Chapter – I

Introduction to background of the Research Study
CHAPTER-I
INTRODUCTION AND BACKGROUND OF THE RESEARCH STUDY

1.1 INTRODUCTION

Everything in this world undergoes periodical changes and passes through varied and various phases before it ceases to be. A day, for example, born as dawn develops into morn, noon, afternoon, eve and dusk before it becomes night. So does a human life too. In between cradle and grave it walks across different avenues of infancy, childhood, adolescence, adulthood, mid-age, old age and ripe old age which Shakespeare poetically describes as the “Seven ages of man”. As this study is concerned with old age, the focus is on the last phase of human life which Shakespeare calls “the second childhood sans teeth, sans eyes sans everything”.

Decline in the power of functioning of physical and mental faculties marks the beginning of old age in a human being. Generally the sixtieth year in a human being is considered as the starting point of old age. Though the unprecedented development of medical science has played a pivotal role in lengthening the longevity of human life, the deteriorating conditions of physical, mental and psychological abilities in old age yet remain to be overcome. Changes in external appearance, internal systems like digestive and metabolism system, sensory changes including sexual desire or appetite are the clear indications of the gateway of old age. Added to these changes in the physique-both external and internal-are changes in the motor and mental faculties too. These changes vary in magnitude and time of occurrence from person to person. Therefore no two persons of the same age cannot be considered the same to be. Such variations are caused by hereditary qualities, socio-economic-educational background, environmental conditions and lifestyle. And these changes are more obvious and apparent in women as they are supposed to enter into the realm of old age earlier than men. The central
Government of India itself, taking into consideration this aspect, defines man and woman at sixty plus as senior citizens. Above all, these changes do play a major role in the individual’s capacity to adjust with self, family and society.

1.2 DEFINITION

Ageing in a living organism usually refers to the adverse effects of the passage of time, though occasionally the term refers to the describable process of motivation or acquiring a desirable quality (Busse, 1989). The term ‘elderly’ is synonymous for age. The definition of elderly changes according to the mindset and the demographic distribution of the population changes. For a youth of 20 years, a person at 60 seems old, while a 60 year old individual in good health probably considers someone in the 80’s and 90’s as old.

New categories have been created in scientific literature to reflect these changes as more people pass the century mark (Medalie, 1989). Ageing is generally associated with a decline in physical and mental ability (Kapoor and Kapoor, 2000). “Biologically” ageing begins at least as early as puberty and is a continuous process throughout adult life. “Socially” the characteristics of members of a society who are perceived as being old, vary with the cultural setting and from generation to generation. “Economically”, the elderly are sometimes defined in terms of retirement from the work force. “Chronologically” age has long been used as an indicator of the expected residual life span.

According to Elizabeth, B. Hurlock (1976) the last age (elderly) in the life span is frequently subdivided into early old age, which falls between 60-70 years and advanced old age, which begins at 70 years and extends to the end of life. Hence, people, during the sixties are usually referred to as elderly and old after seventy.

1.3 HISTORICAL PERSPECTIVE

Prior to the Industrial Revolution, in the primitive hunting and gathering societies, where production was carried out by domestic groups, the oldest
member was considered a source of knowledge about rituals and survival skills. In a society where social differentiation was largely on age, authority was linked to age of elders held influential positions in the social, political and religious spheres of life (Goody, 1976). Based on an analysis of seventy-one privative societies (Simon 1945, 1952) found that states and treatment of the aged was governed by tradition and rituals unique to each culture.

Long life was viewed by the ancient Hebrews as more of a blessing than a burden. The aged in most of the pre-industrial societies held meaningful roles, as long as they were physically and mentally able to contribute to the family and community. They had considerable power over the social, religious and economic life of the society. This gave them influence, security and status. When the elderly were no longer able to contribute, they "retired" and transferred control over family resources, usually to the eldest son. They were then cared for by the family and the community because of part contributions. The residual components of prestige, and also because they were the major source of knowledge about culture.

The status of the aged probably varied within societies, depending on locale and period. There were a few instances, where the old were forced to die by self-killing or at the hands of others, once they were deemed a burden to society. The aged and aging were also highly respected in conservative outlying districts of Ancient Greece (Koller, 1968). But in cities like Athens attitudes towards the elderly were generally negative and condescending.

Old age was viewed by Aristotle in a more negative vein. In Rome, old men were generally portrayed as vicious, miserly, treacherous, thoughtless and tyrannical (Beaver, 1983). However, not all elderly men were perceived in this light. Some had the good fortune of being revered as moral guardians to young boys from wealthy families. They trusted elderly women servants, who were held in high regard, as they accompanied the young boys to school, stayed with them during school hours and brought them home safely (Kollar, 1968). Old age was seen by Plato as a time of peace and liberation. Under platonic philosophy, the role of the aged was to command and of the young to obey. In
Factors influencing Life-Satisfaction of the Institutionalized Aged Women

his Republic many of the important functions of State were given to men aged between 50 to 70 (Victor, 1987). Nevertheless, the majority of Ancient Roman authors consistently portrayed the elderly in a negative and highly uncomplimentary way. The Egyptians saw old age as a burden both for the individual and society. Considerable effort was expanded in the search for a method of controlling the decline in physical prowess which characterised old age. One such method advocated by the Egyptians was the use of the glands of young animals to rejuvenate the aged.

With the onset of the Industrial Revolution, first in Great Britain and Western Europe and then in North America, societies experienced dramatic social changes. New social structures, cultural values political and social systems and social processes began to evolve. At societal level, the Industrial Revolution led to many changes in the social and economic system (Burges, 1960; Cowgil, 1974).

Cowgill and Holmes (1972) argued that improvements in health care lead to aging of the population. The decrease in the mortality rate resulted in aging of the working population and a decrease in job opportunities for the young. Thus inter generational tensions are created by the competition for jobs. Additionally, economic and technological developments devalued the employment skills of the old. Urbanisation attracted young people from the rural areas resulting in a break–up of the extended family. Finally, the development of mass education reduced the hold the older people had over knowledge. These factors contributed to a decrease in the status of the elderly in modern society. Thus, despite improvement in the quality of life, the role and the status of the aged declined after the Industrial Revolution. The old became socially and physically abandoned living a marginal existence on the fringes of society.

Colton Mather (1965-1728) was one of the first –Americans to write about Ageing. But he treated it as illness, Benjamin Rush (1746-1813) was one of the pioneers to describe the changes in body and mind that accompany old age. He refuted the idea that old age was a disease.
In 1930, the problems commonly associated with growing old were being described frequently as a “problem group”. (Maddox and Wiley, 1974). The growing number of older people in the population, their increasing life expectancy and their inability to maintain themselves economically and the social implications these factors would have for the rest of the population is alarming. According to (Maddox and Wiley, 1976), “human suffering among aged persons in the form of incapacity, isolation and poverty were considered to be prevalent enough to warrant social concern and social action”.

Historical evidence clearly indicates that probably there was no time in the past when the old were venerated for themselves. Rather, where the elderly did seem to be in an exalted position, it was essentially a result of their control of power and wealth. Consequently, in trying to look to the role of elderly in history it should be accepted that aging was, for most people, a time of pauperism and degradation.

1.4 THEORIES OF AGING

A number of theories related to the aging process have been described. These theories are grouped into two broad categories: biological and psychosocial.

1.4.1 Biological Theories

Biological theories explain the physical process of aging, including changes in the major organ systems and the body’s ability to function adequately and resist disease. They also explain why people are different and what factors affect longevity.

