CHAPTER II

REVIEW OF LITERATURE
Review of Literature

Perceptions on familial psycho-social supports for the aged is collected, abstracted, summarised and presented in this chapter. This chapter has been sub-divided into five sections.

1) Classification of ageing.
2) The concept of old age.
3) The theories and myths of old age.
4) The demography of elderly population.
5) The familial psycho-social supports:

   I. the economic supports,
   II. the sociological supports,
   III. the psychological supports,
   IV. the psycho-social supports,
   V. the biological conditions,
   VI. the concept of death and
   VII. the generation gap.

These will enable the investigator to study the existing research work about the familial supports for the aged.

Section I

Classification of old age, Lugo and Hershey (1974)

Old age is classified into:
(i) Chronological age

(ii) Psychological age

(iii) Social age

(iv) Physical age

(v) Developmental age

(vi) Age as Pathology.

(i) Chronological age:

From the chronological point of view, old age is most often considered to begin at the age of 65, but this is only because retirement commonly dates from that time. People who are psychologically and physically relatively young may be hard of hearing, imperfect in vision at an early age, according to Lugo and Hershey (1974).

(ii) Psychological age:

Another approach to old age is psychological. It considers older persons’ feelings, perceptions and attitudes.

(iii) Social age:

Older persons’ psychological age differs from their social age. Some individuals are psychologically ancient in their twenties, others are psychologically youthful in their eighties Smith (1973). Social age becomes the age which is gauged by social roles and habits. Forced retirement at 65 makes a social role definition of old. Hence older persons’ social roles are
defined by the way people at large perceive them. Thus the way individuals respond to people who have retired, defines their role in the society.

( iv ) Physical age:

Ageing may also be defined in physical terms with regard to body, posture, hair colour, voice and the ability to see and hear. Physically, an individual’s body does not age in a homogeneous fashion, for some parts it may decline sooner than others.

(v) Developmental age:

Developmentally, ageing would be viewed holistically - that is, in terms of all the processes and areas of behaviour involved. It would be readily perceived that ageing in different ways might proceed at different rates and that regression might occur. On the other hand, such an approach becomes increasingly complex because, older the people become, the greater the asynchrony of the physical vigour and strength.

(vi) Age as Pathology:

The unusual “orderliness, predictability and apparently pragmatic character of Senescence (ageing)” has concerned biological theorists for a great many years Medanear and Medanear (1977). The best known pathological theory of
ageing, which treats ageing as a disease like process, was set forward by a Russian zoologist, Metchkinoff (1979). According to this concept, ageing results from “Cumulative self-poisoning auto self-intoxication by the toxins of bacteria normally resident in the gut. Although this theory has not proved popular, Metchkinoff deserves recognition for first treating ageing as “an epiphenomenon of life - something superimposed upon the normal processes of living - rather than as a phenomenon somehow entailed by the life processes themselves”.

Another theorist, Orgel (1979) views ageing as resulting from “accumulated error of information processing, in the body. Among dividing cells such errors may of course arise in the nucleic acid information source itself, but in addition mistakes are bound to occur in the transition and translation of genetic information into bodily constituents and if these happen to be enzymes, then the products whose manufacture they make possible will be awry as well. Therefore, ageing occurs in an individual for various causes and are respectively defined. Many scientists of various disciplines take chronological age as a criteria for research studies. In the present study, the chronological age of 60 and above was taken to categorise the old aged.
Section II
Definitions

"Old age which encompasses the later part of the life of an individual is a period during which symptoms of physical deterioration begin to appear states Tibbitts and Donahue (1960).

Becker (1959) defines ageing in the broadest sense "as those changes occurring in an individual, as a result of the passage of time". These may be according to him anatomical, physiological, psychological and even social and economic.

According to the physiological theories of ageing, may be defined as "a decline in physiologic competence that inevitably increases the incidence and intensifies the effects of accidents, diseases and other forms of environmental stress", Timiras (1972).

Lugo and Hershey (1974) give recognition to old age. It is not just a left over tag of life but a normal period of lifespan, with its own special characteristics and its own developmental tasks.

Neugarten (1975), Lugo and Hershey (1974) set up a category of people from ages 55 to 75 who she calls the "young-old" people distinguished from the middle-aged
because they have already retired from full-time work and distinguished from the "old-old" because of their continued vigour and active social involvement.

Bromley (1974) divides the elderly portion of the life span into 4 periods:

(i) Pre-retirement (60-65 years)
(ii) Retirement (65-70 years)
(iii) Old age (70 years until the terminal stage)
(iv) Terminal (the stage of dying, when the physiological workings of the body are too deteriorated to support life).

Butler (1975) refers to early old age (65 to 74 years) and advanced old age (75 years and above).

Old age may be defined functionally as a substantial change in an individual's capacity to contribute to the work and protection of the group Klark (1979).

Bloom (1980) states that old age is a period where there is unique developmental work to be accomplished. The elderly must teach themselves to conserve their strength and resources where this is necessary and to adjust in the best sense to those changes and losses that occur as part of the ageing experience.
Section III

1. Myths of Ageing

Myths regarding ageing can hinder the efforts to make life a continuing work of art throughout all its stages Lugo and Hershey (1974).

The Myth of Chronological Ageing

The notion of a chronological pattern of ageing is a myth because there are great differences in rate of biological, psychological, and sociological ageing from one person to another and from within one person, i.e. persons at any particular birthday may be more different than alike and that each one of us has many ages for the various organs and for an enormous variety of behavioural functions. Although many old aged have ailments of many sorts the vast majority of organs function. When “wellness” is mentioned “health as applied to the elderly, we mean the ability to function in the community with reasonable independence despite ailments and disabilities”.

The Myth of Unproductivity

In the absence of several diseases and social hardships, the elderly can remain productive and actively involved in something outside themselves.
Butler (1976) states "1/3rd of all the income that older people bring in through their work despite the prejudice and the bias that exists against them for work and for employment opportunities ...". From a poll it is found that the majority; some 70% of Americans oppose or are not in favour of mandatory retirement.

The Myth of Disengagement

This myth is a product of the disengagement theory, which states that old people prefer to disengage from society, from life and to withdraw into their own separate world. Although some people are loners and can do very well living an introspective life, most people need "togetherness"; that is, most of us seem to require group participation to retain our health and our humanity. Perhaps a balance between disengagement and activation may be approximate; that is an individual will not only seek belief from much stimuli but will also seek stimulation when too few stimuli are presented. It is believed that a person will attempt to maintain the level of activation to which he is accustomed. Even though affected by ailments, diminished mobility and reduced strength and energy, ageing individuals will try to maintain the levels of activity to which they have been accustomed to throughout their lives.
The Myth of Inflexibility

The ability to adapt readily to change is related more to established patterns from earlier life than to age per se. It is true that the adult can, after leaving school, lose the attitude of seeking to learn. As the years go by, he tends to solve problems on the basis of what he already knows and is not inclined to change his approach - even in the face of information suggesting that he should. This "rigidity or refusal to change" was at one time thought to be related to ageing. Current evidence, however, suggests that the level of rigidity in an individual is associated with the extent of schooling and the number of years that have passed since the school was attended. Furthermore, the greater the person's intelligence, the less likely he is to be rigid.

The Myth of Senility

"About 80% of all cases of senility or severe mental illness related to old age are associated with chronic brain syndromes" either senile brain disease due to cerebral atrophy and degeneration of cerebral arteriosclerosis, due to blocking or ruptures in the cerebral arteries States Coleman (1976). The average age of first admissions to hospitals for both sexes is about 75 years. Coleman cautions that there are many transient biological and situational causes for abrupt changes
in behaviour and that the diagnosis of senile psychoses is a difficult and often tenuous one. Mental changes in old age are frequently related to physical disease, and often are reversible when the physical cause is relieved, because this is so often the case, when mental changes occur in the elderly one might follow the rule of assuming there is a physical explanation for these changes until this assumption has been disproved. Experience has shown that the more likely one is to find a physical cause for this change. Only 1% or 2% of the aged will be institutionalised for mental disorders.

