 3) at least one hospital in each district should have geriatric facilities 4) these facilities should be widely advertised through local radio station and through village panchayats 5) provision of national rural health mission should be weaved with this programme to make it more effective 6) all the private hospitals, who are receiving government grants at subsidised rates can be given these directions. Others can be given suggestions through central government / state governments / Indian Medical Association.69

Chadha et al. (2006) have discussed about the leisure time activities of the aged. According to study, the types of physical activities of the elderly during their leisure time have been a pivotal concern for many gerontologists. Another aspect that has caught the attention of researchers is that the elderly do not appeal to have many leisure activities in the developing world. They usually spend their time by reading, watching T.V., listening to music, domestic chores, looking after grandchildren or by simply relaxing. It was also found that a decline with the age in overall activity level, especially sports, exercise and outdoor recreations, as compared to the family, social and home based activities. Lack of useful leisure time activities increases the mental morbidity of the elderly population. It was also found that choice of leisure time activities is influenced not only by age, but also by individual difference in health, education, economic resources, personality and attitude.70

Gierveld and Tilburg (2006) have discussed about the loneliness during the old age. According to the study, loneliness is an indicator of social well being and pertains to the feeling of missing an intimate relationship (emotional loneliness) or missing a wider social network (social loneliness). The 11 item De Jang Gierveld loneliness scale has proved to be a valid and reliable measurement instrument for overall emotional and social loneliness. Investigating social participation and isolation requires the identification of the objective characteristics of the functioning of communities and the size, composition and functioning of networks of personal relationships. Social isolation, in contrast, has to do with the objective characteristics of the situation and refers to absence of relationship with other people. The study
shows that six item loneliness scale and the three-item emotional and social subscale of loneliness are good measuring instrument for the broad age range of adults (18 to 99 yrs.) as well as for three age subgroups investigated: those aged under 45 years, those aged 45 to 64 years and those aged 65 years and above.71

**Oppang (2006)** has discussed the familial roles and social transformations in sub-Saharan Africa have tended to use lineal strategies, focused on children and grand children, in context to the more lateral, partner-oriented strategies followed by men. Migration into urban areas and the AIDS pandemic have left many older women in charge of grandchildren in rural areas with inadequate resources and infrastructure shaped by traditional values, norms and roles in their early lives, they currently find many expectations unmet. Indeed some of the traditional norms that ensured respect support, reciprocity and embeddedness may now leave many older people, especially women, isolated weakened, and victims of illness and violence.72

**Kruger, Prohask and Furner (2007)** have analyzed the preference for health inquiry among adults aged 50 and above. The study has two main objectives: (i) to determine the proportion of adults, 50 years of age who prefer to have their physician inquire about their functional and emotional health status and (ii) what physician, patient, and medical care system factors are associated with these preferences. The findings suggested that 76% of the patients want their physician to inquire about their emotional health during medical encounter. The study highlighted the importance of communication exchange during the medical encounter. Physicians are encouraged to inquire into older patient’s functional and emotional health status. Research has found that effective communication in clinical settings can have a positive influence on patient health outcomes and patients’ satisfaction. According to the study, patient preference regarding psychological inquiry is central to the communication exchange. For this reason, it is important that physicians inquire into patient’s functional and emotional health status during the medical encounter.73

**Feldmeyer and Steffensmeier (2007)** have discussed about among elderly crime in US their current trends (1980-2044). According to the study, the age standardization and Dickey-fuller time-series Techniques examined recent trends in elderly crime (age 55+). According to the study, even among the elderly, people vary along a range of criminogenic variables. Those few individuals who are particularly adept at benefiting from crime, who are extensively integrated in to sub-culture or
family criminal networks and enterprises or who are affiliated with extreme addiction or impulsiveness may well continue to be criminally involved in old age. This does not mean however that elderly crime should be ignored. Crimes committed by senior citizens are of sufficient importance to warrant continued attention by researchers and practitioners. This is especially so, since the elderly population is increasing in US society as the first waves of baby boomers born after World War Second are now becoming senior citizens. The elderly (age 55+) now constitute about 22% of the U.S population, a figure that will rise to 25% in 2010 and to nearly 30% in 2020. This will surely result in the higher population of elderly inmates in jails or prisons that will present unique challenges to correctional and community health officials. By this “graying” of American society is also good news for policy makers as well as citizens because this also means that there is likely to be relatively less crime, and less serious crime, in society as the elderly make up a large proportion of the population.74

