CHAPTER-I

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INTRODUCTION

NEED OF RESEARCH STUDY

Old age is a serious, complicated and universal problem. With the results of changes taken place in the family structure and functions, family is unable to look after and providing security to orphans, widows, widowers and, aged as it used to provide before. It is the reason that today in between of elderly and family a successful adjustment is not possible and the result is that the life of elderly is full problems.

Old age is a obvious and natural state. Therefore problems of ageing are remained in human life from the very begining of the world. In reality old age is a serious and complex problem of human being which comprises tremendous problem of in its aspects. Benjamin Islash highlighted on problems of old age. He says that old age is just like a special disease, by which every individual suffers from it and other diseases also arrest it. In old age several problems - physical, mental, family, community - adjustment, loneliness, isolation, non use of leisure time, less income for nutrition of himself and dependents also captured the old age.

The problem of aging in India is emerging, to some extent, due to the increasing proportion of the aged people in the population, but, to a great extent, owing to the declining roles and status in old age in the changing Indian society (Desai et al., 1973). Due to the changing social structure and cultural system following industralization, urbanization and modernization processes, the life of the aged people has become problematic. since the knowledge and experiences of the aged people are not considered necessary for the proper functioning of the rapidly changing new society, they are sidelined and their needs are neglected. Thus, aging is not a smooth process today, but a painful one, in which the aged are exposed to the vulnerability of the aging process, in the threatening and challenging environment. Owing to the increased importance of achieved properties, increased importance of achieved

properties, and in the absence of any familial support, the aged have to depend on their own resources for the satisfaction of their needs².

It is correct without any debate that the tendency of discardedness of old is increasing in the world. That's why elderly began to helpless.

In the perspective of increasing problems of old age United Nations assembly declared to celebrate year 1991 as a "Elderly year". The hidden objective was to invite the attention of people about the need of implementation socio-cultural and health related programmes for their betterment. At present in every month ten lakh people per month in the world enrolling themselves in the list of old men. In 1950 the old men population was twenty crore. In the light of reducing birth rate and increasing life expectancy the population of 60 plus will be sixty crore in year 2001 and in year 2025 when the population of the world would 600 crore then the population of olds would also be 120 crore, two times more than the children of the world at that time.

At present elderly are suffering from many physical, mental, social and psychological problems.

Shri Stauer Samuel puts a brief light on the people of this condition with relation to No., percent and decade growth (from 1951 to 1991)³.

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of persons</th>
<th>% of the population</th>
<th>Total</th>
<th>Decadal increase in population 60+ growth rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1951</td>
<td>20.190</td>
<td>5.66</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>1961</td>
<td>24.712</td>
<td>5.63</td>
<td>4.522</td>
<td>22.40</td>
</tr>
<tr>
<td>1971</td>
<td>32.700</td>
<td>5.97</td>
<td>7.988</td>
<td>32.31</td>
</tr>
<tr>
<td>1981</td>
<td>42.172 (a)*</td>
<td>6.49</td>
<td>10.472</td>
<td>31.02</td>
</tr>
<tr>
<td>1991</td>
<td>54.685 (b)*</td>
<td>6.54</td>
<td>11.513</td>
<td>26.67</td>
</tr>
<tr>
<td>2000</td>
<td>75.696 (b)*</td>
<td>7.63</td>
<td>29.011</td>
<td>38.42</td>
</tr>
</tbody>
</table>

*(a) Excluding Assam  
*(b) Projected

² Mishra S. Coping with Aging at Individual and Societal Levels, Aging. Indian Perspective and global scenario, edited by Dr. Vinod Kumar, AIIMS, New Delhi, 1996, P.P.- 223.  
As well as the National Sample Survey Organisation (N.S.S.O., 1998) pictured the scene of olds in developed countries i.e. based on data of 1989 given in following table.

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Classification of Aged Persons</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Persons in lakhs</td>
<td>394.51</td>
<td>87.35</td>
</tr>
<tr>
<td>2.</td>
<td>Sex Ratio (No. of females per 1000 males)</td>
<td>675</td>
<td>697</td>
</tr>
<tr>
<td>3.</td>
<td>Economically independent</td>
<td>34.02%</td>
<td>28.94%</td>
</tr>
<tr>
<td>4.</td>
<td>Gainfully employed</td>
<td>40.55%</td>
<td>26.76%</td>
</tr>
<tr>
<td>5.</td>
<td>Living alone</td>
<td>7.99%</td>
<td>5.94%</td>
</tr>
<tr>
<td>6.</td>
<td>Willing to shift to the home for the aged</td>
<td>19.10%</td>
<td>17.60%</td>
</tr>
<tr>
<td>7.</td>
<td>Having chronic disease</td>
<td>45.00%</td>
<td>44.80%</td>
</tr>
<tr>
<td>8.</td>
<td>Physically Immobile</td>
<td>5.40%</td>
<td>5.50%</td>
</tr>
</tbody>
</table>

**SOCIAL SIGNIFICANCE OF STUDY**

The old women and men are proud and a precious asset of our country, not the burden. They are the producer of our springs. They have a vast reservoir of experience and can contribute positively for the sustenance and progress of our society and the nation. The elderly understand the inner meaning of life and they have better perceptions and judgement of human behaviour and inter personal relationship.