The Myth of Serenity

Portraying old age as a state of peace and quiet is another myth. Actually, the aged experience more stresses than any other age group. Perhaps, next to dying, ageing could be, for many, the most profound shock of their lives. The aged are more vulnerable to disease, injury, abuse, poverty and loneliness. On the other hand, older persons may be superior in some respects especially in the areas of life where know-how based on experience and maturity of judgement are relied upon, such as interpersonal matters, philosophy, politics and serving as mentors to the more youthful population.
2. Theories in Gerontology

Theory: Dimensions of Theory

The theories and methods which are relevant to the development of personality are mostly concerned with fragments of the person, simple variables or observations. Several aspects are considered. Aspects of self in general time perspective, the interplay of different kinds of group affiliation such as family and work groups, social and demographic influences and the relation of the development of the self to the meaning of life.

Theories are differentiated according to the time range; considered according to their concern with continuity and change, impresses one with the regularity and perseverance, while attention to the moment impresses the observer with the importance of change. Consideration of theories according to their time range is important in relation to personality and the social environment.

Theoretical Biology and Developmental Social Psychology
Kladdington (1968 - 1972)

Biologists like social scientists were interested in a theoretical approach to the search for a principle which shows the permanence of aim in a changing world and a language which can represent the developmental point of view.
Kladdington (1968-1972). The source of this language is in the previous work of biologists and it is appropriate to social, psychological development, something in the individual follows a predetermined path, this is true for the biological development of the organism as well as for the socio-psychological development of the individual. An organism keeps an equilibrium of its internal and external environment; it is called homeostasis. A child deflected from its normal development can still return in some way to regular adult status; unusual experiences at early life stages can be corrected in old age.

Disciplined Minority Theory (Baron, 1961)

The original formulation of the abandonment perspective can be attributed to Burgess (1950). Not much interested in theory but a keen observer and assiduous collector of facts, this pioneer student of the aged in industrial society stressed that to be old now is to suffer from "role-lessness". Modern society simply provides no role or activity tailored for old age. In this view, there is no place for the elderly in modern life. They are left to float, unattached to others, slowly turning on some axis of purposelessness and therefore ending their life in meaninglessness. Here Baron (1961) perspective on the aged as a disprivileged minority group, one analogous to ethnic
disprivilege, provides one theoretical trust to abandonment. Misery in old age is not just a fact but an inevitable destiny for all who reach an age of 65 and above.

In Baron’s (1961) view, old age has become an ascriptive basis for discrimination, just like race or gender. The term ascriptive designates a social characteristic ascribed to persons at birth and deemed immutable thereafter. Old age in modern times emerges here as a matter of unrelieved gloom and doom. With the lack of peace and the aid of medical technology, growing to old age is a universal destiny. All, in the end, have to face many deprivations, with only the amount varying a little.

To discuss this further, Palmore and Manton (1973) used a simple measure of equality or similarity between any two groups to assess “ageism” relative to racism and sexism in the United States as of 1970. Ageism is based on comparing the old (over 65 years) and then on-aged (25-65 years); sexism compares men and women; racism compares one race against another. Comparing such groups on income, education and jobs (for those who have them), they reported, for example, that age is associated more with income equality than sex but less than race. It also was found that ageism, sexism and
A more general theoretical formulation of the necessary abandonment of older people in industrial society is in Rosow's (1974) inquiry into socialisation for old age. When we view this work in connection with that of Burgess (1953) concept of "the role-less role of the aged". By and large, his findings show that there is little if any socialisation for old age. This means that there is no learning of roles and therefore one cannot play any roles. What was gained here in theoretical precision however, came at some cost to empirical truths. People in retirement are not as helpless as one would expect from Rosow's (1974) point of view. Application of Modernisation theory to old age Cowgill and Holmes (1972). Perhaps the strongest phase for the necessary abandonment of older people in modern society was made by Cowgill and Holmes (1972). Even theirs is not a very good case, theoretically. They apply tenets of exchange theory to intergenerational relations at the aggregate national level. Exchange theory was designed explicitly for the family or some other group, at least in its more recent and most prominent formulation. By Homans (1961) when one applies
it to groups of far greater size serious problems arise, which Cowgill and Holmes ignored. Working from many qualitative and quantitative observations of fate of older people in pre-industrial and industrial societies, Cowgill and Holmes developed 22 general propositions. All these show why modern societies necessarily have less use for their older people than did pre-modern societies and why, therefore becoming old in modern society must amount to suffering relative status deprivation. They held that the more modern a society is, the worse off relative to the non-aged its older people must be.

Subculture Theory Rose (1968)

Rose was outraged that disengagement theorists paint a far too biased portrait of the elderly in society. One derived from middle age cultural ethnocentrism. In arguing for the development of a sub-culture of the aged one with its own lifestyle organisations and political objectives, Rose (1968) considered courses favouring as well as courses opposing such a development. Among the former, he listed the demographic changes of the age composition of its population as outlined above, but also included growth in retirement communities, improved health among the elderly, more economic security in old age, and better welfare provisions for the needy. Among the opposing forces he considered mass media messages
crosscutting all social differences, attitudes resisting self-identification. As an older person continued part-time employment in old age and welfare agents acting for the aged rather than patterns of organised self-help among the elderly. On balance, the sources were the emergence of an old age sub-culture seemed to him to have the edge over those against it.

**Activity theory**  Havighurst et. al. (1958)

Activity theory so labelled by Havighurst et. al. (1958) has a very different concept of being old in modern times than that of disengagement theory. Best exemplified by the work of Maddox (1966, 1968) activity theory is actually a kind of anti-ageing perspective. Its basic tenets can be stated in an assumption and a consequence drawn from that assumption. The assumption is that accepting biological changes and health problems, the aged and the middle aged share identical psychological and social needs. As a consequence, "optimal ageing" is described as staying active resisting a shrinking social involvement, and finding substitutes for roles, activities and others last through retirement and death. Preparation for one's own death does not figure in this position at all.
Age Stratification and Intergenerational Linkage theory. Riley (1976)

The age stratification perspective Riley (1976) is about cohort effects. The basic idea is the recognition that successive generations experience similar dilemmas of specific life stages in different ways, simply because they live in different social environments. In the last stage of life, it has to be considered that the central dilemma of old age as struggle for a sense of integrity against the threat of a sense of despair and disgust with oneself and the life one has had simply because that life is ending and no longer permits any fundamental changes.

Focusing on the age stratification in society is one way of looking at the relations between generations and at the same time reveals the possibility that successive cohorts of older people, the middle aged, the youth may be different social creatures by having been marked in their lives by very different experiences. One version of this approach to intergenerational relations is the social reconstruction on perspective as said by Bengston and Cutler (1976) with attention to both differences and similarities in this formative experiences of given cohorts and an explicit concern with their relations to each other, this approach ranks among the most general in contemporary
social gerontology. Depending on whether these relationships form pattern of co-operation or conflict, issue by issue, and on the outcome realised, this approach would indeed encompass abandonment, liberation and the issue of the production of dichronic solidarity.