Isaksson, Fischer, Nygren and Lundman (2007) have elucidated the process of completing a questionnaire in a supportive face to face manner. Under the study, a total of 12 participants aged ninety years or above were asked to answer the resilience scale. The statements were read aloud and participants answered verbally or by pointing to an enlarged copy of the reply form. Transcribed dialogues were analyzed by means of qualitative content analysis. Four types of dialogues were formulated: “making a prompt decision,” “Deciding after a pensive dialogue” “Deciding after an explanatory dialogue,” and Deciding after encouraging dialogues. According to the results of the study, support via face to face interview in answering a questionnaire is variable to obtaining valid data from very older persons. The study identified the procedure to be valuable for data collection process and to be confident that the data are valid and appropriate. 75

Rafiq and Nadeem (2007) have explored some suggestions to improve the plight of older persons. According to the study, creating facilities for the recreation for the elderly should be given importance as much as for the other age groups. These ideas should be integrated with the general housing schemes and with the planning for old age homes. The problems of adjustment among the elderly persons have been felt in different spheres within the family and in society as a whole. It is therefore desired to build on the social value and to strengthen the capacity of the family to cope with the problems of care of elderly especially when there are so many competing demands
on the financial manpower and other resources of the family. Simultaneously, governmental and voluntary efforts should be made to identify problems that are likely to confront the old people under the changing situations and to come forward with purposeful planning.76

Puri (2008) has discussed about the role of nutrition in diseases prevention. According to the study, coupled with the age related physiological decline is the imposition of chronic degenerative diseases in old age, e.g. hypertension, cardiovascular disorder, diabetes, and cancer. Several nutritional constituents have been established as risk factor for these diseases. Coronary heart disease and stroke have become the major cause of death and disability among both ageing women and men. Proper food intake, particularly reduced intake of total and saturated fats and increased intake of plant food, is a cornerstone in preventing and managing coronary risk factors and protecting against arterial damage whether by oxidation or other means. The food based dietary guidelines for older persons by WHO has a strong focus on increasing variety in food to be eaten as well as preserving healthy traditional food related practices. There is also a marked emphasis on the inclusion of healthy traditional vegetables and dishes where meat and nuts may be used only as condiments. The use of herbs and spices is also encouraged but the consumption of traditional dishes/ food that are heavily preserved / pickled in salt is to be limited.77

Bhatia (2008) has discussed about the rights of older persons in national policy. National policy proposed a number of measures including financial security, health care, shelter and welfare, special focus on older women, protection against abuse and exploitation and special attention to rural areas. The promise to provide old age pension for all older persons below the poverty line was a part of the national policy. Some suggestions to improve the policy are the right to maintenance, care and protection of older persons would have a better chance of being protected and respected if the national policy is backed up with resources and implementation mechanism that make every concerned ministry and department, the civil society groups and other community leaders equal partners.78

Gunasekaran and Muthukrishnaveni (2008) have studied the living condition and health status of elderly in old age homes. The aim of the study was to access the adequacy of care and support available to elderly in old age homes and to study the living conditions and health status of elderly population living in old age.
homes and suggestions to improve them. According to the study, most of the elderly (88.3% of males and 94.3% of females) were reported to have adequate support in the old age homes. It was also found that most of the elderly were satisfied with the quality of care and support available in old age homes. In all, it was found that most of the elderly were forced to stay in old age homes, as there was no one to care for them at home. The major health problem as reported by the male elderly was poor vision / cataract/other eye impairment (80.9%) followed by the arthritis/rheumatic joint pain, (35.1%) back pain/ slipped disc (28.7%) neurological and mental problems (24.5%) and high blood pressure (23.4%). The major health problem reported by female elderly was same as male. The village health nurses who visit the villages regularly should extend their services to the residents of old age homes, which would give them some relief from their psychological and health problem. The government should extend support to voluntary organization and philanthropic bodies to set up more number of old age homes to provide care and support to vulnerable elderly, particularly in rural areas.79

Smith & Sylvester (2008) described the effects of neighborhood and individual change on the personal outcome of recent movers to Canadian government-subsidized senior citizen apartment buildings. The finding suggested that policies to improve the circumstances of movers to senior housing projects must recognize the essential relatedness of older persons and their residential settings in a temporal context. Findings demonstrated that how local neighborhood setting may be treated as an integrative construct in addressing the changing person-environment interface. In particular, the findings underscored the need for the inclusion of temporal, spatial and subjective dimension in the conceptualization of changing relationship of older adults and their local residential environment. The result of future related research endeavor in environmental gerontology will further advance the development of comprehensive housing policies targeted at the ageing population.80

Sushma and Mayank (2008) have studied the quality of life of elderly in old age homes in India. The study was conducted with 60 senior citizens in the national capital of Delhi. According to the study, it is clear that institutionalized care is the need of the hour. It is important to improve the quality of life and make the life of aged more momentous and delightful. It can be met through individualized care provision of adequate quality facility, services and structured activities. Thus the
programmes should enhance socialization and interaction with other residents along with mental and physical stimulation. This can be achieved through various planned interventions such as games, entertainment, community volunteers, picnics, discussions, exercise, art and crafts, dancing, pet therapy, interaction with kids and many more such activities. The aim should be to provide a programme for elderly who enhances and maintains the lives and abilities of elderly physically, mentally, socially, and cognitively.