Though various studies have been carried out in the country about status of elderly women but this research study highlights on some newer facts. This study is first of its kind which is conducted in Jhansi of U.P. In this study the status and problems of elderly women is identified in depth.

The findings of this study are beneficial in the field of social work for formulating welfare schemes and programmes. It will provide help to various NGO in respect to their planning while thinking various areas which are left out by the people and important.

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The study will help the government to plan the programmes for the upliftment of aged people as they are important part of the society. The study will also be educative to aware the general public, family members and society at large who has been taking no or less interest in aged will accept them as the asset of this society and will make use of their experiences.

This study will invite attention about various problems of aged. The valuable data of this study can be used by social reformers, sociologist, policy makers and state planners who have ambitions to raise the status of elderly women.

The results and findings of this study will inspire the department of medical education to add geriatrics as compulsory subject to be taught to new medical graduates so that they could be able to understand and manage the physical and mental problems at their hospitals and clinics. It is well known proverb that necessity is the need of invention. A trained personnel can better understand the problems, like other cell as Radiology, Pathology, Surgery and Skin Geriatrics Clinic will also be separate to oldmen & women. Geriatric should be included in Primary Health Care because oldmen, women are also valuable group in both urban and rural population.

CONCEPT OF RESEARCH STUDY

Old age is not a disease but a essential condition of human life cycle. It comes and each individual has to suffer from it. Elderly men women status remained high in our Indian culture. Traditional joint family system, social organization and varna system are powerful evidences of it. What type was their social status and how much respect was given to them. It is true without any debate that present individual centralized materialistic culture reduce the power in the form of an 'Actor' so the elderly status is downward effected. In present situations elderly status is isolated and lost its honour. He is unable to adjust in present family social circumstances. It is far away to reap the benefits of their experiences, modern generation does not like to get counseling. What
an unique condition it is! In present situations new generation dislike the ideology. Whenever elders intervene in their living and food habits, they are ignored often by them. Then elders do not tolerate and feel insult and humiliation. Thus cold war is started between elders and youngers. That is called inter generation conflict (IGC). Elders do not like any sort of changes nor able to adjustment because there are following problems before them-(1) Time consuming (2) Family environmental, emotional, physiological health problems (3) Protection of economical property, psychological family adjustment and gratification of needs. While aging is essential part of human biological and cultural process, in which individual develops discarded outlook about his life and feels depression. From sociological points, the problem of aging is the problem of non adjustment with family and society.

There is no single evidence in the history of human society in which all individuals had equal social status. It is because of each individual has different awareness, qualification and skills. According to Elliot and Merrill (1941) status is position which the individual occupies in the group by virtue of his sex, age, family, class, occupation, marriage and achievements. According to Linton, status is place in a particular system which a certain individual occupies at particular time will be referred to as his status with respect to that system. Status is thus either achieved or ascribed. So far as individual role is concerned that is all activities which are performed by any individual in accordance with status.

Richard et.al (1960:4) Problems are behaviour patterns or conditions that are considered objectionable or undesirable by many members of society. These members recognize that the corrective policies, programmes and services are necessary to cope with and reduce the scope of those problems. Merton R.K (1961:701) Generally speaking, a social problem can be seen as a significant discrepancy between social standards and social activity. Elderly denotes those women who crossed their

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5- Elliot and Merrill (1941 - 9) Social Disorganisation.
6- Linton, The Cultural background of personality. p-264.
mensuration period and reach the stage of menopause or 60 plus of age. In this research study the "status and problems of elderly women" means position of 60 plus age of women occupies in her family and facing objectionable or undesirable behavior patterns or conditions created by members of her family.

**WHO IS AGED**

Aging is unequivocally an universal and irreversible process. This process varies considerably within and between cultures. Getting old is the result of the interplay of biological, social, psychological and ecological factors. Old age is the last phase of the human life cycle, and the timing of this phase its impact on role relationship and the meaning attached to it vary in different societies and even in different sub-groups of a society. In the process of aging, the last phase in considered as decline and death, and in this phase majority of the aged face economic, social psychological dna ehalth problems which of course, vary from individual to individual. Further, the determination of old age differs from society to society in accordance with the social organisation including the cultural beliefs in vogue on one hand and the level of economy, standard of living and health services on the other.

First of all it is important that we should know who are aged or old or elderly or senile or senior citizens. These words have been used synonymously/interchangeably. The aged is advanced in age or a person who lives longer. According to chambers 20th century dictionary, ageing is the process of growing old or developing qualities of the old, maturity and aged organism. Whereas old is advanced in year having been old or relatively long in existence, senile is a characteristic of an old age, showing the decay of old age. Thus for a lay man, aged is a person who has lived longer thereby suggesting a relative phenomenon. But for utility in life we have to take a particular age as the beginning of old age or aged.

There are some approaches which have been utilized for categorism of aged. These approaches are physiological, psychological, socio-cultural and economic etc. According to *Gray and Moberg (1962)* physiologically
a person is old when the signs of wearing out of the body appears. There is no one age when all physical functions functions of a given individual begin to show a decline. Deterioration of various parts of the body proceeds at different rates and is generally so slow that it cannot be measured accurately at weekly, monthly or even annual intervals. Excepts for certain limited purpose it is therefore not yet practicable to use physical criteria as the basis for determining wheather or not an individual is old.