**Exchange theory, Sussman (1976)**

The social reconstruction perspective however is attuned mainly to the public sphere and the private small group sphere of the family is another matter. Intergenerational solidarity in the family has been studied from the perspective of exchange theory, Susman (1976). Exchange theory analyses interaction from the point of view of the search for reward, the avoidance of punishment and how much of a stake individuals have in the group to which they belong. This theory emphasised strategies of rational action seeking to maximise rewards and to minimise costs. In a sense the most rational family forms or voluntary associations for mutual benefit with limited liability. The person who cannot contribute according to expectations is dropped. As the body and the mind grow older, eventually, the competitive edge goes to the younger members in such families. Consequently it is the more “traditional” nuclear family. However extended now with more generations living at
the same time, that provides comparatively unlimited acceptance of the elderly.

**Disengagement theory** Cumming (1963); Henry (1963)

This theory has been specially designed for the study of older people. Formulated to apply to the relatively healthy and economically secure among the old of all societies throughout history, disengagement theory makes three assertions. First, society and individuals prepare in advance for inevitable death by a gradual, mutually satisfying withdrawal in the overall scope of involvement with each other. Second disengagement includes a decline in the overall involvement of the older persons with others in favour of more instant and restricted enjoyment and less serious commitments. This reduces pattern of dependency between the outgoing and ongoing. Third, disengagement eventuates in a sense of psychological well being for the old. The rate of disengagement varies with such factors as widowhood before the last child marries, continued working after the retirement age and the temporary increases in the recreational activities. Factors other than preparation for death can lead to involuntary disengagement. These include rapid social change, making the old obsolescent before their time, variety in socially valid lifestyles available for leisure hours, and culturally variant conceptions of a “good old
age" Cumming and Henry (1961); Cumming (1963); Henry (1963). Factors causing involuntary disengagement of older people link this perspective with the perspective of abandonment.

The Role Exit Theory Blau (1973)

Blau (1973) says essentially the same thing as the activity theory, but from a more sociological perspective. It describes old age as a time when a number of roles are terminated and a time when a number of others must be found as substitutes. A role exit is the cessation of a stable pattern of social interaction and old age is characterised by many such exits. Friends die, children, grandchildren move far away. Physical ailments curtail activities. Monetary restrictions force the individual to move to a small apartment in a strange neighbourhood. Most of these role exits truly signal the end of lifetime attachments. When one exit follows another in rapid succession, as they often do in old age, the cumulative effect can be devastating. Role exit describe only part of the process though, for the individual must try to adjust to his losses by finding replacements, the process is one of both role exit and renewal.
The Wear and Tear Theory

Comparing the bodies to machines whose parts eventually wear out through continual usage, the theory proposes that internal and external stresses which include the accumulation of harmful by-products in our system (such as chemical by-products of metabolism) aggravate the wearing down process. As cells grow older they are less able to repair or replace damaged components and so they die. For example, the cells of the heart and brain can never replace themselves even early in life. These processes may combine in a number of ways. Genetic programming may determine and limit the length of human life. Within this genetic program, wear and tear takes place in some cells; other cells are damaged and the body's immune system malfunctions. All these factors may play separate though interconnected roles in the ageing process. The myths have given us an understanding of the belief of the people that led to stereotyping of the aged. The theory explains the extent of studies conducted regarding old age. An in depth study is made on the various developmental characteristics that effect the personality during old age. The present study is taken to study the psycho-social supports for the aged when they are isolated and are also disengaged. The theory activity Vs disengagement is postulated and applied to the theoretical frame work in the present study.
SECTION IV
DEMOGRAPHY

Beregi and Klinger (1969), based on the demographic data collected and examined by a medical team concluded that a larger proportion of the Ss lived more in the capital city, Budapest than in the rural cities. They lived with their families, most of them engaging in manual and non-manual agricultural occupations. They were found to be neurological and physically healthier than the general population and had low drug consumption. Though age related biological changes were present in the Ss, these changes did not hinder them from attaining advanced old age. Immunological, clinical and morphological profiles have been reported.

Cameron (1969), studied a sample of 571 participants including 253 male, 318 females, 472 among them whites and 99 non-whites, 248 below the age of 30, 248 between 30 and 59 and 75 over 59. The sample was not random but was sufficiently haphazard to include a wide range of those in the linguistic community. The answers to the questionnaire asked indicated young adulthood extends from 18 to 25 years, middle age 40 to 55 and old age from 65 to 80 and aged are occurs at above 80 years. A 15 years gap occurs between young and adulthood and middle age and 10 years gap occurred between
middle age and old age. There was a tendency for the parameters of these categories to rise somewhat with the age of the responding person.

Goyal (1989), in his study entitled "some aspects of ageing in India" dealt with the status of older population of the country in its various aspects such as number, size, composition and distribution in the recent past as well as in the near future. The concept of ageing in India was discussed in its totality. Its growth rate having increased mostly in rural areas. There are more widowed females and married males. Employed males are more in rural areas than in urban pockets. The major problem of elderly in India being the financial security and other related social issues and health care. Living conditions have not been affected much from industrialisation and modernisation.

Kanbargi (1989), has studied work participation rates of elderly in Karnataka, from analysis of 1981 censors data they informed that the increase in the proportion of elderly persons was due to the declining birth rate and improved longevity. 60% of elderly men and 16% of elderly women are engaged in productive work. Since everyone in the family has to supplement and contribute to the household income the ratio of dependency of elderly in rural to urban is not accurate enough to draw valid conclusions. While agricultural sector
dominates rural, trade commerce industry service etc. are prevalent in urban areas. The elderly work in lesser strenuous jobs and prefer self employment. Their earning capacity is limited.

Mohanty and Nayak (1989), in their study of "changing pattern of demographic structure among aged population in Orissa-Spatio temporal analysis say that in Orissa the aged people have been traditionally assigned a place of honour in society as exemplified by socio-religious and socio-economic values and norms. From their analysis it was predicted that aged population in the State by 2001 will nearly be 34 million among which female population will be 17.28 lakhs. It is also estimated that urban aged will be 3.4 lakhs and the rest will be rural based. The role assigned to the aged is no less significant than that of the normal family members. On the whole the Government and voluntary organisations have been making praise of the efforts made towards the welfare of the aged.

Mohanty (1989), in his "demographic and socio-cultural aspects of ageing in India-some emerging issues "has identified three major demographic factors influencing the growth, size and composition of a population in a given society viz., births, deaths, and mobility 1980's are characterised by the two major
demographic issues which have been receiving increasing National and International attention, urbanisation and population ageing. Elderly population increases with more females than males in the age group of 60+ years. The elderly suffer all the consequences and indignities resulting from alienation, both physical and emotional stress and loss of status authority and shifting loyalty of their children. Ageing is a social problem to be tackled by the society as a whole. Essentially rights of elderly people ranging from food, clothing, shelter, health care, recreation, honour and dignified treatment in the family, protection from exploitation etc., should be safeguarded through suitable legislation's and efforts of voluntary social service organisations education of the nation as a whole on the prime need of taking care of elderly citizens.

Reddy (1989), in his study on "inter generational support-a reality or myth" has stated that a significantly higher proportion of pensioners were from joint families than nuclear families where they need physical financial and emotional support from their family members. They prefer to live in ground floor with married sons though they seem to have greater reliance on daughters. Working member in the family should be made to feel their responsibilities towards the aged parents and the grand parents to whom they owe a lot in the
upbringing teaching traditional values customs etc., Elderly parents can be of assistance to show affection, sympathy, adjustment and consideration to elderly and promote peace and harmony in the family and must be made to realise that one day they also will become old and need good treatment from their children.

Barkim (1990), in his study on "The population characteristics of the elderly in major cities of south India " stated that 5% of Indian population is in the age group of over 60 years. They tribute ageing of population to decline infertility, mortality, urbanisation and modernisation. The change in population structure due to the above factors has shifted the responsibility of supporting the elders from family to society. In the south Indian cities 4% to 7% comprise of the aged in the total population the study analyses several demographic and socio-economic indicators largely from census data assess the impact of these changes on the life time of elderly.