1.4.2 Genetic Theory

According to genetic theory, again it is an involuntarily inherited process that operates over time to alter cellular or tissue structures. This theory suggests that life span and longevity changes are predetermined. (Stanley, Blair, and Beare 2005) state, The development of free radicals, collagen, and
lipofuscin in the aging body, and of an increased frequency in the occurrence of cancer and autoimmune disorders, provide some evidence for this theory and the proposition that error or mutation occurs at the molecular and cellular level.

1.4.3 Wear-and-Tear Theory

Proponents of this theory believe that the body wears out on a scheduled basis. Free radicals, which are the waste products of metabolism, accumulate and cause damage to important biological structures. Free radicals are molecules with unpaired electrons that exist normally in the body; they also are produced by ionizing radiation, ozone, and chemical toxins. According to this theory, these free radicals cause DNA damage, cross-linkage of collagen, and the accumulation of age pigments.

1.4.4 Environmental Theory

According to this theory, factors in the environment (e.g., industrial carcinogens, sunlight, trauma, and infection) bring about changes in the aging process. Although these factors are known to accelerate aging, the impact of the environment is a secondary rather than a primary factor in aging. Science is only beginning to uncover the many environmental factors that affect aging.

1.4.5 Immunity Theory

The immunity theory describes an age-related decline in the immune system. As people age, their ability to defend against foreign organisms decreases, resulting in susceptibility to diseases such as cancer and infection. Along with the diminished immune function, a rise in the body’s autoimmune response occurs, leading to the development of autoimmune diseases such as rheumatoid arthritis and allergies to food and environmental agents.

1.4.6 Psychosocial Theories

Psychosocial theories focus on social and psychological changes that accompany advancing age, as opposed to the biological implications of
anatomic deterioration. Several theories have attempted to describe how attitudes and behaviour in the early phases of life affect people’s reactions during the late phase. This work is called the process of “successful aging”.

1.4.7 Personality Theory

“Evidence supports the general hypothesis that personality characteristics in old age are highly correlated with early life characteristics”. (Murray and Zentner, 2001).

The personalities of older men were classified into five major categories according to their patterns of adjustment to aging. According to this study:

- **Mature men** are considered well-balanced persons who maintain close personal relationships. They accept both the strength and weakness of their age, finding little to regret about retirement and approaching most problems in a relaxed or convivial manner without continually having to assess blame.

- **“Rocking chair”** personalities are found in passive dependent individuals who are content to lean on others for support, to disengage, and to let most of life’s activities pass them by.

- **Armored men** have well-integrated defense mechanisms, which serve as adequate protection. Rigid and stable, they present a strong silent front and often rely on activity as an expression of their continuing independence.

- **Angry men** are bitter about life, themselves, and other people. Aggressiveness is common, as is suspicion of others, especially of minorities or women. With little tolerance for ambiguity or frustration, they have always shown some instability in work and their personal lives, and now feel extremely threatened by old age.

- **Self-baters** are similar to angry men, except that most of their animosity is turned inward on themselves. Seeing themselves as dismal failures, being old only depresses them all the more. (Richard, Livision, and Peterson, 1962).
1.4.8 Developmental Task Theory

Development tasks are the activities and challenges that one must accomplish at specific stages in life to achieve successful aging. (Erikson, 1963) described the primary task of old age as being able to see one’s life as having been lived with integrity. In the absence of achieving that sense of having lived well, the older adult is at risk for becoming preoccupied with feelings of regret or despair.

1.4.9 Disengagement Theory

Disengagement theory describes the process of withdrawal by older adults from societal roles and responsibilities. According to the theory, this withdrawal process is predictable, systematic, inevitable, and necessary for the proper functioning of a growing society. Older adults were said to be happy when social contacts diminished and responsibilities were assumed by a younger generation. The benefit to the older adult is thought to be in providing time for reflecting on life’s accomplishments and for coming to terms with unfulfilled expectations. The benefit to society is thought to be an orderly transfer of power from old to young.

There have been many critics of this theory, and the postulates have been challenged. For many healthy and productive older individuals, the prospect of a slower pace and fewer responsibilities is undesirable.

1.4.10 Activity Theory

In direct opposition to the disengagement theory is the activity theory of aging, which holds that the way to age successfully is to stay active. Multiple studies have validated the positive relationship between maintaining meaningful interaction with others and physical and mental well-being.

Sadook and Sadook (2003) suggest that Social integration is the prime factor in determining psychosocial adaptation in later life. Social integration refers to how the aging individual is included and takes part in the life and activities of his or her society (Sadook and Sadook, 2003). This theory to most
people is a basis for deriving and sustaining satisfaction, self-esteem, and health.

1.4.11 Continuity Theory

This theory, also known as the development theory, is a follow-up to the disengagement and activity theories. It emphasizes the individual’s character traits as a basis for predicting how the person will adjust to the changes of aging. Basic lifestyle characteristics are likely to remain stable in old age, barring physical or other types of complications that necessitate change. A person who has enjoyed the company of others and an active social life will continue to enjoy this lifestyle into old age. One who has preferred solitude and a limited number of activities will probably find satisfaction in a continuation of this lifestyle.

Maintenance of internal continuity is motivated by the need for preservation of self-esteem, ego, integrity, cognitive function, and social support. As they age, individuals maintain their self-concept by reinterpreting their current lifestyle in keeping with present circumstances. Internal self-concepts and beliefs are not readily vulnerable to environmental change; and external continuity in skills, activities, roles, and relationships can remain remarkably stable into the 70s. Physical illness or death of fringes and loved ones may preclude continued social interaction (Sadock & Sadock, 2003).

1.5 EVOLUTION AND FUTURE PROSPECTS

1.5.1 Longevity

Old scriptures, most religions mention that the length of human life had steadily declined. Longevity in earlier periods was attributed to health promoting life style. Actually, however, the length of human life has increased most dramatically only in the last century. The twentieth century has been a century of longevity with an unprecedented increase in the population of older persons, the centenarians alone numbering 1,35,000 globally. Their number is expected to rise to 2, 2 millions by 2050. Here are some instances of
Factors influencing Life-Satisfaction of the Institutionalized Aged Women

centenarians; Jeane Calment, French superstar of longevity, who died on August -4, 1997, at the age of 122 years 5 months and 14 days. She said the secret of longevity was wine, olive oil and a sense of humour,. Another example is that of a centenarian couple in Haryana, Chand Raw and his wife, who celebrated their 100th birth day in April 2001 (Hindustan Times, April 7, 2001). The ascribed their good health and long life to milk consumption, and hard work in the field.

1.6 LONGEVITY–WORLD SCENARIO

The elongated life expectancy is one of the remarkable achievements of the 20th of century which can be attributed to the various scientific and medical advancements, and which, in turn, has multiplied the population of people aged 60 plus in the world level and is expected to accelerate in the next 50 years. In 1950, there were 205 million people above 60; in 2000, the number trebled to 606 million and by 2050, it is expected to cross two billion worldwide.

The impact of rapid industrialization and urbanization the world over in the 20th century is strongly felt in the development of major changes in the social structure in India. The materialist advancement in life naturally killed the human values and it rang the knell of the centuries–old joint family system in India. The first casualty of the disintegration of the Joint family system and rise of nuclear family was the safety of the aged parents and grand parents. The unsympathetic attitude of the governments adds fuel to fire and virtually orphanages the aged. Since the welfare of the elderly is a low priority with the State tantamounting to total neglect, they have no benefactor and they become refugees in their own land and hence they rightly feel disillusioned, shattered, isolated and rejected.

If achieving the longevity was the triumph of the 20th century, protection and care of the elderly will be the challenge of the 21st century. While research on aging is well developed and documented in developed countries, it happens once in a while in developing countries such as India.
According to Dhar Chakraborti, The graying of India, (Sage Pub, 2004,) this is primarily because of the belief that the family support system is and will continue to be an adequate insurance against all problems related to old age.