Yesudian and Singh (2009) have explored the profile of elderly women workers. According to the study, the proportion of elderly population to the total population is increasing at a steady pace. There were ten million workers, elderly men and women in 1951. According to census, elderly men increased to 39 million and women to 40 million. This highlighted that the numbers of elderly women in India is increasing. More than one fourth of the elderly women are working as casual labours in India is a matter of urgent concern. In rural India, amongst the elderly women, the work participation is very high whereas in urban India, it is high among SC and OBC women. However, the question of research is whether increased work participation in old age is a sign of empowerment of women or vulnerable economic status. In case the latter is true, then we must develop a sound social security system for the elderly women.

Bharti (2009) discussed the problems of elderly. According to the study, ageing of an individual is conceived as perpetual process associated with the passage of time. Various studies on ageing suggested that advances in technology and modernization have resulted in the increase of life expectancy and decline in the birth rate of the people. Because of this, the 21st century may be called as “era of population ageing”. This situation has dramatically also given rise to the various issues confronting the elderly, making process of ageing as a challenge before the human society considering its impact on the individual, community, family and society at large.

Currently, protection and care of elderly is becoming a serious concern. As a result of the undermined pattern of family care and changing value system, provision of the care of elderly is increasingly being passed to the domain of institutionalized caring. Though the concept of old age homes is still new to Indian society the roles of such institutions towards elderly is becoming significant. Among all the services
available to elderly, it is the old age homes that are mushrooming more than services like day care centres, night shelter etc. One finds a boom in emergence of old age homes especially in cities, as an alternative system of care giver to the old. Majority of the elderly, who do not have any security or are widowed or destitute, view these old age homes as their hope of getting security of social and familial environment. There is a large proportion of economically and physically fit elderly who find old age homes as a last resort for emotional, psychological and physical care and support.83

Moorman, Hauser and Carr (2009) have examined how surrogates error in reporting their spouses preferences, are affected by their gender, status as durable power of attorney for health care; whether they and their spouse discussed end-of-life preference, and their spouse’s health status. Structural equation models were applied to data from married couple in their mid-60s. Surrogates reported their spouse’s preference incorrectly 13% and 26% of the time in end-of-life scenarios involving cognitive impairment and physical pain, respectively. The study has implications for health care practice. There is need to train professionals- perhaps nurses, social workers or chaplains- to facilitate ongoing, in depth communication between patients and their surrogates. These professionals would be part of patient’s care team and would attend to issues such as similarities and differences between patient and surrogate, change in patient preferences and surrogates knowledge of patient preferences.84

Jhonson (2009) has studied about the employment opportunities at older age. Studies showed that the age at which people choose to stop working will also affect their earnings, social security benefits, account balance and the other savings and will help determine how long those savings need to last. In addition, retirement decisions may affect people’s emotional well being and perhaps even their physical health. There are several indications that boomers will want to work longer. Health improvements and the declining prevalence of physically demanding jobs have made work at older ages more feasible for many people. Cutbacks in social security benefits and the trend away from traditional pensions and employer-provided retiree health insurance have made early retirement less affordable and increased the returns from additional year of work. The outcome may partly result from age discrimination, which appears to persist in the labour market despite legislative effort to curtail it. Self employment is a viable option for some older workers, but it often requires
substantial financial capital, ruling out this alternative for others. The relatively limited employment opportunities available at older ages in the face of rising normal retirement age for social security, disappearing employer sponsored DB pension plan and retiree health plan and surging health care cost. A lack of viable employment option could undermine retirement security for many people.  