Kumar (1990), in his study "ageing of population-an investigation in Indian context" states that population ageing emerges as a by product of the demographic transitions from the inefficient to efficient replacement of human beings. Unlike gerontologists demographers discuss ageing in terms of the relative size of those persons who are loosing their importance
and are identified by the criteria of chronological age. This study summarises this phenomenon at a macro level in India as it exists at the present level and its likely future trends.

Mohan Kumar (1990), in his study on "population dynamics and retirement age-a behavioristic view" made an attempt to analyse the changes in the population structure and population dynamics. The developed countries are facing drastic shifts in the size, age structure, educational system and the composition of the labour force. The changes will make absolute the cherished achievements of the last hundred years with retirement at a fixed age. These dynamics create the need for a new and different socio-economic and organisational strategies. Young people entering the labour force come with expectations that the traditional manual jobs cannot satisfy them. They expect a career other than a job. Since old people who are officially past retirement age are available for full time work or part time work and resist being retired, mandatory retirement will sooner or later come to an end.

Swan et. al. (1991), data from 1103 community dwelling male participants (mean age 71.7 years) in a 27 year cardiovascular disease follow-up were used to examine health and mental health sequence in voluntary and involuntary retired type A individuals. After controlling for age, education and occupation
type A Ss determined both at intake (1960-61) and in follow-up (1986-87) reported significantly and more frequently that retirement was involuntary regardless of type A status and more depressive symptomatology. Minimal evidence was obtained from a broad array of indicators for psychological and physical cognitive and health status that Ss who retire involuntarily fared worse in retirement than those who retired voluntarily.

Pampel (1994), in his study on "status maintenance and change in old age" examines the process of status determination, the transition from background status characteristics into economic outcomes due to changes in the later stages of life cycles. From the studies related to demography it is understood that there is an increase in the aged population all over the world. In India, the major causes are fertility, low morality urbanisation and modernisation. Therefore, due attention is given to understand the life style of the elderly among the life span developmental stages.

There is an increase in the ageing population due to decline in infertility, mortality, urbanisation and modernisation. The urban population of aged are to be studied about their comfortable life styles and the family members the aged prefer to provide the care for them.
SECTION V
ECONOMIC SUPPORTS

Mohanty (1989), in his "survey on retired government servants and their problems of socio-psychological adjustment" states that the world's community focus on ageing trends. Awareness of ageing as a social problem needing government action is a recent phenomenon. The retired deserve to be respected by their family members as well as others. Since they are physically fit re-employment may be provided. Pension and retirement benefits need to be updated. The adage that old age is synonymous with ill health has to be dispelled. Geriatrics have to be given more importance.

Srivastav et. al. (1990), in their study on "Role expectation conflict and ageing in Research and Development" state that from a study of organisational role (ORS) conducted in Research and Development of a public sector company, data was collected from 69 executives using Uday Pareek's ORS scale. Regression analysis revealed that the role expectation conflict has a significant positive correlation with age and level of seniority.

Jayashree and Rao (1990), Have from a sample consisting of 50 men and 50 women form a socially advantaged community in the age group of 45-55 and above 55 years were matched
with regard to their economic status using the instruments-
Rao's SES scale 1973. Mukerjee's sentence completion test,
(1969) (n. ach) standardised life satisfaction (LS) index-A, Ram
Murthy (1961) were also used. The results obtained show that
subjects from socially advantaged were higher on n. ach and
LS among men. Age was not found to have any significant
effect on LS and subjects scoring high on n. ach scored high
on LS also.

Roy (1990), in his studies on "perspectives on the population
ageing in India" states that his study focuses on statistics
concerned with the phenomena of ageing in India using data
mainly from the United Nations and the National census
series. It also examines the dynamics of changes in the
population age composition over the period 1950 to 2225 and
discusses population ageing as a socio-demographic topic.

Choi (1991), studied the living conditions of widowed and
divorced elderly women. An examination of the effects of
economic and socio-demographic variables on living
arrangements of 2070 widowed and 810 divorced elderly
women (mean age 64.6 years) was undertaken. Survey data
shows that race was analysed revealed family related variables
such as marital history and number of children raised have a
significant bearing on the living conditions rather than
economic affordability, when white and non-white divorced Ss were analysed separately. Non-white Ss were less likely to live alone than were white Ss under similar circumstances.

Davies et. al. (1991), in their study outlined the status of older worker in the labour market both in industrialised and developing countries and discussed some of the factors determining the labour force participation rates of older individuals, considered the effects of age discrimination in relation to employment. Conclusion of the study show the determinants of the retirement decision. Adjustment to retirement has also been attempted to study. They are: Age and job performance, age and accidents, age job satisfaction and motivation and age and withdrawal behaviour.

Elder et. al. (1991), have in their study explored the long term consequences of an era of social changes (World war II and the preceding decade of economic depression) for the life experience and career achievements of men who lived during that period. Using data archives from Terman et. al., (1925) the career achievements of men borne between 1904 and 1917 were assessed in relation to cohort membership, social origin and war time mobilisation. Life stages of these men in 1930's and 1940's were shaped by the distinctive impact of historical circumstances on their accomplishments.
Korte (1991), reviewed the receptivity of older adults to innovative mutual aid arrangements—an area that may become more critical to the need study in which the circumstances seemed favourable for the initiation of Help Exchange programme (HE) with a retiree organisation. A survey on 127 members of this organisation (age 57 - 94 years showed some receptivity towards the HE programme but also revealed a greater preference for meeting the needs with paid services and an insufficient critical mass for justifying the initiation of HE programme. Cultural values self sufficiency and independence seemed significant in the response to mutual aid arrangements.

Lowenkopf et. al. (1991) has with the attitudes and behaviours relating to money in the older years as nothing but a continuation of previously held views. Additional trends develop with advancing age due to adjustments to new realities of life and new problems while others are either exaggerations of previous ones and adjustments or reactions against them.

Richardson et. al. (1991) have examined the gender difference in adjusting to retirement during the first year of retired life from a study of 114 male and 108 female Ss (average age 60-69 years). The longitudinal study included a pre-test interview of 250 people at the time of retirement and a
one year follow up of 222 completed by mail. A significant effect on time was found in all three adjustment variables (well being, morale and satisfaction with relationship) with well being declining at the 6 month interval. A discriminate analysis of three types of adjustment groups revealed that response to retirement varied depending on occupational status, age, and percentage of income retained after retirement. Women who worked in jobs with low occupational status, age and percentage of income retained after retirement for most vulnerable to adjustment problems.

The elderly are retired but due to less availability of income might wish for self employment or re-employment if they are physically fit. Economic support for the elderly has to be studied.

SOCIOLOGICAL SUPPORTS

Kundu et. al., (1989) studied 30 each of males aged (60-70 years) and male college students (21-24 years) from south Calcutta with Information Schedule and Allport Vernon-Lindzey's study of values. Religious value is the most preferred in older group. The theoretical value is the preference of both groups. Economic value is the next preferred of both groups. There was no difference in the political and social values. Aesthetic values is the least preferred in older group.
Rani et. al. (1989) in their research study stated that the old aged prefer filial support from the offspring and expect to live with their sons. But, the children give less economic support and do not prefer to stay with their parents after their marriage. In the absence of social assistance programmes for the old, reliance on sons is the only strategy of survival and old age security.

Reddy (1989), in his study on "Inter-generational support: A reality or myth" reported in the present study that a significantly higher proportion of the pensioners were from joint families and this has increased with advancement in age because of greater need for physical, financial and emotional support from other family members. In urban areas there is a transition from joint to nuclear due to difficulty in getting accommodation in cities. Therefore priority in the allotment of residential quarters specially in the ground floor is to be given to the elderly. Majority live with sons due to patriarchal family system even though the aged pensioners have placed greater reliance on daughters than sons in times of crisis.