1.7 LONGEVITY- INDIAN SCENARIO

Though developed countries have a relatively high proportion of the elderly, the older population in the developing world is growing at a much faster rate. Two-thirds of the elderly live in developing countries. A "large majority" of elderly people will soon be living in the developing world with their number rising in geographical progression in the next 25 years. A UN agency says citing India and China as notable examples of a new trend. Although the proportion of the elderly seems to be relatively small in a developing country like India, it has more elderly persons in absolute terms because of its large population base.

The population of the senior citizens in India saw a steep rise from 19 million in 1947 to 84.6 million in 2005, an increase of 445 percent in the last six decades. It is expected to further double in the next 25 years. As of 2001, India accounted for 77 million elderly people of 60 plus a figure second only to the number of elderly in China. Similarly 29 million of India’s elderly are above 70 years and 8 million above 80. One in every 10 in China is an elderly population aged 60 and above is expected to increase to 179 million in 2031 and further to 301 million in 2051. With a comparatively young population, India is still poised to become home to the second largest number of older persons in the world.

The special features associated with the elderly population in India listed below

a) A majority (80%) of them are in the rural areas
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 poverty line.
In India in terms of size, Uttar Pradesh state tops with the highest number of 11 million elderly followed by Maharashtra (8.5 million), West Bengal (5.7 million and Tamil Nadu (5.5 million).

1.8 Various Aspects of Ageing

There are several perceptions about the aged and ageing in society; Demographic, Biological, psychological and social. The starting point of discussion among these perceptions is the demographic criterion.

Conventional usage of the term “Old Age” in demographic literature refers to the populations aged 60 years and above. In the developing countries, the demographic conception of old age is still taken to be 60 years and above. It is useful to examine the biological, psychological and social concepts of age for describing “Man as a whole system” (Beaver, 1983).

The concept “Biological Aging” generally considers physical changes in the organism which has been found, in general, to be associated with ageing in the form of incapacity, isolation and poverty, were considered to be prevalent enough to warrant social concern and social action”.

Historical evidence clearly by indicates that probably this was at a time in the past when the old were venarated for themselves. Rather, where the elderly did seen to be in an exalted position, it was essentially a result of their control of power and wealth. Consequently, in trying to look to the role of elderly in history it should be accepted that aging was, for most people, a time of pauperism and degradation. These changes many gell in structure, organ systems or their functioning (Beaver, 1983). It is well known that there are marked individual differences in the onset and rate of physical changes with age. All individuals do not age at the same rate. However, psychological capacities decrease linearly and death rates rise exponentially with increasing chronological age (Jarvik & Cohen, 1974).

Psychologists explain ageing in terms of changes in the central nervous system, in sensory and perceptual capabilities and in ability to organize and
utilize information (Andason, 1956). They are also concerned with changes in personality and external behaviour of the ageing persons. In short, psychological aging consists of general decline in the mental abilities that accompany old age. A number of changes appear to occur in the psychological area as an individual grows old. Generally the changes are associated with some kind of loss, which may interfere with and delimit competence and skill, affect well being and ultimately diminish the older person’s self-Esteem.

The social aspect of ageing refers to what happens to people of society as they grow old. As individual ages, he begins to withdraw from society by surrendering or giving up some of his social roles. Many of the relations between a person and other members of society are several and those that remain are altered in quality.

The above discussion on various aspects of ageing clearly indicates that in gerontological literature, ageing is a broad concept which does not refer to only one process but to many processes such as physical changes in human body, psychological changes in human mind and social changes in relationship with others.

Thus, each of the broad perspective of ageing-biological, psychological and sociological separately does not explain adequately the total process of aging. Whereas the biological aspect examines the processes of ageing the internal to the individual’s environment, the psychological and sociological aspects take into consideration the external environment. Moreover, there is a mutual interaction between the internal and external environment. When the psychological causes of ageing process is accelerated by speeding up the rate of decline in various sensory and motor activities (Hurlock, 1950). However, this acceleration in the ageing process may further gain momentum or slow down when the sociological dimension is added to both physical and psychological contributors of aging. The social structural conditions may boost the morale of an individual within a congenial set of social relationship and lead to slacking down of ageing syndromes, whereas the absence of social support systems may accelerate the process of ageing.
It is difficult to define old age precisely because the term “old” is used
to describe persons of different ages depending on the circumstances and on the
area of operation.

1.9 LONGEVITY OF TRIBAL PEOPLE

According to an extensive anthropological study of Kurichias conducted
for the past three decades and published recently the elderly Kurichias
generally live longer than many other tribals and non-tribals in south India.
(Aiyappan & Mahadevan, 1990)

1.10 Origin / Furthering Geriatrics

The constitution of India directs that the state shall, within the limits of
its economic capacity and development, make effective provision for securing
the right to work, to education and to public assistance in cases of
unemployment, old age and sickness and disablement”.

The term “Geriatrics” was introduced in the United States and it was
developed into a specialty in Britain. Geriatrics as a specialty is still in its
infancy in India having just crossed to toddler’s stage. In the late 1960s the
Government of India, on the recommendations of the ICMR, decided against
the establishment of a gerontological institute in the country on the plea that
the situation did not warrant it.

During the last two decades the discipline of geriatrics in India has taken
important steps towards research and care and for starting professional
organizations. Many centres of developmental studies and centres for research
on ageing have been established, many of them within university campuses-
Research has centred not only on basis neurosciences, biochemistry, genetics,
anthropology, psychology and sociology but also on clinical and behavioural
sciences. The Department of geriatrics has been started in many teaching
medical institutions, Chairs have been created in geriatric medicine and
geriatric surgery in some institutions; eg. Madras Medical college, Chennai.
Post graduate courses in geriatrics have also been started in some universities,
Nevertheless, the undergraduate syllabus is yet to include the study of geriatrics. Among the professional organizations in geriatrics in the country, the important ones are: the Association of Gerontology (India), the Geriatrics Society of India, the Indian Gerontological Association of Gerontology (India), the Geriatric society of India, the Indian Gerontological Association, the Association for Alzheimer’s and Related Disorders of India, and India Academy of Geriatrics. Besides in the Indian Psychiatric Society has an active section on geropsychiatry. Continuing medical education programmes are organized periodically by these organizations. Voluntary bodies have been offering care and research facility in geriatrics, and Help Age India is an important one among them. (Rao Venkoba. 2006, P 311-312).

The ICMR prioritized geriatrics as an area for research and the Task Force project was initiated, which resulted in the publications of “The problems of the Aged seeking psychiatric help” and Total health care of the rural aged.

### 1.11 Entering “Old Age”

Entering the world of the elderly needs a preparation. It has been observed that the more healthier one is in his /her 60th year, shorter will be the period of morbidity preceding death: called “Compression of Morbidity” in the aged (Fries, 1996). It has been reported that a quarter of the remaining years of life in likely to be spent with some disability, disease or handicap. (Murrag & Lopery, 1997). The concept of successful ageing is to improve health of the entrants to enable them to pass through the find “eugeria” the term coined by Aristotle to indicate the state of freedom diseases, the disability, dependence and without being a burden to others. The essence of preventive geriatrics is enabling the elderly to remain in such an optimal state of health.