The 'old' or 'aged' is a relative term and are generally used in relation to young. It is really very difficult to draw a dividing line uniformly for all communities. There are no definite biological or psychological or socioculture parameters which individually or collectively can demecrate the particular chronological age uniformly. Being a relative criteria, it will differ from species to species as the life expectancy, longevity and life span also differ. Even it may vary within the species. The "concept" of aged in man varies with purpose and view point and also with sex, residence, climate etc. The concept will also depend upon people's view point. It varies between urban and rural people. (Biswas 1987) Even it is conceived differently by the old, the people look upon old age as a stage charactarised by economic insecurity, poor health, loneliness, resistance to age and failing physiological and mental power. It is however useful to use a single uniform cut off age for the sake of convience. According to Riley (1972) acute deficits may occur by 60 or may be staved off till 90 and some persons may be largely detached from involvement in the community at 70, while others may remain active well into the 80's.

There is another approach to get help for delineating the aged i.e. the retirement age. But this remains only for a small number of persons who take some employment from they retire at a particular age. There are so many people who has been taken 60 years of age as cut off point because of two reasons. Firstly, the retirement age in most of the Indian

States in Govt. and private institutions lies between 55 and 60 years and secondly, the life expectancy in India is low compared to developed countries. In this context Guha Roy (1991) also writes "The definition of old age is very much dependent on its use in a particular context. Way of fixing the entry into old age based retirement however, ignores that large number of women have not been in the gainful occupation and that the age of retirement varies not only between countries but also between public and private sectors within a country."

Ageing is universal. No one escape it and the physical effects are clearly noticeable. Ageing is that state in which the person is unable to take part in any of the working which is important for normal person. One of the key factor for the uncapability to perform work is due to loss of physical and mental capability. For census purposes, a cut-off age of 60 years is taken for classifying people as old in India. Many nations follow this as the cut-off age, while many of the developed nations, including United Nations (1991), take the cut-off age of 65 years for classifying as old. However it is important to understand that ageing and old age are functional and not chronological concepts. Culture plays a powerful role in defining old age. In Indian context, for example, traditionally one is often considered old when one's eldest child gets married. This cultural aspect has important bearing on when one feels and is perceived by others as old, and this is particularly pertinent for women. In this context it is important to understand that individual ageing depends on prior living conditions and quality of life lived and vary from place to place and person to person (Sharma, 1993a).

In the words of Seneca, "Old age is an incurable disease." More recently Sir James Sterling Ross commented that, "you do not heal old age. You protect it, you promote it, you extend it." Old age should be regarded as a normal, inevitable biological phenomenon which gradually approaches towards deaths. Ageing is a process of adaptation by an individual to

severe losses of functions in various organs, elasticity of tissues and mind. WHO defined old age as, "The period of life when impairment of mental and physical function becomes increasingly manifest by comparison with previous period of life. In India, age of sixty years is considered the dividing line between middle and the old age.

AGEING IN ANCIENT HINDU PRACTICES

Old age has been discussed often in its various aspects in Hindu scriptures inclusive of Vedas, Upanishads and Manusmritis. Following are the extracts from some of the scriptures to explain the perception of Hindus seers and sages about old age.

According to Vedas, old age should be perceived as an event full of optimism instead of the present mood of pessimism, that is due to the fear of impending death, hanging like a sword of Democles. Following Mantras unfold the perception as visualized in Vedas. O Lord! Let the elderly, who has been transformed into a pillar of wisdom, experience and maturity and shines like a full moon, be spared from the clutches of death. With your divine grace, he may shine every day like a rising sun to illuminate the world and remove the darkness of ignorance. (Rig Veda) 16. Similarly in the following Mantra, God is invoked as follows: - May all of you, who are leading a family life as per prevalent customs and traditions with devotion, dedication and sincerity, pass into old age while performing activities, that improve welfare welfare of the community and spreading light towards off darkness (ignorance) in the world, as these activities in turn, will transform his ageing into a healthier one (Rig Veda) 17. Role of social harmony in making ageing healthier has been stressed in the following Mantra. Aspire! O Man, you can live by virtuous deeds for a hundred years and in peace with the neighbours (without hatred and jealousy). Thus alone and not otherwise, will you serve your own interest (Yajur Veda) 18.

16. Rig Veda 10/0.59/4
17. Rig Veda 10/18/16.
18. Yajur Veda X / L / 2.
Vedas also define the components of healthy ageing as enunciated in the following Mantra. By taking inspirations and strength from you, who has all devtas (angels) at his command. I may live for a hundred years, with perfect sight, hearing, speech and normal thinking capacity, May I remain independent (no dependency) for hundred years. Even if my age crosses a hundred years, I may lead a life with all my faculties and senses in tact. Ways to healthy ageing has been discussed in Charak Samhita (a treatise on Ayurveda) viz. To enjoy the fruits of old age; you must improve the lifestyle (Achar Rasayan) prescribed as follows: (a) Don'ts:- Abstain from alcohol, anger, and indulgence in excessive sexual activity, violence, cruelty, excessive fatigue-producing activities, narrow-mindedness. (b) Do's:- Speak truth, have soft speech, practice meditation, remain calm, have patience, give charities, maintain personal hygiene, show kindness for society (social). (c) Personality:- Ego-less, having ideal thoughts, having full faith in God, as religious spiritual academician, has control over oneself and is tactful in dealings, sleeps and gets up at right time, gives respect to God, cow, knowledgeable persons, teachers and elders and leads life according to seasonal environments. (d) Diet:- Wholesome consisting of vegetables, fruits, cereals, and milk and ghee (Dwitya Achar Rasayan) 19.

