PREFACE

It is an accepted truth that the elderly need more social and health care than medical care. The problems are related with pension, employment subsidy schemes, housing, food clothing, social respect and other provisions. There require concerted and coordinated efforts in almost all sectors such as health, human development and welfare.

Increasing life expectancy and increasing numbers and proportion of the world population represented by older persons, is become a norm today. The older population itself is ageing. The fastest growing aged group in many countries are persons so years and older. Let us look at the 75 years period between 1950 and 2025. The world population as a whole will have increased three and half times from 2.5 billion to 8.46 billion. The world population 60 and older however, will increase six fold from 201 million in 1950 to 1.2 billion in 2025. Developments in respect of the 80 plus population are the most astonishing. They will increase ten fold from 13 million to 137 million and health services and the majority will be are least able to scope with this new situation.

It is the elderly, who are in focus in this research study. The basis of discussion is the desire of the medical as well as social work profession to do its duty to the elders. The alarming rise in numbers and their being subject to age-related disorders and diseases and being under-employed and later being dependent, non-productive and
even bed-ridden in terminal stage, warrants a careful planning of their total health care at all levels and at all stages of their life.

A number of organizations, both social and professional, have adopted this agenda and are engaged in this humanitarian task to provide relief. But it is a drop in the ocean, looking as they are, to the tip of the iceberg. The problems are hidden. Ego, vanity, shyness or even shame, does not make the aged open their hearts to reveal what they undergo, how shamefully they are treated and how desperate they feel. The law provides for their looking after by their children, but how many invoke this remedy for their social isolation and deprivations, depression, psychiatric aberrations and chronic physical illness.

The pathology is therefore, multiple. It is socially stigmatous. The "honour" or "reputation" forbids the elders to express their total indignation and helplessness social, emotional, economical and physical - the basic components of Health as defined by world Health Organisation.

Care of the old in the families, is in-built in all cultures. The communities have their agenda set to look after the old and the aged. The families must understand their commitment and obligations. It is the moral duty of all to shed their complexes, identify the problems and their causes (on an individual level) and find ways to honour the living rather than the dead, to shower respect on those alive rather than build monuments to remember them.

We, in the developing countries, do not have to be complacent any
more. We have to revive our cultural heritage of respecting the elders and providing them comfort and a better quality of life. It is the duty of the state - yes, but it is as well the responsibility of the families and communities to demonstrate their willingness to help the elderly. The elderly themselves have also to accept and adopt the changing environment and help themselves accordingly. Families are still the best bet and their support is as vital as extrinsic support to the families to fulfil their obligation in their mission of service, respect and love.

One has to distinguish between the "physical" man and the "man in the man." Mind is the repository of all desires, a storehouse of ambitions and egos, yet blessed with a self-evaluating and self-assessing mechanism. What it should do is, to sort out the positive responses from the negative ones and then throw off the latter. A self-introspection leads to the preventive process becoming active and operational, bringing in its wake, self-control, self-discipline and self-regulation. Mental health is subservient thus to spiritual health, which helps to bring in physical, social, emotional and mental well-being i.e. perfect health, as it is defined.

More and more active attention needs to be focused, as a compulsion, on preventive measures on these life-style-illnesses, during the ageing phase, to minimize morbidity.

A national effort could, like social security system, provide well for this commitment to the aged. It has now become an urgent necessity, may an urgent compulsion, to utilize the limited national resources
on prevention/blocking the disease process, thereby curbing the requirement of more and more sophisticated institutions. The benefits of what science knows and what medical & social work profession can offer, must effectively reach the elderly population. This research study has in its contents details of the introduction of ageing, its indicator, etc. Simultaneous inclusion of the various problems, issues, rehabilitation aspects, make the move towards comprehensive and meaningful a discussion possible.

Social adjustment is a personal matter in families which need to follow the traditional norms of treating the aged as assets or as guides. They have to be kept in high esteem and given all respect and honour.

The important factor still remains as to how the elders themselves commit and contribute to their own welfare through personalised initiative, planning and organising their own life. Balancing the calm and chaos, the creativity and naturalness, and combining the basic with comfort - all lead to life styles that need wisdom to ease tension, depression and anxiety. This is the message of our effort towards rehabilitation of the elderly to ensure the best quality of life while living and facing death with dignity.

The government has translated its political will and nation's commitment through a comprehensive declaration - The National Policy for Older Persons (1999). This declaration has placed the responsibility for the elderly on all those who are involved in providing health care - socio-economical, psycho-emotional, mental and spiritual and in rehabilitative fields, alongwith education / training of all categories of
elderly cares. Its implementation, as per its contents, is now the main consideration. Help, assistance and co-operation has to be generated as envisaged, by all concerned at all levels to meet the target.

So far as the objectives of this study are concerned they are as follows:

1. To study socio-demographic features of respondents.

2. To identify social status and social, economical, psychological and physical problems of elderly women.

3. To study the role of family and self care practices by the elderly women.

4. To study the various issues in relation to the elderly women.

5. To seek the opinion of respondents regarding various welfare measures provided by the Government and Non Government Organization.

The contents of the research study is divided into eight chapters which are systematically arranged as follows:

1- First chapter deals with introduction, objectives of the study along with indicators of ageing my this related to aged, National policy for aged and research methodology which had been adopted.

2- In the second chapter review of pertinent studies relevant to the topic undertaken in India and out side have been done which have got bearing the present study.

3- Chapter third discuss the socio-economic and demographic
characteristics of the respondents problems of the respondents.

4- Fourth chapter identifies social status and socio-economic, psychological and physical problems of the respondents.

5- The fifth chapter discuss them role of family in relation to elderly women along with self care practices performed by the respondents.

6- Chapter sixth deals with the various issues related to elderly.

7- The seventh chapter deals with the opinion of respondents regarding various welfare measures provided by the government and No-government organisations.

8- Chapter eight provides conclusion and suggestions of study.

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