### 1.12 AGED IN INDIA

In traditional Indian society, the aged enjoyed a high position. They were the head of the family and had complete control over the property and other resources, Durkheim’s terminology, the social life in Ancient India was
based on “Mechanical solidarity”. It was believed that with age men acquired knowledge. It was during the sutra periods that the individual life, as well as the social structure was crystallized. Society was divided into four varnas and individual life was divided into four stages what is called as Varna Ashrama Dharma scheme”. From the societal point of view Gri-hasta Ashram was considered most important because it was only during this state of one’s life that one could not only raise the family and satisfy one’s physical needs but also have an opportunity to get rid of different loans, one of the important obligation was to look after the aged person and pay them due respect. The “Grihya” sutra ordained filial piety. Such religious dictates gave the old persons in the Indian society authority, security and honour and enjoyed upon the son to look after his old parents failure on the part of sons was considered a serious demerit and earned social opprobrium (D’ Souza , 1982). Such a system provided economic, social and emotional security to the aged (Radhakrishnan.S. 1960, P-65).

The Institution of joint family, caste and village community, which formed the building block of traditional structure in India assured economic security and high social status to the aged. With the introduction of the formal education system the Britishers and new judiciary system, the traditional network of relationships underwent drastic changes. With the advent of Industrialization and education, formal institutions came into being, through which knowledge could be acquired.

Further, large scale migration from the rural areas to industrial units by the surplices population on the look out for new job opportunities gave a big jolt to the traditional family composition and network of relationships. Those who were employed in far-off places could not afford to take their aged parents and other members of their kin group with them. Hence, the younger generation prepared mobile nuclear family to the traditional complex family set up. The negation of large family structure by the compact nuclear family, where young members were given more care, attention and importance devalued the aged (Barron, 1953).
In the beginning migrant warhorse maintained their links with their parental families either by regularly remitting money and keeping their wives and children in the village and by regularly visiting them. However, slowly but steadily, traditional family ties began to break down due to emergencies of work and new represent groups. Thus, the frequency of interaction diminished, gradual growth of conjugal families emerged and the gap between the old and the young widened. According to Parsons (1953), the young generation have least importance to their obligations to the aged in the hierarchy of obligations.

In the near future because of increased dependency ratio, it was felt that the population of the older people social economic condition would deteriorate (Ranade, 1984). It was being contended that the states of the aged would decline with technological and economic development because the status in the industrial set up was based on the individual’s acquired formal skills and education. As the industrial society was oriented towards the individual rather than a group, the aged were bound to be rendered useless, generating a feeling of meaninglessness in them (Mahajan, 1987). In short, problems of the aged in developed countries are mostly confined to isolation, whereas India being a poor country, problems are associated with struggle for survival.

1.13 AGEING IN RELIGIOUS CONTEXT

In most gerontological literature, people above 60 are considered as old and as constituting the ‘elderly’ segment of the population. Even in the Indian context, people who have attained 60 are considered aged, whereas in developed countries old age begins at 65.

In the traditional Indian culture, a human life span is one hundred years, Manu the ancient lawgiver, in his Dharmashastra divided the life span into four Ashrams of life stages.

A) Bhramacharya – Student: The celibate students time of youth is for learning the foundation of lifestyle. The focus is on health, positive training and discipline, learning about spiritual, community and family life.
B) *Grashasta* - Householder: The householder phase of life is the period of life with spouse and children, fulfilling worldly interests and duties. It is a time of giving, living, and loving in family community. Religious or spiritual practices are undertaken or performed in the context of worldly life and service to others.

C) *Vanaprastha-Hermitage*: Now the focus is transferred to spiritual practices of meditation, contemplation, and prayer. Relationships with grown children and community are more in the role of a matured mentor. Lifestyle is more simplified and the couple may retreat to a quieter place for deeper and divine practices.

D) *Sanyasa-Renunciation*: The elder person now retreats from active involvement in all worldly activities and seeks only spiritual goals in this final phase. With no political, professional or social engagements, he ultimately turns towards being an elder teacher of spiritual knowledge. (Murti Rao,D.L, 1980, P-22:19-31 & Rao Venkoba.A, 1980).

In the above mentioned four stages of life, the last two pertain to old age. These two stages of life cycle are marked by dissociation from worldly activities and retirement to forest where spiritual orientation is cultivated in pursuit of salvation after death (Kapadia 1966). Though these stages of life are not strictly adhered to, they play a significant role in influencing the life pattern of the aged. As the concept of setting off for spiritual pursuit to the forest does not fit into contemporary society, certain religious organizations build homes, for the old people to stay and spend their time in prayer and meditation to attain *Mukthi*. (Salvation) Here they are trained to minimize their contacts with family and friends.

Many verses and renderings in the Qur'an clearly instruct how one should deal with ageing parents. In chapter 17 (*Al-Asara*), the duty of the son is exhorted as: “and your Lord has decreed that you worship none but Him and you be dutiful to your parents. If one of them or both of them attain old age in
your life, say not to them a would of disrespect nor shout at them, but address them in terms of honour” (Irfan, 2001)

In the Holy Bible health and longevity is linked to living according to God’s words and strictly adhering to His commands or commandments. Psalms 92:12 says ,” the religious shall flourishing like a palm tree, he shall grow like a cedar in Lebanon”/ Old age hence is not considered a curse, but a blessing and long life is a mercy from God.

The way of living in a joint family system with due respect not only to the aged parents but also to the advance of aged grand parents underwent a lot of changes in the flow of time because of the sudden and rapid growth of nuclear families. The role and status of the elderly also underwent a drastic change. Many of the recent studies show the transition in the role and status of the elderly Indians from pre-industrial society to the existing industrial social order (D’Souza 1982, Gangrade 1999, Khan 1999, Singh 1999 ). The elderly enjoyed a much higher status in pre-industrial society marked by group oriented social interaction, agricultural mode of production, extended family system, kinship and patriarchal authority, in sharp contrast to the degraded and humiliation in the new industrial social order of India, affected by the process of changes such as modernization, industrialization, urbanization, secularization and changes in women’s position.

1.14 OLDER WOMEN IN INDIA: PERCEPTION AND REALITY

1.14.1 Gender Perspective

India is one of the few countries in the world where males outnumber females. However, among the elderly, female life expectancy is higher. Moreover, according to the 2001 census, the sex ratio among the Indian elderly of 60 years and above was 1028 females to 1000 males. Women comprised a greater number and proportion of the elderly in almost all societies. This disparity rose as people grew older—women comprised 55 per cent of the 60 plus population; in the 80 plus set, they were 65 per cent and in the 100 plus 77 per cent. According to the UN estimates there are 208 million aged women
Factors influencing Life-Satisfaction of the Institutionalized Aged Women

in the world and about half of them live in rural areas in developing countries (UN 1990). It has been further estimated that elderly women in India would constitute 14 per cent of the total population of India by 2025 (Ibid).

The general perception of elderly women is that of an over-assertive member of the family where the main occupation is to ensure that the life of the daughter-in-law becomes miserable. The subtle message is that they are the wielder of patriarchal authority in the family and is most often an instrument of exploitation of younger woman. This image no doubt has basis on reality but is that all that is there to the elderly women in our society?

Are these woman not the ones who have faced all the disadvantages piled upon females in our society right from infanticide to ill-treatment to malnutrition, and inaccessibility to resources? Life might not have been a bed of roses for many of them when they were young; but, if that has been the case then how came they turned out to be manipulative aggressors? Probably there is an urgent need to look beyond this stereotyped image and find out the real status of elderly women in India particularly those living in urban areas. Research on the quality of life of the elderly in India is dominated by social studies. Studies are being conducted to find out how the elderly individuals, both males and females, live and interact with their children and their spouses in urban and Rural areas.

Since elderly woman far outnumber elderly men due to their longer life expectancy and because their husbands are much older than their wives, social conditions of in-laws constitute a major area of such research. Widows, by and large, are economically dependent, socially isolated and have several physical and mental disorders which make them, in source cases, immobile and bedridden.