On taking wisely selected food with self-control, man lives for thirty-six thousand nights (100 years in Charak Samhita). O Lord! By your Divine Grace, all knowledgeable persons after practicing full control over their sensual desires (Indries) during brahamcharya, grahasata, vanprahasta and sanyasa Ashrams have lived a lifespan of three hundred years. So I may also be blessed with 300 years full of physical, spiritual and social bliss.

Younger generation has been shouldered with the responsibilities of looking after elders in the family. At the time of Yagyue-Paveet (Hindu baptism ceremony), performed at the time of admission into school, the

priest recites the following mantra:-  

_\textbf{Yagye-paveet is not a simple piece of necklace consisting of three strings of simple thread, that you are going to put around your neck throughout your life. On the other hand it is a life-long reminder for your duty regarding the three debts that you have incurred, that must be repaid in this life viz. (a) Diet to God, who brought you in this world that is full of bounties for you to enjoy. This can be repaid through service to community. (b) Debt to your parents, who gave birth to you, nursed and nurtured you during difficult time to help you grow, not caring for own discomfort and enabled you to attain education and skills to be independent. This can be repaid by respectfully serving them in times of need, especially in old age. (c) Debts to Gurus (Teachers) who through imparting knowledge, made you wise. This can be repaid by dissemination of Guru's message and serving him, thus helping him in the completion of his mission.}_

Repayment of these debts is obligatory for the child for becoming a 'twice born' individual.

Even at the time of entry in Grahastha Ashram (ready to lead an independent family life) Manu advises as under: _Every Grahasti (family life) is supposed to perform the following five rituals daily:- (a) Brahman Yagna meaning daily prayers. (b) Dev Yagna or Homeyagna meaning offering of sacrifice to fire along with recitation of Mantras. (c) Pitri Yagna meaning obeisance to parents and receiving blessings from them. Help them if in need or during sickness. (d) Buth Yagna meaning service to the sick or infirm members of the community or one's family. (e) Nitri or Atithy Yagna meaning provision of hospitality to guests especially scholar's etc_.

Even at the time of marriage, the priest advises the newly married couple as follows: _The son should follow his own father, by fulfilling his duties to the society, have accord with his mother through fulfilling her wishes. They should always have sweet tongue so that he can strive and work in peace_.

\textsuperscript{20} Manu, Manu - Smrit : Chapter-4.
\textsuperscript{21} Atharva Veda 5/50/1
Historical evidence shows that some societies, before coming into contact with religious teachings and humanitarian values, were practising physical elimination of the crippled as they were not thought fit to survive as members of human society. The attitude of society towards the disabled has passed through different phases. Ancient society virtually denied the disabled the right to exist. But today it is no longer the case. The philosophy of modern rehabilitation services aims at the complete integration of the handicapped or disabled individual into the community or society.

India has been a pioneer in the field of rehabilitation. In the Mahabharata one would observe that kings were expected to take care of the war disabled and their dependents. Application of poultices of herbs and leaves of the neem tree and knowledge of the effects of the warmth of sunshine and invigorating influence of water and baths, all point to the high antiquity of the physical medicine in India in the third millenium B.C. The Aswins had treated paralysis and even replaced the lost leg of a soldier by an iron one. The Atharva Veda also speaks of prosthetic limbs and artificial eyes. During the Maurya period, especially the reign of Chandra Gupta, workshops were set up for vocational rehabilitation of the physically handicapped as well as other handicapped members of society. Kautilya made it a special point to employ dwarfs, the hunchbacked and other deformed people in the royal palaces. During the reign of Ashoka, charitable institutions for the care of the handicapped were established. King Harsha had also employed deformed persons in the royal palace. The Muslim rulers and the Rajput also followed the examples of the illustrious predecessors. Western in asion and other factors led to the gradual decline of these institutions and practices. The problem remained unattained until the Second World War although the efforts of philanthropic agencies continued to develop this service. In this regard the efforts of Mrs. Fatima Ismail, Mrs. Kamala Nimbkar and others are worth mentioning. In fact it is due to the efforts of voluntary and philanthropic agencies that the rehabilitation services in India gained some ground.
It would be evident from the above that the philosophy and practice of physical medicine and rehabilitation has been in existence in this country for centuries. A number of early centres attempted to operate with or without any medical direction. Today we have professional psychiatrists and other specialists to attend to them. The motto of every psychiatrist is "that every life which is saved must be made into a life worth living with dignity". During the last two decades, things have moved fast in the direction of rehabilitation services for the handicapped persons. The government is giving due consideration to develop this service.

**AGEING DETERMINENTS**

- Age (58 Years)
- Physical State
- Medical Checkup

Ageing is normally assumed the relation to age after 50 years but according to some learned people ageing is normally based on the factors such as age, physical state and medical checkup. Some of the important factors which plays an important role in prescribing ageing.