Correa (1990) has said that the primary concern is of the emotional, psychological, physical and economic changes of those growing old. The challenge is that of care of the ageing in changing society. Several measures such as, care in the
community by the community hospitals with special stress in geriatrics, health visitors as a link between the elderly and the hospital, training of domestics as paramedical, a scheme similar to the meal on wheels service are suggested to enhance the quality of life of the ageing in India.

Bambawale (1990) in a study of 126 women aged 60 to 85 years from middle class houses in an urban industrialised city reports that middle class women with good educational background do not give up authority readily and when they do give it up, it is not done very happily.

Girimaji (1990) states that Indian citizens are still governed by personal laws related to elderly people in different religions. The law does not make any difference between aged man or woman. However, there are striking differences between Hindu law and Mohammedan Law. Legislation and prior implementation for common civil code in India will remedy some of the problems inherent in our legal procedure.

Gurumurthy (1990) states that in any society status of a person is determined by the role and authority held by that person. Roles vary according to age, sex and structural positions. Status and authority are sometimes lost,
relinquished or taken over. The process of such changes maybe smooth in some cases or may be tension ridden.

Pinto and Jai Prakash (1990) report findings from a pilot study conducted to understand the reasons for institutionalising the elderly and to compare the quality of life of the institutionalised with that of home bound elderly, using a semistructural interview schedule, 25 inmates from old age homes and 25 aged people living at home were interviewed individually. Lack of family support, lack of a spouse, absence of children were the reasons for being institutionalised. Home bound elderly kept more social contacts and thus were in a more advantageous position than the elderly in old age homes.

Adamchak et. al. (1991) have studied on elderly support and intergenerational transfer in Zimbabwe. Information was collected via interviews from 150 elderly persons (aged 55 plus years). On examination elderly support and intergenerational transfer by gender, marital status and place of residence informs about income, cash support and the support of elders to others, future position.

Berman and Kriht (1991) stated in their study that five 62-85 years old housing risk clients are profiled to illustrate brief dislocation, long term homelessness, and coping abilities, e.g.,
being extremely resistant to service of the never homeless. Most persons in the later category are subsisting in this state at substantial personal risk.

Kleijger et. al. (1991) have said in housing risks and homelessness among the urban elderly loneliness, lack of social support and diminished mental functioning are among the dimensions of the elderly at risk of housing loss. It is suggested that dementia is often confused with and compounded by psychiatric problem. Services needed include health and mental health outreach, home maintenance and creative matching of natural helpers and formal care.

Talbot and Kaplan (1991) interviewed 48 elderly residents (aged 60 plus years) of 2 apartment complexes about the availability and importance of different nearly natural settings. So the sample asked about their involvement with various nature settings and nature compensation, i.e. indoor activities such as growing houseplants, watching nature programs on television which might substitute for more strenuous outdoor activities. Ss considered access to nature near their homes to be very important. Nature comparisons were frequently pursued but did not affect satisfactions. Satisfaction levels were significantly higher among Ss, whose apartments
overlooked natural settings among those who lived closer to certain kinds of outdoor settings.

Walls and Zarit (1991) have explored the perceptions, the amount and the type of support black churches and families provided to 98 black elderly (65 - 104 years). The contributions of church based support and religiosity to well-being were also explored. Data were collected via interviews. Findings indicate that there was church support, the church network; but the church support contributed to a feeling of well-being. Perceptions of support from family networks, from churches without the spiritual aspects of religiosity were associated with well-being of aged.

Verderber (1991) stated that 59 elderly people (mean age 78 - 79 years) residing independently or in congregate housing completed in - person survey exploring the relationships between personal characteristics of the home environment to determine their role in Ss preferences for involvement or non-involvement with animals. It was hypothesised that Ss who were relatively competent in terms of personal autonomy in specially supportive residential setting would prefer direct involvement with animal. In contrast, Ss who saw themselves as competent because of health problems and/or restricted mobility in restrictive non-supportive settings would feel,
otherwise. Results generally support this hypothesis and suggest that people with sustained life-long prediction for animals will continue to seek contact with them as they are healthy and the physical environment is supportive.

Asis (1996) based on the data collected from Philippines found that as in other Asian countries, Philippines is characterised by high levels of intergenerational living arrangements (an indicator of family support for the elderly). Findings from her research study indicate that such living arrangements coincide with the preferences of adults children for elderly parents.

Andinarayana (1996) has studied the socio-economic demographic and health differentials of 415 elderly persons of 60+ years age. 153 widowed and 209 married elderly women having at least one surviving child were interviewed. The sample was drawn from three villages of Coimbatore district, Tamil Nadu. The results analysed indicate that a large proportion of the elderly widowed women live with children and slightly more than half of the married live by themselves (i.e. with their spouse only).

Andrews (1996) says that with the advent of industrialisation, urbanisation and modernisation, education, and employment
opportunities have been extended to all levels of people in Indian Society. The practice of compulsory retirement from service at a fixed age has affected a sizeable section of aged people in terms of loss of economic status, activity social life etc. Many deteriorate changes which occur with advancing age of socio-physiological nature are observed. These losses convert the aged from an independent self-supporting individual to a helpers and dependent one.

Bisht (1996) has studied elderly rural Kumauns of Uttarkhand (Uttar Pradesh ) selected on the basis of purposive random sampling method. The findings indicate that the old age and patterns of elderly care are positively correlated with economic prosperity of elderly. The decrease in economic status leads to greater negligence and loss of reverence towards elderly people. Positive economic prospects help to maintain the status quo and foster better care of the elderly.

Frederick et. al. (1996) selected 114 elders above 60 years from both sexes, few among them living with families while others living in homes of Madras city at random. Interview schedule was used to elicit information. The findings indicate that there are more windows. 80% of the elders claimed their children were non-supporting and due to low SES had to opt for stay in institutions, when they were 80+ years with
increased dependency 70% living with families prefer to continue. While 90% living in institutions prefer to remain there, length of stay determined their satisfaction level in institutions.

Glerveld and Dykstra (1996) collected data from NESTOR "Living arrangements and social networks of older adults". In 1992 interviews were conducted with 4944 men and women aged 54-89 years in Netherlands. The focus is on inter-relationship between support received by elderly to material status and living arrangements. There are many elderly living as couples and after the death of spouse living all above coresidence with children is found to be decreasing.

Joseph (1996) reviews that interview schedules with 80 widows (aged 65+ years) from three religious groups. (Hindu, Muslim and Christian) in Malabar were questioned about the opportunities provided to them for participation in familial decision making, interacting with other members as also socialising and controlling is Non-Hindu family. The warmth of family relationships enjoyed by widows in Hindu family is higher and they are more contented with their life.

Kattakayam (1996) studied 360 subjects of four tribes of Idukki District (Kerala) 30 each belonging to three generations.
Youths (15-35) middle aged (35-60) and old (60+) were interviewed with structured schedules. The findings show that the elderly got a lot of respect and care from their children and grand children, their authority accepted by them in many, mostly non economic areas change in the authority and status of the elders differed in the four groups. Modernisation and proximity to the main stream of society are the major causes. The very young generation exposed to modern ways of life are reluctant to accept the authority of old than the middle aged generation. The elderly prefer to live with their sons while the children prefer to live away from their parents especially in urban areas. Change of residence requires adjustment to new environment. Lack of social programmes for the aged has left no choice to rely on their sons for security. The family relationships differ from daughter to son due to cultural influences. Also, the educated women were found to relinquish authority with difficulty. To maintain the status in old age is a major problem. Interest towards religion develops.