In such cases, their contribution to the family and to the community is almost nil. Social science has been by passing elderly women earlier. It is only now that some research is done regarding their plight.
1.15 COMPARISON BETWEEN URBAN AND RURAL ELDERLY

There are significant socio-economic differences between the urban and rural elderly. More than 80 per cent of those over 60 years in our country live in the rural areas. The rural elderly are older than the urban elderly, but have little access to tertiary care. In rural areas over 6 per cent of the women are elderly, while in urban areas it is 5.1 per cent. While over 78 per cent of the elderly men enjoy the support of their spouses, 64 per cent of elderly women are widowed, and dependent on someone else for their livelihood. A large workforce among the elderly exists in the rural informal sector. Over 70 per cent of the rural elderly men continue to work, as against 48 per cent of their urban counterparts. Health care services also differ significantly in rural and urban areas with emphasis on primary health care in the rural areas and tertiary care in the urban areas. As India is strongly believed to live in villages, it is but natural to expect most of its elderly population to live in rural areas. Poverty, lack of education and malnutrition, play a dominating role in the life-style, health—both physical and mental—and other characteristics associated with aging. Malnutrition, an offshoot of poverty is detrimental to the health and physical growth of an individual, but the rustics are able to overcome this obstacle by compensating it with their strong will-power and industry. In the same way lack of education does not darken their minds, dampen their spirits for they are worldly-wise and that knowledge comes through their rich experience and ancestry.

1.16 FACTORS RELATED TO AGEING

The striking differences in personalities, varied social support networks and contrasting cultural background makes the process, time and experience of ageing individualistic and unique. Similarly as the social and cultural background, adequacy or inadequacy of resources, emotional motivation and political factors are the deciding factors of a society in its response and support to the aged, there is a sharp difference in its attitude towards the aged from society to society.
The worst affected are women. The early aging and longer life-span make their old age a horrendous experience. Still worse are widows of this category as the curse of widowhood adds insult to injury. If they happen to belong to the lower middle class they are doomed further. Older women had a higher poverty rate than older men. Poor people who have worked all their lives can be expected to become poorer in old age and others become poor only after becoming old. The traditional customs in the family not only prevents them from enjoying the love, care, affection and support of other family members and society but also forces them to work strenuously for others, despite old age (Nayar, 1996). The women of yester generations were generally uneducated and they were unemployed. Even if they were employed it was in the non-organizational sectors and so they do not come under the purview of any social security scheme as a result of which it aggravated their suffering. Hence, the economic, health nutrition and psychological problems of women in this age group is comparatively deeper and more intense than those of men.

The inevitable decline in the function and performance of various organs naturally makes the old age a bundle of diseases. As the fall in stamina and resistance is the alter ego of growing age, the old are more prone to ill-health than the young.

1.17 PROBLEMS OF ELDERLY WOMEN
1.17.1 Physical problems

Exhaustion, pains, poor mobility, failing vision, heart and breathing problems, and cardiovascular diseases combined with diseases of the musculoskeletal system are the most frequent, hazardous health problems faced by the aged. Besides physical illnesses, the aged are more likely to be affected by poor mental health, caused by senility, neurosis etc.

Assumption of the symptoms as part of the aging process makes the aged ignorant of the actual ailment which, in turn, makes the early diagnosis of the disease difficult. As a result, it is often too late when a disease is diagnosed.
In some cases they suffer in silence and in some others the family does not pay heed to their complaints. Youngsters are hesitant to spend money and time for the aged. Lack of interaction between the aged parents and young children magnifies the problem. The medical problems of the elderly are generally chronic. Coronary heart disease is known to be fatal in the elderly. Visual impairment and locomotive disabilities are widely reported. In a recent rural survey by the ICMR, only 20 per cent of those interviewed said they had major medical problems. It is reported that about 60 per cent of the elderly in India live a disability free life. The remaining 40 per cent are invariably the victims of one or the other disability. The incidence is slightly higher among females. More than one symptom generally in the elderly may at times lead to the diagnosis of more than one disease. The problems often and generally are related to vision (65 per cent), movement (36 per cent), respiration (10 per cent), skin (8.5 per cent), the central nervous system (7.4 per cent), cardiovascular ailments (6.3 per cent), and hearing (5.8 per cent).

According to HL. Dhar, Director of Medical Research Center, Mumbai, there are three most common problems or ailments from which the elderly suffer ‘namely’ hypertension, arthritis and diabetes. Primary osteoarthritis is almost a disease of the elderly population. Diabetes mellitus is a common metabolic disorder in aging population and a vast majority of elderly are type 2 diabetics. Elderly patients with diabetes may suffer from some specific syndrome like diabetic neuropathy, malignant otitis and the like.

According to Osdfeld, Kelle and Klawans, (1986), 50 per cent of the elderly population in the west suffer from hypertension, while 55 per cent of males and 45 per cent of females of the 50-60 age group are preyed upon by hypertension in Chandigarh. The study of Taiwan shows that the Taiwanese elders are least affected by hypertension. In the age group of 65-75, only 28.3 per cent and 35.8 per cent of men and women respectively have symptoms of hypertension, while in the advanced age group of above 75, the percentage is still lower in males (25 per cent), but higher in women (45.9 per cent). (Wen Ping T. Serg, 1977).
Some of the common health related problems to the elderly are listed below:

- Arthritis
- Cancer
- Cardiovascular (Blood Pressure and Heart Disease)
- Cerebrovascular (Strokes)
- Dementia
- Depression
- Diabetes
- Falls and Injuries
- Gastrointestinal Disorders
- Hearing impairment
- Memory
- Nutrition
- Osteoporosis
- Parkinson’s Disease
- Respiratory Disease
- Pressure ulcers
- Sleep problems
- Thyroid diseases
- Urinary disorders
- Visual impairment

(Source: Health Action: Vol.12)
Advancement of medical science has lowered the mortality rate. In other words, longevity is extended behind the rising proportion of the aged. From 34 per cent in 1950, the proportion of children below 15 declined to 30 per cent in 2000 and is projected to fall to 21 per cent by 2020. Around this time the proportion of the elderly population will equal the population of below 15 years. The dependency ratio (the number of over 65 dependent on every person in the 15-64 age group) would zoom to 23; it had risen from eight in 1950 to 10 in 2000. This indicates that every parent would be left with fewer children to take care of them during old age. With the cost of parent care rising per child, and in the face of continuing financial crisis, most children, even if they are willing, do not have adequate resources to take care of their elderly parents. Where resources are not scarce, other problems like psychological ones emerge. Caught in the inescapable web of unemployment and job insecurity,
the youth are forced to seek brighter and greener pastures on foreign soil. Such migration further affects the aged as they remain in their native soil uncared, unloved and even unnoticed. Housing problems leading to the dwindling living space makes it difficult, if not impossible, for the allotment of sufficient space for the elders to breathe in, leave alone privacy. The elderly are the first casualty of the break up of the joint family system. According to NSS 42nd round, there were 654 widows and 238 widowers per 1000 old persons in rural areas and 687 and 200 respectively in urban areas. More than 65 per cent of Indian women and 29 per cent of old men lead a single life in old age. There is nobody to look after them and financial constraints and lack of security worsen their plight.

Socializing is poor in old age. Every third aged person visits nobody, while every fifth aged person is visited by nobody. In the first half of the 21st century, the major socio economic problems is going to be the maintenance of health and nutrition of the elderly through social security, social assistance and other social support mechanisms. It is a pity that a comprehensive social security systems is not functioning in our country as it does in western countries.