(i) **Age**: From birth till death, scientist have divided it into many stages in which old age is the last stage, which is supposed to be the mid of 50 to 60 years and person more than 60 years are also lies in this stage till their death.

(ii) **Physical State**: As the age progress, change in physical state is inevitable. Hair becomes white, loosing of skin, wrinkles, falling of teeths, social experience increases, becomes tired after walking short distance. At last aged are physically weak, these are the factors from which ageing can be defined.

(iii) **Medical Check Up**: Person becomes weak in old age in both physical and mental state; many diseases makes victim. In relation to medical check-up it has been found that more over the diseases such as

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Blood Pressure, Pain in bones and joints, Rheumatism, Paralysis, Heart attack and Diabites, person is fall victim and seeing these in a person is said to be aged. In this old age a person suffers from different types of mental illness, due to which lack of excitement, depression, laziness, irritation, loneliness are seen in a person. By seeing these factors in a person it can be said that person is living in old age.

**OTHER IMPORTANT INDICATOR OF OLD AGE:**

In old age (50 years) person becomes weak, self centered, sensitive, pessimistic, sad and worried for the future life; due to which they are unable to work according to their capacity. There are some other factors which affect the person in keeping his life maintained and balanced such as they are also worried for their movable and immovable property. In addition they are also afraid for the family after them.

**AGEING DEMOGRAPHY**

The elderly population of India rose from 20 million in 1950, i.e. 5.5% of general population, to 55 million in 1991, i.e. 6.5% of general population, and is projected to be around 76 million by 2001 i.e. 7.7% of general population (Sharma, 1994)\(^{23}\). Thus as per United Nations classification, the Indian society would progress from a 'mature-society' (i.e. elderly population between 4.7% of the total population) by the turn of century. By then, the world is projected to inhabit 612 million elderly, which would be 9.8% of world's population. In other words, one out of every seven elderly person would be from India by the year 2001.

The elderly are a fast growing population segment in India, projected to grow at (37.3%) more than double the growth rate of general population (16.8%). On disaggregating the elderly into 'young-old' (i.e. 60 to 74 years) and 'old-old' (i.e. 75 years plus) the 'young-old' were growing at rate of 4.7% and 5.3% in 1961 and 1981 respectively and are projected to grow at 5.6% by 2001. The corresponding figures for 'old-old' are 1% and 1.2% respectively (Biswas, 1994)\(^{24}\). Thus, young-old have been

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increasing at a much faster pace than old-old in India, whereas globally maximal growth is recorded in the later and not in the former category of elderly \(\text{(Kinsella, 1994)}^{25}\).

The world’s population between 1980 to 2000 is projected to grow by 38% while the 60 plus population is expected to grow by 57%. The corresponding figures for Indian are 40% and 94% respectively. Least growth during the same period is projected to be recorded in United Kingdim, where general population would grow by only 1% while 60 plus by 1.%, while in Japan, another developed country, the corresponding figures are 11% and 78.4%. On the other hand, in a developing country, like Nigeria, the corresponding growth rate would be 95% and 106% respectively \(\text{(Kurup, 1993)}^{26}\). Thus the high growth rate in elderly segment of population seen in India is typical of countries where demographic transition began late.

A common and useful but crude non-economical way of analyzing impact of age structure on economic well-being is through the demographic dependency ratio or ‘support’. Three such ratios are generally employed which express the proportion of non-working population, viz. children (0-14) and elderly (60 plus), to working population, viz. adults (15-59). Mirroring age structure of population, elderly dependency ratio has steadily risen from 9.8 in 1951 to 11.3 in 1991, while child dependency ratio and total dependency ratio rose till 1971 and, thereafter, have fallen due to marked decline in fertility rates. Another indicator called ‘index of ageing’ expresses ratio of elderly (60 plus) to children (0-14) in the population. It is a useful measure of ageing process because it both defines the structure of dependent population and is very sensitive to change in that age structure. It has been steadily rising from 14.3 elderly to 100 children in 1951 to 18.4 elderly for every 100 children in 1991.

The survival or life expectancy, at birth, increased from 22.5 years in

\[26\] Kurup A.M. - The Challenges of ageing in India. In proceedings of the National Seminar on Ageing Scenario In India By 2001 AD. Age Care India, New Delhi, 1993, PP 17-25.
males and 23.3 years in females in 1901 to 32.4 years in males and 31.7 years in females in 1951 and become 60.1 years in males and 59.8 years in females in 1991. This increased survival coupled with high growth of general population is largely responsible for rather sudden ballooning of the elderly segment. In comparison, the average life expectancy at birth, in developed countries was 65.7 years in 1950 and became 74.5 years in 1990 (United Nations, 1991). Thus, it is evident that wide gap in life expectancy at birth, in India from developed nations is narrowing down rapidly and it has been attributed to rapidly falling mortality rates in India and other developing countries, while they have already bottomed out in the developed countries (Sharma, 1993b).