Nayar (2009) has examined that there is a general tendency to treat all older persons as a homogenous group and to design policies and programmes. The oldest old, 80 years and above, stand out in striking contrast from the rest of the older on almost all attributes—social, economic, psychological and health. This is little understood and much less attended to by policy makers and plan implementers. While the Vienna International Plan of Action on Ageing, 1982 recognized the fact that “policies for the elderly i.e. those beyond a certain higher age —‘the old old’—have to be considered and programmes to be implemented in response to their specific needs and constraints”. The 80 plus age group differs from the 60-70 age group in several respects. This group is economically more dependent; socially more isolated, psychologically more depressed and need health and personal care. The special needs that emerge as a consequence of this scenario cannot be adequately and approximately met by the policy and programmes chalked out with the young old in focus. Many of the plans that are formulated for old—to provide for active ageing, productive ageing, independence, participation empowerment etc. do not fully apply to the oldest old.  

Felmee and Muraco (2009) have examined same and cross gender friendship norms in a sample of 135 adults (avg. age 73 yrs) participants and evaluated a friend’s behaviour quantitatively and qualitatively in which the friend’s gender was experimentally manipulated. Gender often significantly though modestly, influenced normative evaluations. Women frequently had higher expectations from friends than men and placed a greater emphasis on intimacy. Women were more disapproving of violations of friendship rules, such as betraying a confidence, paying a surprise visit. Respondents’ open-ended comments reflected positive attitude regarding class-gender friendships. Most findings demonstrated that men and women across a wide age range held similar cultural norms for close ties, norms of trust, commitment and respect.  

Raymo, Liang, Kobayashi and Fukaya (2009) have examined the relationship between health and labour forces exit at older ages is moderated by family characteristics. Using two waves of data from a national sample of older
Japanese men collected in 1993 and 2002, the author estimated logistic regression models for labour force exit beyond age 63 as a function of health change, family characteristics, and their interactions. Poor health was strongly associated with labor force exit and evidence showed that moderating influences of family context depend on the level of health. However, the results were only partially consistent with hypotheses that the relationship between health and the likelihood of labour force exit should be stronger for 1) Those with good health and family incentives to exit the labor force and, 2) Those with poor health and family incentives to remain in labour force.88

Sidhu (2009) has studied the demographic and socio-economic background of older persons residing in the old age homes. The main objectives of the study was to know the reasons for shifting to old age homes, and the facilities provided by the old age homes run either by government or non-government organization, and the problems faced by the elderly in the institution and suggestions offered by them to tackle such problems. The data comprised the resident’s old age home of Chandigarh. Study showed the demographic and socio-economic profile of those residing in old age home. Most of the residents living in the institution were young elderly i.e. (60-69 years) and a very small number were oldest old (80+). There were 13 residents in government old age home and 24 in non government. Majority of them were males. In government old age home, most of the residents were from rural background and had low educational and economic status. On the other hand, in non government old age home residents hailed from urban background and had better educational and economic status. In the old age homes, majority (60%) of residents were married and/or widowed 40% were unmarried. The most commonly stated reason for shifting to an old age home were economic (i.e. poverty, loss of bread winner, and having no shelter) and social factors (nobody to look after, problem with married sons, security purpose and have no sons, didn’t want to live with married daughters). It has been found that in government old age homes, majority of the residents faced problems regarding room sharing, cleanliness, inadequate food, medical facility etc. as compared to non-government old age homes. One of the major problems faced by them in government and non-government old age home was lack of transportation facility. As compared to non-government old age home, staff of government old age home was rude and authoritarian and sometimes used harsh and abusive language.
with residents. Many suggestions came out for the better running of old age homes like the officials appointed by the authorities must be well trained in handling the problem of old aged persons. There must be a dietician and physiotherapist to look into the various requirements of old age people at old age homes. Authorities should take adequate steps in maintaining cleanliness in the room so as to reduce the problem of congestion while sharing. Transportation facility should be provided. Outing and recreational facilities should be provided. Amount of provision should be increased to some extent so that they can fulfill their basics needs. Staff should be cooperative rather than authoritarian in nature.

1.15 Inferences drawn from the Review of Literature

From the above stated review of literature it can be clearly stated that both the private and public organizations play an important role in the field of social welfare.

It revealed that in the field of social welfare, destitution and handicaps were the main criteria for rendering services to certain vulnerable sections of the population. With the development of social services and human approach to development, the children, youth and women become both the participants and targets of development. The older persons continue to be neglected.

The first major inference is that there are very few systematic studies on the elderly in India. The subject has been largely ignored. New disciplines like Geriatrics and Gerontology which are prevalent in developed countries have been added very recently to the medical and social sciences.

The second major inference is that social welfare has its roots in voluntary action. Voluntarism is a significant input in development especially in the context of foreign rule that invariably pushed a particular process of development in consonance with its own ideological agenda.