1.17.3 FINANCIAL PROBLEMS

Lack of support to rely upon, clubbed with pressing financial stress, leave the aged in rural areas with no alternative than earning their bread by the sweat of their brow even in the advanced age. Compared to the urbanites the rural people are less employed in regular wages and salaried sectors. Hence they do not enjoy the retirement benefits that the urbanites are entitled to. This is yet another reason for their continuing to work till they are physically and mentally capable of doing so. Once again it is men that work, thus while women, either because of lack of opportunity or of personal inability, do not engage themselves in such works (Gulati, Rajan and Ramalingam 1997).

The financial crisis, as the inevitable consequence of less or lack of guaranteed monthly income, is so acute that the aged find it difficult to meet
with the essential expenses of medical treatment as a result of which they suffer in silence. Added to this physical ailment is the mental ill-health caused due to the humiliating and contemptuous treatment meted out to them by those who are expected to extend respect, love and care at the most needed hour.

1.17.4 PSYCHOLOGICAL PROBLEMS

As already pointed out, the hurt and humiliation caused by the loved ones has its own repercussions. It results first into social isolation which enters into a vicious cycle of social isolation leading to total neglect of people. Secondly, natural and unavoidable changes like wrinkles in the skin, gray hair and poor hygiene make them alienated into isolation. Thirdly cortical changes in the brain resulting in confusion, dementia and the like put them into behavioural isolation. Fourthly, social changes like urban crime and separation from grown up children result in mental isolation too. In fine, all these bio-psychological changes sow the seeds of poor socialization resulting in diminished self-esteem with passivity, self-disgust, self-pity, sense of guilt and anger. These are the very obstacles of human development that ultimately affect their mind-set towards self actualization. Advancement in age increases the number of ailments afflicting the people and aggravate their agony. Primary dementia, and the physical problems of strokes, heart disease and other illnesses which affect reasoning, mood and psychological health, prey upon these weak victims.

Some of the psychological problems of the elderly include depression, isolation and anxiety disorders, together with an increased risk of suicide. Loss of ability, loss of spouse, loss of sense of purpose and declining competency are the contributing factors. For many elders, there has never been a focus on feelings or emotional difficulty. Lack of ability to explicitly or coherently express their inner feelings deprives them of any necessary assistance. Their inability to identify the very problem adds to the cup of their woes.
1.17.5 GERIATRIC DEPRESSION

Geriatric depression is one of the major problems suffered by the elderly. Tension or stress that saps away the already weak old people is the ultimate result of the suppressed emotion over the loss of their loved ones, particularly the life partner and lack of resources to treat the persisting health problems eventually leading to depression. ‘Depression’ ruins the lives of the old people and kills a few either through suicide or possibly through ‘turning the faces to the wall’ (Pitt, 1980)

Many elderly come across significant life changes and stressors that make the risk of depression higher and deeper. Those with a personal or family history of depression, failing health, substance abuse problems or inadequate social support, are very close to such risk.

1.17.6 Cause and risk factors that contribute to depression in the elderly include

5.6.1 Loneliness and isolation – living alone, a dwindling social circle due to death or privileges.

5.6.2 Reduced sense of purpose – feeling of purposelessness or less identity due to retirement or physical limitation on activities.

5.6.3 Health problems – illness and disability; chronic or severe pain; cognitive declines; damage to external appearance due to surgery or disease.

5.6.4 Recent bereavement – the death of friends, family members and pets; the loss of a spouse or partner

5.6.5 Fears – fear of death or dying; anxiety over financial problems or health issues

The elderly under the protective care of their own family are certainly free from the risk of depression while those living all alone or those institutionalized fall an easy prey to depression, which like a canker in the rose eats away their life in the long run.
1.18 FACTORS CONTRIBUTING TO THE LIFE SATISFACTION IN THE ELDERLY

Factors that influence life satisfaction include environmental characteristics, such as the availability of social support; personal traits, such as self esteem, physical health, financial resources, a sense of connectedness and focus of control. Studies indicate a positive relationship between social support and life satisfaction. Aquino et al. found that demographic variables such as financial year status, educational level and work patterns affect life satisfaction in the aged. Elders who were working or volunteering tend to show higher life satisfaction than those who were idle due to various factors. Lack or less education and socio economic levels, deteriorating health and negligible social support result in low life satisfaction on the aged. Those with physical difficulties also perceive their social support to be poor which might have affected their level of satisfaction. Indeed, (Kahana et al. 1995), it was found that short term problems such as those caused by financial difficulties and changes in relationship through retirement from service or death may have a significant impact on life satisfaction. Low levels of personal autonomy and high level of dependency tend to be more negatively affected by poor health and show a need for social support in the form of lose in more autonomous and independent individuals.

1.19 FACTORS AFFECTING LIFE – SATISFACTION

Ageing naturally ushers in many physiological changes, physical functional decline, specific health problems, psychological and social changes. The chronic illness that rings the knell of physical and mental ability of an individual attacks the elders more easily and more often. The psychological changes in the elderly is the outcome of many types of deprivation, such as the loss of a beloved person by separation or death and loss of social and economic status. These changes adversely affect the mentality of the elderly, as they are aggrieved over the fear of loss of power and self esteem. Social
and economic changes too play a vital role in creating and perpetuating problems to the aged. The changes in cultural tradition towards westernization could affect the elderly with changes in social conditions, abandonment, lack or total loss of respect and a feeling of lower self worth. The eventuality of such physical, psychological, social and economic changes is the mental instability in the elderly. The loneliness of self ultimately intensifies their feeling of depression and fear of loss of self esteem. Self esteem is an important factor in individuals for coping with problems in daily life and for sustaining appropriate behaviour that would be a guide to their worldly life and community. The unfailing sense of high self esteem in the elders is the passport to good health and peace of mind. But the elderly with low self esteem, often suffer from inferiority complex, anxiety, worry, isolation and are anxious about declining or failing health which eventually leads to depression. Therefore, self esteem is a very important factor that ensures the well being of the elderly and decides the level of life satisfaction. Coppersmith states that two factors influencing the development of self-esteem, are the personal factors such as gender, age, marital status, educational level, occupation, monthly income, personality and activities of daily living; environmental factors, such as family activity participation, social activity participation and social support.

1.20 RELIGION AND ELDER

Religiousness among elders is high, especially in a country like India where religion is the invisible but unbreakable thread of Indian culture. The practice of daily worship, offering prayers in the places of worship is the second nature of a vast majority of Indians irrespective of region, religion, caste, language, sex and age. For elders, religion is an important means of not only salvation in the hereafter but also coping with the demands of worldly life at an advanced age. With advancing years, active participation in religious activities begins to decline, and hence the elderly continue to practice religion in a more informal manner (Mindel & Vaughan, 1978).
1.21 SPECIFIC PROBLEMS OF AGED WOMEN

Aged women are called wet leaves in Japan, ‘Kankeri’ (second childhood) in China and ‘Shastiathpurthi’ in Sanskrit (Gowry, 2003). In India older women are seldom part of the development agenda. Their contributions are slighted and discussions of their situations are usually after thoughts. Their work is not considered economically productive and their contribution is not quantified or valued (Karkal, 2000). In Indian culture women were not allowed freedom or equality with men, (Manusmrithi–Pitharakshathi Kaumare, Bharatharakshathi Yauvane: Rekhshanthi Sthavireputhra, Na Sthree Swathanthriyamarhathe’). Female security largely depends on the willingness or readiness of male members of the family fathers, husbands or sons-whereas male security depends on the ownership and control of family property.

According to the 2001 census, 33.1 per cent of the elderly in India live without their spouses. The widowers among older men form 14.9 per cent as against 50.1 per cent of their female counterpart. Among the oldest-old (80 years and above) 71.1 per cent of women were widows while widowers formed only 28.9 per cent (census, 2001).