Life expectancy at age of 65 years was 7.3 years for males and 7.6 years for females in 1901. It rose to 9.8 years and 10.3 years for males and females in 1951 and by 1991, the corresponding figures were 14.6 and 16.9 years for males and females respectively (Biswas, 1994). In comparison, the life expectancy at age of 65 in 1990 in USA was 15.0 years and 19.4 years for males and females respectively (Jarvik & Small, 1995). Thus, life expectancy at the age of 65 years in India and developed world are gradually getting closer. It is also evident that major increment in life expectancy has occurred in later half of century, that is, in post independence era. However, increment in life expectancy at birth has been much more at birth than at the age of 60 or 65 years. This difference is primarily due to marked reduction in early age mortality because of elimination of epidemics and control of infections and parasitic diseases and not due to reduction in mortality caused by non-communicable diseases, which constitute the bulk reason of deaths in the elderly.

India is one of the few countries where sex ratio continues to be reverse, with males outnumbering females. This pattern persists in elderly

29. Biswas - as above.
segment and females outnumber males only beyond the age of 70 or 75 years (Biswa, 1994). On the whole, the number gap between males and females has widened by as much as ten times, whereas general population has grown only by factor of four between 1901-1991.

Surprisingly, the number of elderly females was much more than elderly males in 1901, but due to growth of elderly males outpacing that of elderly females became equal in number by 1961 and today elderly males outnumber elderly females (Sharma, 1994). The reason for pervasive sexual discrimination has primarily to be sought in the socio-cultural milieu of society.

The magnitude of the problem can only be visualized from the fact that the percentage of elderly is fast rising. As per 1981 census, there were 4.32 crore people in India who were 60 years and above in age. As per current estimates, the population of elderly may be as much as 7.5 crores by the turn of the century. Similarly, elderly population in the world over is on the rise. It is figured that in 2025, every seventh person i.e. 14 percent of the population or 1.2 billion people worldwide, will be older than 60 years. In 1950, the corresponding proportion was only 8 percent. The population aged 80 or above will increase from 13 to 137 million in 2025.

The growth factor of the overall population will be 3, for the 60 plus group it will be 6, and for the 80-plus it will be as high as 10.

The elderly population of the world is estimated to increase from 256 million to 658 million by the year 2000 as a consequence of 25% increase in life span. The developing countries will account for most of the projected increase. The total population above 60 years in India was 58 million in 1991 which is likely to cross 76 million in 2025. The health planners now face the challenges of coping with increased aged population in future. In the Indian context, the eighth five year plan (1992-97) has aimed at providing schemes of old age pensions under the state government for elderly persons without any means of support.

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31. Biswas - as above.
32. Sharma, 1994 - as above.
AGED IN JOINT FAMILY SYSTEM

In ancient period varna shram system was basis of Hindu Social Organization. The total development of individual personality was possible through Ashram System.

Vanprastha ashram, was important stage of old age. According to Manu, when individual observed that his body skin begun to loose, hair of head begun to white, grand son and daughter borned than he should go to forest by dedication of attatchment of house. Vanprastha was called gurukul in forest where some varna's children used to go for studying. All expenditure of Gurukul was bared by grahasth ashram. After the end of gurukul system the responsiblity of aged was of the joint family system, which was supposed to be better place for the aged. Till now where there is joint family system in rural areas, aged are being provided support and security. Respect for the aged is a basic characteristic of this system. "Honour thy father and they mother" expresses the veneration of the elders in our scriptures and literature. The system of ancestor worship that dominated Indian social life for centuries and even now, continues to dominate and gives Indians a philosophy to care and honour their old parents.

In traditional social system, the old aged persons were endowed with power, authority and respect. They were revered because of the reservoir of their wisdom and execution of their duties to their children and grand children. The old aged persons, even after disengagement from active life, were looked after by the younger generation. The old aged persons received the highest respect at the stage of Vanaprastha and served the society by imparting religious education. They were considered as wisdom personified. Traditional Indian value system emphasized on reverence for age, premium on wisdom and experience of the elderly, strong family support system and contentment in old age.

For the aged persons, the traditional family norms and values were a great source of care. Joint family met the social, economic and emotional needs of its members. In times of illness, distress, destitution
and deaths; joint family served the role of social security and insurance. To the old aged persons, joint family provided not only economic support but emotional and human warmth too. In joint family, the old aged persons never felt unwanted. They got love and care and were almost deified. But in present scenario, joint family system has split in nuclear family system and the family members leaving their elderly emotionally and spiritually miserable and mentally demented. Such parents have experienced disorientation and depression due to the fact of seeing their life long labour of love in shambles. They suffer from a sense of social capitulation, remorse, loss of self esteem and worthlessness. They are thus virtually the 'living dead'. There are many factors due to which joint family splited and aged are feeling helplees and unsecure; these are; industrilization, western education, urbanization changing social and economic capability, technology, upward mobility, material prosperity, changing gender and generational relationship, growing demand on the family to prepare its members for a competitive world, increasing longevity, the resources of the family for care in different locations, the nature of care burden, cost of care, re-allocation of time and roles, nucleation of families etc.

The changing values of society are effecting our traditional system as well as the culture. Today modernization has also effected the aged and produced the problem of isolation.