The third major inference drawn is that government has largely been unsuccessful in delivering goods to all irrespective of class, caste or religion which has led to the mushrooming of NGOs since the last decade.

The fourth major inference drawn is that the aged are being pushed to relatively insignificant social positions. The modern society is increasingly getting
youth-oriented, where utility, productive capacity, health, independence, individualism and achievement dominate the other values in human society.

The fifth major inference is that the disintegration of joint family system, industrialization and urbanization has also contributed towards the marginalization of older persons in the society.

The sixth major inference is that older persons both in rural as well as in urban areas still do not have adequate access to institutional care. Besides these, older persons in the poorer section of the society are also being ignored.

The seventh major inference drawn is that the gender is an important variable that influences the quality of life in old age.

The eighth major inference drawn from the review of literature is a major lack of proper security system for dealing with the increasing crime situation against the older persons in the society.

The ninth major inference drawn is that in the west, the well developed health and social security system adds to longevity but at the same time creates geriatric problems and is considered as a strain on family and state resources.

1.16 Inadequacies of Earlier Studies

Most of the studies undertaken so far have focused on one or few aspects of ageing. Another limitation of the studies done so far is that though the role of private sector, government and NGOs in women and child welfare has been discussed at length, older persons continue to be neglected.

1.17 Purpose of the Study

This study proposed to analyze comprehensively the role of government, private and NGOs in the welfare and care of the older persons. Further it analyzes various programmes initiated by government, private sector and NGOs for providing quality life to the older persons. The study also proposed to elucidate the perceptions and attitude of members of government, private sector and NGOs and the beneficiaries. And an attempt was also made to present certain glimpses of old age welfare in western countries.
1.18 **Scope of the Study**

The scope of the study covers the selected old aged homes in Punjab. The study includes government controlled old age homes, privately managed old age homes and old age homes run by NGOs in Punjab.

1.19 **Objectives of the Study**

1) To study the government policies for the welfare of older persons in Punjab.
2) To examine the administration of select old age homes in Punjab.
3) To study the reasons as to why older persons seek refuge in old age homes.
4) To study the socio-economic profiles of inmates of select old age homes in Punjab.
5) To examine the facilities available for the residents of select old age homes in Punjab.
6) To examine the participation of older persons in various activities of old age Homes in Punjab.
7) To give suggestions for strengthening the policy and administration of old age Homes in Punjab.

1.20 **Hypotheses of the Study**

1) The government policies for the welfare of older persons in Punjab are inadequate.
2) The administration of old age homes in Punjab is poor.
3) Older persons seek refuge in old age homes due to several reasons.
   a) Lack of respect with in the family forces older person to seek refuge in old age homes.
   b) Older persons seeks refuge in old age homes because of inadequate financial support in the family
   c) Feeling of loneliness forces older persons to seek refuge in old age homes.
4) Inmates residing in old age homes are mostly from the poor and middle class families.

5) The facilities available in old age homes in Punjab are inadequate.

6) Old age homes in Punjab provide opportunities to the inmates to participate in various activities.

1.2.1 Research Methodology

Locale of the Study

The present study was conducted in Punjab which is an administrative unit comprising both urban and rural population. Its unique administrative characteristics have made it a center for various governmental and non-governmental initiatives for the welfare of the older persons. A total of five old age homes comprising of one government controlled, three run by the select NGOs and one private managed old age home were taken for study as these organizations are engaged in the field of welfare of the older persons in Punjab.

Sampling and Data Collection

For the present study both primary and secondary data was used. For the purpose of primary data, structured questionnaire was prepared and the respondents comprised the representatives of old age homes run by government, non-governmental and private sectors. A census of the respondents of select old age homes was included in the study.

As such following interview schedules were prepared:

1. Interview schedule for inmates of old age homes.

2. Interview schedule for representative of NGOs, private sector and government old age homes working for the older persons.

The interview schedules comprised both open and closed ended questions. Secondary data was compiled from published and unpublished reports of government ministries, departments, library institutions, non-government organizations, government organizations and internet.
Chapter Scheme

1. Introduction
   a) Ageing: concept, life cycle, geriatric and gerontology issues.
   b) Review of literature.
   c) Rationale of present study.
   d) Scope for the study.
   e) Objectives of the study.
   f) Hypotheses of the study
   g) Research methodology
   h) Chapter scheme

2. Older persons: Government Infrastructure at National and State level, Policies and Programmes.


5. Care of Older Persons: Old Age Homes run by NGOs in Punjab.

6. Care of Older Persons: Privately managed Old Age Homes in Punjab.


8. Conclusions and Recommendations.
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