Elderly give more preference to living with children and cultural influence made them live with sons. Yet married lived by themselves. Opting for institutional living is due to low SES. Middle aged accept the authority of old compared with younger generation also the loss of status and authority in old age are
either relinquished or taken over. The findings of previous research shows that the social supports during later years require attention for improving the elderly’s happiness.

**PSYCHOLOGICAL SUPPORTS**

*Sherman (1991)* has studied cherished objects and other memorabilia as "reminiscents" (as inducers of reminiscence). 100 adults (aged 60-102 years) were surveyed by questionnaire and interviewed to determine the links of memorabilia and cherished objects they would identify and how these were related to reminiscence and current mood as measure by the effects. Balance Scale, Bradburn and Caplovitz (1965). A significant positive relationship found between memorabilia and mood and lack of a cherished object was associations were also found among objects, reminiscence and mood variables by age and gender.

*Lakshminarayanan (1989)* studied on a sample of 60 aged men (30 from Coimbatore city and 30 from rural Coimbatore) District with life satisfaction index-Z Havighurst, (1971) and Tamil version of the same Lakshminarayanan (1989) as instrument. The results of t-test indicate that the aged men living in urban areas have more life satisfaction than those living in rural areas.
Ramamurthy (1989) says that the elderly should accept changes in this stage gracefully. They should have positive self-perception of health. Despite the disabilities, they live happily either by ignoring them or take them in the stride. The older individual should be helped to minimise ruptures with children or younger members and to keep their socio-familial interactions in constant repair. The elderly survived longer when they were physically and mentally active. The relationship between the spouses increases the joys of old age. Continuity of life after death gives purpose and belief in 'Karma' offers succour and meaning to the helplessness of the frustration of life. Positive perception of social supports, flexible attitude to life and living, having interests contribute to happiness in old age.

Anuradha and Jai Prakash (1990) have studied on a sample of 338 subjects with semi-structured interview schedule and questionnaire. Results show that social interaction is a major source of life satisfaction among the elderly. There was difference of male to female and rural to urban.

Easwaramoorthy (1990) had studied on a sample of 21 widows and 16 widowers and 19 females and 24 male subjects who were living with their spouses. Life satisfaction index-Z, Havighurst, (1971) was administered individually. The results
indicate that the aged who live with their spouses are better adjusted. The adjustment scores of female subjects did not differ significantly depending on their marital status.

Jai Prakash (1990) states in the study that the lives of Indian women in late adulthood and old age present a none too pleasant picture of ageing in women. Ageing women have neither access nor control over resources and find themselves in a changing social world that indulges considerable psychological distress. The health, educational and social needs of aging women have been considered to improve the quality of their lives.

Sabitha and Jai Prakash (1990) have done a study using Levin's method about stereotypes in Indian students evaluate old people less negatively than American students. Also, the modified Levin's method appeared to be a useful technique to assess stereotypes.

Patil et. al. (1990) studied a sample of 228 women through interview to measure life satisfaction related to feelings of loneliness, frequency of worrying feelings of non usefulness, feeling of happiness and present life satisfaction. There was significant effect of marital status, income and area of residence on life satisfaction.
Bowling (1991) did a survey on social network type, health status, and their effects on life satisfaction among 1,415 elderly people aged 65+ years from 2 communities (urban Vs semi-rural) with questionnaires. The percentages of the total variation in overall life satisfaction, that were explained by the mode ranged from 22 to 33% between the 2 samples. The most variation was explained among urban-dwellers aged 85+ years. Although most of the variance was not explained health status was more powerful predictor of life satisfaction among respondents living in the urban but not the semi-rural area.

Chene (1991) clarifies the notion of self-esteem and psychological referentials to analyse how the ageing person succeeds in maintaining self-esteem throughout changes and losses occurring in life. Implication for the education of elder people are discussed. The quest for the self is linked to the quest for knowledge and feelings with regard to personal values are focused in the context of peers and educators.

Coupland et. al. (1991) in their study had 40 videotaped interactions from pairs of women aged 70-87 years and 30-40 years who were asked to get to know each other and were given 8 minutes to interact. Results suggest an informal taxonomy of age identity marking processes. Detailed analysis of individual cases shows how variable identities may be
constructed by individuals often bilaterally relative to projected identities of elders.

Hartke (1991) says from his research that distinction is critical for the clinician working in geriatrics where there is a risk of interpreting normal change or difference as psychopathology-aging and cognitive changes, speed of processing, intelligence, problem solving, memory ageing and personality changes, developmental theory, trait theory, the ageing and coping with changes, control of ageing, health related stress and ageing.

Hill et. al. (1991) in their study on 71 community dwelling elderly were given 1 of 3 memory training programmes (a) narrative story (b) method of loci or (c) placebo training and stimuli consisted of 26 nouns chosen for being highly imaginable and concrete. Recall was examined immediately following study of the words, after 1 hour, and after 3 days. At each testing, interval, both mnemonic condition groups cannot be performed in the placebo group. The result suggest that a story can enhance word retention a free-recall task.

Lorwansen-Huber (1991) have studied on a sample of 20 Nebraskans (64-92 years) on self perceived creativity in later years. Findings show that availability of time was most
important in the later years; locus of control did not affect patterns of creativity and ageing. Creativity could help older adults find satisfaction in life, achieve developmental tasks, and find meaning in life.

Seccombe (1991) have studied on a sample of 2,329 persons in four age cohorts - (i) 55-64 years, (ii) 65-74 years, (iii) 75-84 years, (iv) 85+ years. Result suggest that the middle aged were pessimistic but the oldest old cohort were optimistic in their views of ageing. The mean age at which a person was perceived become old varied among are cohorts and differed for males females.

Gaikwad (1996) finds that sacrifice has been replaced by selfishness. Due to this, security problems of old age; ill health, widow hood and unemployment have become acute in nature. Intimacy is diminishing by the mounting burden of growing population and uncurbed needs. Money and economic gains have become prominent in social life rather than sacrifice, love, sympathy and co-operation. Family is essential for an individual for his growth and development and guarantees the family member’s security for life until death.

Geethanjali (1996) in her research work in Chittoor district of Andhra Pradesh discusses with the intervention strategies to
tackle emotional problems of women, especially those in their old age through educational and awareness programmes for the youth. This also suggests the type of activity to be taken up by old age homes since they not only provide the food and shelter, but cater to the emotional needs too. Old generations are efficient human resources and assets to the nation.

**Goyal (1996)** conducted his research on aged living alone and those living with families. The study revealed that the problems of the aged are manifold: financial, psychological, health and social. To put in a sentence, the elderly have to be integrated them into the family. The elderly have to be assisted in their needs, which are social, emotional, economic and spiritual.

**Jamuna (1996)** has 80 able and disabled elderly who are care receivers (CR) and 80 of their care giver (CG). The findings show that the important determinant of good care giving were dyadic interpersonal perceptions, kinship proximity between that dyads, altruistic value of CG, health status of CG, temperamental dispositions of dyads, length of care giving social supports and employment status of CG. Implications of the findings indicated are: improving the quality of care giving and reducing the care giver's burden.
Kadam (1996) deals with the socio-economic and psychological position 200 aged widows in Hadgaon taluka of Nanded district. It is observed that among these two hundred widows; the economic condition of 50 widows was miserable due to the conditions of their families. 60 were suffering from their secondary and unimportant place in the family. Forty were suffering from alienation and the remaining 50 were suffering a lot due to their low SES.