According to the National Sample Survey data 58 per cent of females 45 per cent of males in rural areas are fully dependent, whereas in urban areas, the ratio was 64 and 46 per cent respectively. The most vulnerable group consists of elderly females in urban areas, 64 per cent of them being dependent on others for food, clothing and health care. Among the elderly, the widows constitute a vulnerable group health wise. The experience of single life on loss of life partner varies from men to women due to the structural disadvantages associated with gender and marital status. This results in a much greater risk factor for the aged women as compared to men. Recent Indian Council of Medical Research (ICMR) studies conducted in Chennai, Lucknow, Delhi and Mumbai have revealed that out of the surveyed older population, 52 per cent did not have any source of income. The studies show that it is the women that suffer more and in greater numbers as they live longer than men. Widows formed a large number of the elderly, particularly among Indian women who
were married to men 10-15 years older than they were and who therefore, have to endure longer periods of widowhood. Their conditions are worse as they, more often than not, cannot fend for themselves after the death of their husbands. Studies also show that they are abused severely—verbally, psychologically and physically. (National Sample Survey, 46th Round).

As women live longer than men, the problem of the elderly is more particularly the problem of the elderly women. Elderly women, widows or spinsters, have always been among the poorest and most disadvantaged in a society. In developed countries they are considered a burden because of dwindling financial support and growing expenses on health care. Analysis of the National Sample Survey shows that a striking gender differential exists in the ownership of property and assets and in the participation of their management. In India’s aged women suffer more from deprivation of ownership of property and financial assets and participation in their management compared to aged men in both urban and rural areas. Individual property right is certainly an important aspect of social security for aged people as it increasingly generates resources and hence ownership of property and assets could ensure the security of aged, particularly of women.

In most of the developed and developing countries women’s biological, psychological and social development across their life span is compromised by cultural, political and economic factors. The remarkable thing about older women in our culture is that they are able to survive against all odds against them. Long and bitter experiences of discrimination, deprivation and neglect reflect in their later years. There is no rest or retirement for elderly women, particularly in India until death or dementia or disability, which proves but a blessing in disguise comes to their recent. Poverty, malnutrition, poor health care and depression are the major problems affecting the elderly women. In Indian culture, women do not enjoy freedom from or equality with men. Female security always rests with the men folk in the family, fathers, husbands or sons, whereas male security is ensured by the ownership and control of family property. Various factors such as food sharing practices,
eating the left overs, poor medical facilities, poor sanitation as well as low levels of education may be responsible for poorer nutritional and health status of the elderly women of the lower income group. Added to this, incidence of widowhood is much higher among the female aged than among the males. This is a global phenomenon India is no exception. In 1991 in our country, the economic security, social fulfillment and personal dignity was not well assured as in western countries due to economic imbalance. The position of the elderly woman in the family depends upon her economic position, support systems available, marital and health status. "The great longevity of women would mean that there would be more widows than widowers, the more so as grooms were usually older than their brides. In addition there was a higher remarriage rate among widowers than among widows".

1.22 VANISHING JOINT FAMILY SYSTEMS

Family has so far been the most effective protector of old age in India. India is a country as the family itself was acting as the unfailing means of old age there was no recessing for the raise of institution to extend support to the aged. with a fine, rich and long tradition of respecting, loving and caring for the aged. The extended families for several generations under the same were the basic unit of protection and livelihood in traditional agricultural society in ancient India. As a result of unprecedented economic development and westernization, the healthy system of joint families slowly began to collapse and there came into being nuclear families. The change from love -oriented to money-oriented outlook has adversely affected the security offered by the family. This type of transformation has further deepened the difficulties of supporting and taking care of the aged. Though the aged and the dependent are taken care of by family members even now, there is a change in the emotional climate of the family. This affects the emotional and psychological security they need. (Devanandan and Thomas, 1996).
1.23 OLD AGE HOMES

The changing social scenario sows the seeds of conflict and problems in adjustment. Substitution of joint families by nuclear families has aggravated the problem and as a result, maladjustment with and withdrawal of support for the aged have become a normal and regular feature of the Indian families. Many of the elderly parents are abandoned by their children and forced to stay in old age homes. The phenomenal growth of old age homes, which were once a rarity, is a sure indicator of the ever widening and unbridgeable gap between the generations. It is a social expectation in India that the adult sons will take care of their aged parents and the daughters take charge of the parents in case the parents do not have sons (Vatuk 1980; 1981; 1990). In case the sons stay separately from each other, the parents have to be under the care of one of the sons (Vatuk 1981). It is sometimes asserted that the absence of any such care will cause adjustment problems, loneliness and depression in the milieu of old age homes as the elderly persons are habituated to staying with their family members. The residents of the old age homes would find it difficult to adapt to the setting of the old age homes, where the warmth and security of the family environment is totally absent. There are some studies, which have indicated this factor of loneliness and depression felt by the residents of old age homes. Research studies (Mishra 1993; Bagga 1997; Dandekar 1996; Nalini 1997; Chadha and Kanwar 1998; Rajan et al 1999) have looked into the structure of old age homes, life of the inmates, their level of satisfaction or dissatisfaction, loneliness, depression and family linkage of the inmates.

1.24 EMERGENCE OF OLD AGE HOMES

On the whole, in India the position and the status of the elderly and the care and protection they traditionally enjoyed have been undermined by several factors – urbanization, migration, break up of the joint family system, growing individualism, change in the role of women from being full time home makers to bread winners, and increased dependency status of the elderly. There is also a generation gap in terms of education, aspirations and values and the
budgetary allocation of resources to different members of the family. Often the family is unable or unwilling to meet the financial, social, psychological, medical and welfare needs of the elderly and seeks help from supporting services.

Pursuance of education or the hunt for employment by the junior members of the family at times, adversely affect their household duties and responsibility and they are not in a position to take care of their elders. An old person’s personality, personal relationship and reproductive success are other important factors in the kind of care they receive, with the childless and the sonless, especially women at a definite disadvantage, (P.Krishnan & K.Mahadevan 1992).

1.24.1 Many factors have contributed for the growing number of old age homes:

- Migration of young couples from the rural areas to cities in search of better employment opportunities to fend for themselves.
- Elders who have been in control of the household for a long time are unwilling or reluctant to hand over the responsibility to their children. Youngsters on their part are resentful of this attitude of their parents.
- Many youngsters have moved to places far away from their native homes and in the recent past to many countries abroad. So even if they want to, they cannot extend the love and care to their parents in their own homes.
- Elders are sometimes too incapacitated or unwell to look after themselves or get medical care especially in an emergency.

All these have made the old age homes seem more relevant in the Indian context than ever before. There are two types of old age homes in India. One is the “Free” type which cares for the destitute old people who have no one else to care for them. They are given shelter, food, clothing and medical care completely free of cost. The second type is the “Paid” home where care is provided on a fee. Now a days, such “Retirement” homes are growing very
Factors influencing Life-Satisfaction of the Institutionalized Aged Women

popular in India and they render worthy service to those who can afford to pay. Old age homes are meant for senior citizens who are deprived of the shelter in their families or in other words destitutes. States in India such as Delhi, Kerala, Maharashtra and West Bengal have developed good quality old age homes. These old age homes offer special medical facilities for senior citizens such as mobile health care systems, ambulances, nurses and provision of well balanced meals.

There are more than a thousand old age homes in India, most of which offer free accommodation, while some homes function on a payment basis depending on the type and quality of service offered. Apart from food, shelter and medical amenities, old age homes also conduct yoga classes to senior citizens. Old age homes are facilitated with telephones and other forms of communication so as to enable residents to keep in touch with their loved ones. Some old age homes have day care centers for taking care of senior citizens during the stay.