**STATUS OF AGED**

The Status of the age in India in the post was not much different from what it was in other earlier cultures. The old were generally respected. The average expectation of life was short, the death rate was high and the proportion of the old in the total population was very small. The centenarian or the octogenarian was in fact a wonder. The old were never a burden to the family. An old man continued to work in the farm or home till late in his life. The

old women nursed their grand children and provided native medicine to the sick in the family. The grandfather, if he were literate, taught
the Phil(i)ren to read and write. If the old were fit for nothing else, they could at least provide watch and ward for the family and look after the very young. The carpenters, potters, weavers, blacksmiths and other village artisan classes did not retire from active work even when they were old. In fact their services were highly valued as they advanced in age and experience. They continued to contribute their mite to the family income. Hence it was natural that the old were accorded a high status.

There were other reasons also. The wisdom and experience of the old was an asset to the community. It compensated the lack of literacy, training and the devices of storing and retrieving of knowledge. The young learnt their trade and skill by imitating the old and the experienced. The budding musicians, actors, sculptors, priests, scholars and artists were trained in this manner. Naturally, therefore, age received its due recognition and honour. The ancient families and communities possessed no written documents or clearly laid out judicial procedures to enlighten them on matters of importance. The wisdom of the old was the only resource. It was not surprising, therefore, that the village councillors (sarpanchas) were invariably the old people who headed important families and caste groups.

PROBLEMS OF AGEING

Old age, in general, is a multi-dimensional problem. The problems which are associated with old age and the care of elderly are not exclusively the problems of social, cultural, economic, psychological ramifications rather they include health and medical problems also that affect the life of community as well. Swaminathan D. (1996:20) wrote about multi-dimensional problems of ageing that ageing is equal to a specific disease. It is that disease by which each individual is infected, that man who lives, other diseases also captured the ageing. Several problems - family and community adjustment, loneliness, seperation, non-utilisation of leisure time and meagre income to support himself and dependents along with physical and mental weakness.

Psychological or emotional problems and social problems are the

derivatives of familial problems. The familial problems are mainly concerned with neglect and poor up-keep and in its wake give rise to emotional and psychological problems associated with sickness. The feeling of dependency on other during sickness causes emotional disturbance, besides adverse emotional reaction while ill. Another type of emotional disturbance is rooted in loneliness and physical isolation mostly among those have outlived their relations, or are estranged from them and live alone.

Health and medical care is a major problem for the aged. Even when one is not suffering from any disease, one experiences a gradual decline in physical strength with growing age. But in most cases the advanced age brings with it some chronic ailment and the aged get bed ridden and depend on others for thier mobility and need medical care for their treatment.

The housing conditions of most of the aged are generally far from satisfaction. The problem is particularly acute among those who live alone. They are obliged to share accomodation with others. As a matter of fact, this problem is also associated with the economic problem. As well as the majority of the elderly people have financial problems. Even those who are the recipients of retirement benefits after superannuation find it difficult to meet their basic requirements with decrease in their income and increase in the cost of living. In many countries of the West it is noticed that leisure in the sunset years could be pathogenic. For the 'Workholics' or those to whom work has been central in their life, super abundance of leisure is a curse rather than a blessing. It is specially true in the cases of those who are compelled to abstain from work, whose auditory and visual senses are impaired, whose insolation is increased with decreasing frequency of visits to and from relatives and friends, who feel lonely after the death of their partners and who have to battle not only against social neglect but also economic deprivation. Providing substitute leisure time activites to the aged so that they may not feel lonely and unhappy, is a very difficult problem India is now beginning to face this problems.
There are physical effects of ageing. However, old age as such cannot be identified with ill health or disability, although advancing age tends to bring increased health problems. Hearing loss, blindness, lower immunities to illness, loss of memory power, hardening of blood vessels, respiratory and digestive disorders, heart ailments, arthritis etc. are usually associated with old age. These could be taken care of satisfactorily by those who have adequate financial and familial support. For large majority of the aged in India support, especially the institutional support, is totally lacking.

**MYTHS RELATED TO ELDERLY**

**MOST OLDER PEOPLE LIVE IN DEVELOPED COUNTRIES**:

In fact the reverse is true. Most older people, over 60% of them, live in developing countries. There are currently about 580 million older people in the world, with 355 million in developing countries. By 2020, there will be 1,000 million, with over 700 million in the developing world. The reason for this is the sharp decline in premature mortality, from many infectious and chronic diseases during this century. Improvements in sanitation, housing, nutrition and medical innovations, including vaccinations and the discovery of antibiotics have also contributed to the steep increase in the number of people reaching older age.

Sharp increase in life-expectancy have been accompanied by substantial falls in fertility all over the world, mainly due to modern contraceptive methods. In India, for example, total fertility rates (that is, the total number of children a woman is expected to have) have decreased from 5.9 in 1970 to 3.1 in 1998. In Brazil fertility rates dropped from 5.1 in 1970 to 2.2 in 1988. This decline is even more pronounced in China, where the 'one child-per-family' policy was officially introduced in 1979. Total fertility rates fell from 5.5 in 1970 to the current 1.8 which is below the 2.1 replacement level.

This trend by which more people live to reach older age while fewer children are born is referred to as 'population ageing'. It has been
particularly rapid in developing countries. While it has taken France 115 years for the proportion of older people to double from 7 to 14%, it will take China only 27 years to achieve the same increase, between 2000 and 2027.