Vinod Kumar (1996) has conducted his research on retired persons of Deoghar town in Bihar. Findings show that the retired persons do not get sentimental touch from their children as they are spending every bit of time for their present and future happiness. Retired persons become dependent upon their young family members, economically, physically and psychologically but they want to dominate in the family which becomes the bone of contention resulting in agony for them and become dependants like a helpless and hopeless child. The physiological changes and changes in personality need adjustment. There are individual differences in intelligence and memory among the elderly. Creativity could help older adults find satisfaction in life. The elderly need interactions with their kith and kin for a quality old age.
Family relationships, marital status, income and area of residence with good health status gave life satisfaction during old age. Emotional and adjustment problems have to be tackled through educational and awareness programs of the youth. The elderly have to be integrated in the family to prevent alienation. Thus psychological supports for the aged needs to be studied in order to have a quality old age.

BIOLICAL CONDITION

Acharya and Das (1989) in their study found more widows than widowers in Chasa Khandla of Phulban, Orissa. Females are illiterate and males have low literacy. They are dependent on family members for their livelihood. Though not lonely their health conditions are in deplorable and medical care too far away and not within reach of the 'aged '. Superstitious beliefs have been taken resort to for curing their illness and diseases.

Kanungo et. al. (1989) in their survey of 909 patients of 50 - 59 and 60+ years are found 667 of them suffer from non infective / non communicable diseases and the remaining 242 from infective / communicable diseases. Depending on their physical condition and biology of ageing the degenerative symptoms of old age affected different systems of body including cardiovascular, respiratory, central nervous, muculoskeletal, endocrine and immune systems apart from
the most common disorders of eyes, ear, nose, throat, skin etc. Diseases caused by fungus, bacteria, virus etc., were found to be prevalent in them. Malaria, filaria and tuberculosis are also common ailments found in them.

**Kanungo et. al. (1990)** suggested that heredity, reproductive and other stresses which an organism encounters during its adult life may deplete certain transacting cellular factors that are necessary for the expression of essential genes and vital for nomad life. These factors are more adequately replenished during the process of ageing certain other factors may also accumulate which repress the expression of certain genes. These changes in the cellular environment destabilise the homeostatic function of genes resulting in the repression of essential genes and stimulation of the functions of the organism there by leading to ageing.

**Vijaya Kumar (1990)** surveyed 200 randomly selected aged respondents of 60+ years ago from a rural sector in Chittoor district. Results obtained from his interview with them showed differences in the health status of the aged living in joint, nuclear and post parental families. Utilisation of health services seem to be related to economic conditions marital status and personal care.
Rao (1990) in his study entitled "Geriatric Blues: Some Considerations" says that depression is a common psychiatric problem among the elderly. The clinical features of geriatric depression generally conform to those occurring at younger ages. Owing the associated cognitive defects like poor concentration and memory impairment, depression is often mistake for dementia, there are instances of marked depression, when somatic complaints mask the underlying depressive illness, physical disability, social isolation and unhelpful psycho-social contribute to suicidal behaviour.

Lakshminarayan and Malathi (1991) have studied 25 single and 35 couples selected at random for life satisfaction. Havighurst's (1971) life satisfaction index was applied. Statistical analysis gave the results that the aged couples had better mental health than the lonely aged rural subjects.

O'Brien and Vertinsky (1991) find poor exercise habits acquired in adolescence and sustained through middle age are one such barrier as are health conditions and completing time demands. Other concerns center on real and perceived risks of exercise and defining appropriate levels of exercise for old aged women.
Tachibana et. al. (1991) in their comparative study of seven healthy with nocturnal somnambulism like behaviors (NSBS) with 14 healthy elderly without this behaviour of mean age 69 years found that both reduced activity of topic phenomena (muscle atonia), and increased activity of physic phenomena (higher REM) density of REM, sleep major roles in the induction of somnambulism like behaviours during sleep in healthy elderly Ss.

Suls et. al. (1991) have interviewed 91 elderly persons (aged 64 -99 years). His findings indicate self assessments of health tended to the mainly positive though tempered some what by the Ss objective physical condition independent of the objective health, Ss were more concerned about their health if they thought about their past or anticipated health are mentioned comparing with a specific other person. Elderly subjects seem to have a negative attitude towards disease, treatment and hospitalisation, the illnesses found were varied, There was disinterest towards health care of elderly and also from the family members; due to unproductively, low income, demanding behaviour and addictions of the elderly, collapse of traditional modes and customs. There is a positive assessment of physical self to the health among the elderly.
Anand (1996) from his survey of incidence of pulmonary tuberculosis among elderly says that recognition of this disease among elderly is more difficult as the symptoms are less pronounced. Co-existing diseases commonly found in older population tend to mask the symptoms of tuberculosis causing delay in diagnosis. Though apparently seem to have heated from the radiological screening it still has a potential glare up into active tuberculosis during old age. Malnutrition, alcoholism, steroid therapy, diabetes and silicosis can cause reactivation of the disease as these are contributing factors.

Andrews (1996) from his study concludes that there is an increase in elderly population in Asia. Asians in the past depended on families during old age. The other sources of care were discouraged. Now with Industrialisation and urbanisation, changes in housing, work force patterns etc., the picture has totally changed. There is a decline in traditional values and other influences. Governments and Non-government Organisations concerned with elderly health and welfare professionals all over the world are considering the implication of an ageing society.

Anuradha (1996) from her study on cancer among aged says that social and psychological distress caused by the disease to
an individual and the family brings forth the fact that support is very much needed to ameliorate their suffering. Her study was aimed at assessing the social support actually received by elderly (female) cancer patients at Kidwai Memorial Institute, Bangalore. The study reveals that a majority of them were from lower socio-economic background with the emotional support extended by the family members. They were moderately satisfied with the moral and financial support given to them.

Godse and Patil (1996) from a sample of 50 aged women and men had found that education effected their food habits. Soft and steamed food was preferred due to digestive problems. Men had diabetes and women developed cataract. Obesity was in higher income groups, majority lived in joint families.

Goyal (1996) conducted a study at this mobile clinic in rural areas of Sarni Pathakheri (Madhya Pradesh) and found that majority of the aged in this area suffer from a variety of degenerative diseases, respiratory disorders, dental, ear and eye problems, gastro-urinary disorder etc. Adverse effect of drugs is also common. They feel unimportant, isolated, uncorked of their vitality and mental faculty was on decline. All these lead to psychological problems.
Gupta and Murthy (1996) stated that of the estimated 12 million blind in India 80% are due to similar cataract though the service delivery network for cataract surgical service under the national programme for control of blindness has been strengthened the utilisation of these services remain sub-optimal.

Muruli Madhav (1996) has conducted a cross-sectional study on 210 families about the health care attitudes of family members in a rural area in Dakshin Karnataka district. The health care related attitudes of family to the aged were reported to be very unsatisfactory by 72% of the respondents. 10 percent are indifferent while 9% reported satisfactory and excellent (from grouped data). The reasons given by the aged for perceived unsatisfactory and indifferent attitudes of care were as follows: Economic non productivity - 62%, Low family income - 18%, Collapse traditional modes and customs - 10%, Others reasons - 10%. The reasons given by family members for the perceived unsatisfactory and indifferent attitudes were as follows: Low family income -41%, Demanding behaviour of the aged - 38%, Addictions of the aged - 21%.

Nair (1996) studied a sample of 60+ years in Kerala during 1994-95 and found that the level of morbidity is quite high especially among males. The inter-generational support
received from children appears less prominent and this calls for higher levels of static intervention for the care of the aged.

Nalini (1996) studied a sample of cataract patients from a hospital in Madurai city. The data collected through interview of elders who are dependent on others due to physical infirmity and sickness. The elderly got themselves treated in hospitals with family members attending on them, social factors and family are involved in decision making. Elderly blind are generally dependent on social network. Decision making responding time and place of surgery is often influenced by the family members.