1.24.2 RISE OF OLD AGE HOMES

Vicissitudes of life are the factors behind the origin and perpetuation of the misery of elders. With none to depend on, no means of income and no emotional security they become destitutes with a question as to how to lead their remaining life. The growing intolerance among youth, coupled with their inability to adjust with the elderly is one of the prime reasons for the rise in the number of old age homes in India. The fading joint family system in India and other innumerable factors have given rise to west inspired phenomena of old age homes. The shocking cost of living and scanty return on savings have almost pushed these senior citizens on road. For older people who have nowhere to go and no one to support, old age homes provide a safe haven. These homes create a family like atmosphere for the residents. Senior citizens experience a sense of security and friendship when they share their joys and sorrows with one another.
1.25 ADJUSTMENT IN OLD AGE

There are certain problems that are unique to old age as given below:
- Physical helplessness
- Economic insecurity
- Shifting to living conditions favoring economic status.

Owing to this certain adjustmental problems develop in old age. The following are some of the factors which influence adjustment to old age.

1) Preparation for old age
2) Earlier experiences
3) Satisfaction of needs
4) Retention of old friends
5) Grownup children
6) Social attitudes
7) Personal attitudes
8) Method of adjustment
9) Health conditions
10) Living conditions
11) Economic conditions

Sooner or later most old people have to adjust to the death of spouse. This is far more likely to be a problem for women than men. The death of a spouse is not an isolated problem for it is always accompanied by partial or complete closure of financial resources, disrespect and rejection by family members and society and other hazards of living a solitary life. Hence it is implied that the widow has to quickly get to the new and strange environment.

The unfavorable social attitudes towards the elderly are reflected in the way the society treats them; it is not surprising that many elderly people develop unfavorable self concepts. These tend to be expressed in maladjustive behaviour of different degrees of severity.

Many elders have adjustment problems in the old age homes. Adjustment in old age homes depends on the following factors:
Factors influencing Life-Satisfaction of the Institutionalized Aged Women

- voluntary option
- Contentment and happiness in direct proportion to their readiness or willingness to quick adjustability
- Proximity to their early living place
- Lingering feeling of oneness with the family

1.26 PROBLEMS OF INSTITUTIONAL CARE OF THE AGED

A study reveals that majority of the respondents from India (77%) preferred to stay in their own homes, whereas in Japan only 27% of the respondents preferred to stay in their own homes. It is also found that 51% of the respondents from Japan preferred to spend their old age in nursing homes or care houses, whereas no respondent from India preferred this option. In general, inmates feel dissatisfied at residing in old age homes as they develop a sense of segregation from the family and wider community. All of them nurture a desire to go back to their families to spend the rest of their life with their near and dear ones. Similarly in her study of all female old age homes reveal that younger entrants to the old age homes feel more depressed than their senior counterparts. Denial of opportunity to work or even prepare their food themselves gives them an uneasy feeling of being treated like mere guests which in turn aggravates their pain and intensifies the feelings of loneliness, depression and frustration, (Bagga, 1997).

Institutionalized aged feel more lonely and depressed as they lack social network support and do not feel “the level of kinship” felt by non-institutionalized aged. (Chadah and Kanwar, 1998).

At present managing the problems of the aged is not upto the expected or required standard. Lack of planning and inefficient execution makes it unsatisfactory and inadequate as of common humanity demands the formulation of some program of care that permits the elderly to maintain dignity, self respect and a sense of worth as well as providing physical needs. This can be accomplished by state institutions designed to prove a program of activities and care suited to the needs and abilities of an aged resident.
population. In the long run, the total cost of such care will never exceed the present wasteful and haphazard types of custodial management. In addition, it will permit this larger group to spend their last phase of life in a setting that ensures a sense of personal dignity and offers encouragement for the proper and perfect utilization of their interest and skills.

1.27 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 on older persons, 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 to the family and to the society. 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 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 (Natarajan, 2000). Government pension schemes have become the most sought after income security schemes. The policy seeks to ensure the immediate and prompt settlement of pension, provident fund, gratuity and other retirement benefits. It is also proposed to setup a welfare fund for the old age persons. Regarding health care for the elderly, the goal of the policy is to provide good and affordable health services. In this process it envisages to have the cooperative and coordinating efforts of the public health services and of the private health services and of the private medical care. Development of health insurance is also being given high priority. Mobile health services, special camps and ambulance services are thought of for easy reachability and accessibility of the health care facilities to the elderly. For solving the problem of providing
housing for the elderly group, housing is proposed which will have common service for meals, laundry common room and rest rooms. They should have easy access to community services, medicare, parks, recreation and cultural centers. The Government proposes to encourage construction and maintenance of old age homes. However, family is recognized as the main provider of old age support not only in the area of housing which is merely physical but also in other areas, which are psychological and hence crucial to old age persons. The policy also proposes to develop educational and informative material relevant to the loves of older people such as the creative use of leisure, appreciation of art, culture and social heritage, skills in community work and welfare activities. Further it will provide information about the process of aging and the changing roles, responsibilities and relationship at different stages of the life cycle.

The Government of India honours the senior citizens by giving fare concessions to sum modes of travels, concessions in entrance fees, preference in reservation of seats, priority in telephone and gas connections. The Government declared the year 2000 as the National year for the old age people. It was 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 absolutely free to make their own decisions regarding the continuance of work or peaceful retirement. The policy seeks the cooperation and active involvement of media for creating and spreading a better understanding of the aging process and also enlightens the authorities on the issues and the areas for action, connected with the aged.

In order to implement the National Policy on Older Persons, the National Council for Older Persons (NCOP) was constituted in May 1999 by 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.
1.28 Non Governmental efforts provide care for the aged

The government instead of resolving the problems of the elderly by itself, is introducing the schemes to assist voluntary organizations to help senior citizens. These organizations are provided financial assistance-grant upto 90 percent of the project expenditure – to set up day-care centers, old-age homes and mobile medical units for the elderly.

Increase in the number of appropriate policies and lack of resources to execute those policies make it difficult, if not impossible, for the Government to extend the necessary and timely assistance to the aged. It is here that the private sector consisting of the voluntary agencies play an important role in this regard in bridging the gap of services available. The Non-Governmental Organizations (NGO) sector constitutes a very important institutional mechanism to provide user friendly, affordable services to take care of the elderly. However, this sector in India is playing only a minor role catering to a rather small segment of the old age population, which is capable of paying for the service rendered. NGOs run Old Age Homes and Day Care Centers where old age persons are admitted on a specified fee per month.

The paying-guest type of homes ignites the other financially weak elderly to look up to places where services are provided at a much cheaper cost. But cheaper cost or free service in homes is synonymous with lack of facilities, ill-treatment, humiliation which the elderly have to bear without a murmur. Such is the case of the institutional care in Indian settings.

As aging itself opens up the portals of innumerable and inescapable problems, men and women undergo more hazardous experiences. The institutionalized find themselves caged in an odd atmosphere as a lot of adjustment and other adaptive issues await them there. The factors that would ensure life satisfaction are an important factor to note under these circumstances.

In this chapter, the researcher has discussed in detail the present scenario of the aged, theories of aging, problems of the aged in various dimensions, factors contributing for life satisfaction of the elderly, institutional care of the
aged, the efforts of the government and non-government in providing services to the aged and the like. In the following chapter, the researcher intends to present various literature related to problems of aged women under institutional care and the factors influencing the life satisfaction among the aged women with the singular aim of pinpointing the gap in the knowledge such as the causes, consequences and remedial measure of the factors influencing Life-Satisfaction among institutionalized aged women.