Auprasert (1996) made a study on the sleep patterns of 126 elderly persons at the Elderly Health Promotion Centre, Nursing Faculty Mahidol University, Thailand. The data collected through questionnaire show that the sleep patterns of elderly are as follows: Normal Sleep pattern - 18%, Initial Insomnia - 31.7%, Intermittent Insomnia - 23.0%, Terminal Insomnia - 12.7%, Hypersomnia - 14.4%. Majority of the elderly show that they have insomnia of a certain level.

Kopparita (1996) conducted a study on 82 elderly respondents of rural Andhra Pradesh by interview schedules and informal interview on the morbidity and health action 79%
reoriented 154 illness 102 actuate and 52 chronic morbidity. Few had diarrhea, cough, dental carries and eye problems constituted near 40% of all illness Pains in leg joints, piles and Asthma comprised 1/3 of all chronic illness.

Natarajan (1996) had selected a 100 elderly of 80+ at random from Geriatric Department, Government General Hospital, Madras and interviewed. Common health problems encountered were cardiovascular locomotion gastrointestinal and psychiatric disorders cardiovascular problems like hypertension and instinct Heart disease are more in elderly female.

Vijayalakshmi (1996) has taken a random sample of 30 males and 3 females. Data was collected with interview schedule. She says nutrition in the aged is an outcome of the earlier good choice, food likes and dislikes as also the consumption pattern within the family. The diet during illness, food, beliefs, food restrictions and digestion problems during old age are major influences on nutrition for health during old age.

Somera (1996) has explored hospice as a part of the family care in Filipino cultural context. Using an ethnographic approach, case studies of Filipino families care of the terminally ill elderly are presented. Fear, insomnia, ladders,
pain, mobility are the identified problems that have impact upon the quality of care that the family can provide.

*Diseases caused are degenerative as well as infections from fungus, bacteria and virus occur. Eye problems are common and women were prone to hypertension and heart problems. Poor exercise habits during youth were a hindrance to better health in old age among women. Health status, marriage, SES and life events influenced the mental health of the aged. The family care was found to be unsatisfactory among aged. With a study on the supports related to biological conditions could increase the interest of the family members towards the care for the elderly.*

**PSYCHO-SOCIAL**

Agarwal (1996) has done her research study on economically higher and middle class. Even the sample consisted educated retired government and private service of 62-80 years. The study was conducted in Meerut city. It shows that the retired have a pessimistic thinking and life dis-satisfaction. Health problems become acute. Joint and quasi nuclear family structures have been found having positive relationships with physical and mental security for the aged. Findings support Activity theory for satisfactory and graceful ageing.
Vijaya Kumar (1996) has collected data from Anthropological studies during 1993-1995 of women 65 years and above widowhood is experienced at some point by one member of every still married couple. Role loss is most likely to be there. Especially for the rural women, widowhood is superimposed on the tragedy of poverty and they have less social support to rely on. Factors like migration of younger generation in search of livelihood, increasing trend of women's participation in economic activities and individualism are challenging the existence of traditional joint family system which is considered as a safety net for elderly. In such circumstances elderly widows have to cope with several.

Mishra (1996) finds from her empirical studies the declining role and status of the elderly in the family. They want society to provide support for the improvement of situation, they do not want to be segregated from the rest of the society of social relationships.

Myers and Peng Du (1996) examined the age and sex variations in living arrangements of a sample of 2,703 persons 55 and over tiring in Beijing city surrounding villages, and rural areas. Traditional norms of Chinese society promote intergenerational co-residence, considerable variation is uncovered among older persons residing in the greater
metropolitan area that is undergoing rapid growth and diversification space limitations and the desire to reduce potential conflicts are found to be more important factors than the availability of children. Nonetheless, a majority of older persons still reside with children especially sons; remain in close contact with family members; and receive financial assistance from kin.

Mallya (1996) states that 80% of Indian families live in disadvantaged conditions and in the unorganised. They are underemployed or unemployed with no retirement benefits or any savings to speak of due to various chronic health problems, immobility as well as economic constraints, the old face many social and personal needs and problems, inviting dependency on family members. They use coping strategies based on sacrifices and smother their wants and aspirations. A community based intervention made Health Exchange programme which was suggested as an answer to meet their needs and problems wherein their requirements is that of a contributors in the family and society.

Maruthakutti (1996) has collected data on a sample of 256 two job families and 219 single job urban families. Findings show that dual job families tend to accommodate and provide support and care for the elderly three times of what is
rendered in single job families. The elderly tend to reciprocate by caring children in the households when both spouses are employed outside.

CONCEPT OF DEATH

Achmamba (1990) conducted a study on 60 female teachers. The younger group was 30-40 years and older group was 50-60 years. Both groups were asked to estimate time intervals of 30, 60, 180 and 300 seconds. There was no significant difference in time judgements. It further indicates that time judgement may be influenced by the outlook one has towards 'time' and 'future'.

Singh (1996) reveals from his study that the religious beliefs of the people make them conquer death. Moksha is the dominant goal for which people prefer to die in Kashi. However, the burning ghats, the domas, Mahabrahmans, many other operatives and the procession of death rites have made the process of salvation a very cumbersome and financially very expensive affair. People become a prey to it because of their religious beliefs and social customs.

GENERATION GAP

Asraraf and Jayachandran (1996) in their study on "Generation Gap: A threat to family care of Kerala's elderly" show evidences during the National Family Health Survey that
the increasing demand for the care of elderly has its lease from the peculiar socio-economic and demographic set up and the yet increasing out migration. The existing gap among the different generation viz., young adults (15-30 years) adults and middle aged (31-59 years) young aged (60-74 years) and aged (75+ years) on their social, economic and demographic characteristics create intergenerationalal conflicts. It may entail the new generation to seek a living set up and occupation of their preference and thus settle elsewhere usually away from their parents and mother land. Such instances make wear and tear on the family care of elderly.

**Jyothi (1995)** studied sixty subjects selected by purposive random sampling in the age group of 20 years and above belonging to both urban and rural areas of lower middle income groups of Chittoor district. There is significant locality difference in the perception of younger generations towards the elderly. The urban subjects have more favourable perceptions when compared with rural subjects.

**Singh and Sharma (1995)** findings in Ludhiana show that the aged had cordial relations with spouse, then daughter, lastly grand daughter in developed areas. The relationships were not intimate to a particular person but varied with situations. The aged continued to maintain the relations even when the
children were not living with them. The children did not visit but met the aged to discuss some matters. The spouse gave care during illness. Psycho-social supports are needed for the psychological well being of the aged and better interactions between the aged and the family members. With regard to death, the elderly try to find solace in religion instead of expressing their feelings with their family members. Migration and generation gap is leaving the elderly alone with no family member to provide care for them except for their spouse.

SELECTION OF RESEARCH PROBLEM

The 'Elderly' and the 'family members' of the elderly need to understand the living conditions of "the aged " during the later years. They should have a perception of the requirements of elderly about obtaining psycho-social supports from the family. The number of elderly is growing continuously due to improvement in medical technology. Many of the elderly are living by themselves in spite of the disabilities of old age because of modernisation and migration. There are many developmental changes during old age that requires the assistance from the family member. Until 1990's the aged were neglected. The later years were given little importance as the old have finished their lives and there is no future for them. They have illnesses or bedridden or willing their time away in rocking chairs awaiting death. There was no interest
about understanding old age. With the families migrating and joint families are breaking into nuclear families, there is nobody to take care of the aged at home. There are few provisions as old age pension that is not sufficient for the expenses they have. Therefore the existing trends have to be studied in the familial care and provision of support for the aged. The developmental changes have to be understood and the family has to perceive the requirements of the aged. Only the family can give the psycho-social supports. The family is to be motivated to make the necessary changes in providing the familial psycho-social supports for the aged in the present and also for the future generations. The aged are to be given the care and assistance at home during this last stage of life when they are growing feeble and disabled.