OLDER PEOPLE ARE ALL THE SAME:

'Older people' constitute a very diverse group. Many older people lead active and healthy lives, while some much younger 'older people' have a poorer quality of life. People age in unique ways, depending on a large variety of factors, including their gender, ethnic and cultural backgrounds, and whether they live in industrialised or developing countries, in urban or rural settings. Climate, geographical location, family size, like skills and experience are all factors that make people less and less alike as they advance in age.

Individual variations in biological characteristics (e.g. blood pressure or physical strength) tend to be greater between older people than between young ones: the characteristics of two ten-years-old would be more similar than those of two eighty-year-olds. Such diversity leads to considerable difficulties in interpreting results from scientific studies on ageing, which are often conducted on particular, well defined groups of older people: the findings may not apply to a large proportion, or even the majority of older people.

The differences are further increased by disease experiences throughout life which may accelerate the ageing process. Many studies have shown that there are wide variations in patterns of disease in people from different ethnic and cultural communities which remain largely unexplained. For example, immigrants and their descendants who move from the Indian subcontinent to countries across the globe have higher rates of coronary heart disease than the population of the countries to which they moved.

MEN AND WOMEN AGE THE SAME WAY:

Women and men age differently. First of all, women live longer than man. Part of women's advantage with respect to life expectancy is
biological. Far from being the weaker sex they seem to be more resilient than men at all ages, but particularly during early infancy. In adult life too women may have a biological advantage, at least until menopause, as hormones protect them from ischaemic heart disease, for example. Currently, female life expectancy at birth ranges from just over 50 years in the least developed countries to well over 80 in many developed countries, where the typical female advantage in life expectancy ranges from five to eight years. As a result, the oldest old in most parts of the world are predominantly women. However, longer lives do not necessarily translate into healthier lives and patterns of health and illness in women and men show marked differences. Women’s longevity, makes them more likely to suffer from the chronic diseases commonly associated with old age. We know, for instance, that women are more likely to suffer from osteoporosis, diabetes, hypertension, incontinence, and arthritis than men. By reducing mobility, chronic disabling diseases such as arthritis have an impact on the capacity to maintain social contracts and thus on the quality of life. Men are more likely to suffer from heart disease and stroke, but as women too. The common view that heart disease and stroke are exclusively men’s problems has obscure recognition of their significance for older women’s health and more research is necessary in this area.

OLDER PEOPLE ARE FRAIL:

Far from being frail, the vast majority of older people remain physically fit well into later life. As well as being able to carry out the tasks of daily living, they continue to play an active part in community life. In other words, they maintain high ‘function capacity’. As in all aspects of ageing, there are differences in the way functional capacity is maintained in different groups of older people. Although women live longer than men, they tend to experience more disabling diseases as they grow older compared with men of the same age. There is also a wide variation in the perceived need for certain functional abilities among older people. In some societies, for example, fetching water and firewood are tasks traditionally, carried out by women. Maintaining maximum
functional capacity is as important for older people as freedom from disease.

OLDER PEOPLE HAVE NOTHING TO CONTRIBUTE:

The truth is that older people make innumerable contributions to their families, societies and economies. The conventional view that perpetuates this myth tends to focus on participation in the labour force and its decline with increasing age. It is widely assumed that the fall in numbers of older people in paid work is due to decline in functional capacity associated with ageing. In fact, declining functional capacity does not by any means equate to inability to work. Indeed, the physical requirements of many jobs have been reduced by technological advances, permitting severely disabled people to be fully economically, productive. In addition, the fact that there are fewer older people in paid work is more often due to disadvantages in education, training and particularly to 'ageism', than to older age per se.

The widely held belief that older people have nothing to contribute also relies on the notion that only paid occupations count. However, substantial contributions are made by older people in unpaid work including agriculture, the informal sector and in voluntary roles. Many economies worldwide depend to a large extent on these activities, but few of them are included in the assessment of national economic activities, leaving the contribution made by older citizens often unnoticed and undervalued.

OLDER PEOPLE ARE AN ECONOMIC BURDEN ON SOCIETY:

Older people contribute in innumerable ways to the economic development of their societies. However, two concurrent developments have contributed to the myth that societies will not be able to afford to provide economic support and health care for older people in the years to come. One of these developments is the growing realisation of the sheer numbers of citizens who will be living to older ages in the next century. The second development is the greater emphasis on market forces in almost all parts of the world, and the related debate about the
proper role of the state in providing income security and health care for its citizens.

There has been growing concern in many, particularly industrialised, countries about the levels of state expenditures, for social protection and whether costs could be reduced by opening social protection to more private sector competition. This worldwide debate has unfortunately placed the entire emphasis on the cost to society of providing pensions and health care for older people rather than on the continuing and significant economic contributions that older citizens make to society. It has given rise to the widely held myth that older citizens make to society. It has given rise to the widely held myth that older persons are generally economically dependent and thus a burden on society. The facts, however, demonstrate that this is not a true reflection of reality. Two important considerations-work and public pension protection-must be taken into account.

In the present time things have changed from bad to worse in the recent parts as far as the aged are concerned. However, It is beyond doubt that the aged in India now have a feeling of being neglected, if not being let down or despised. A rection of the young complain of the competition from the old. Some consider them as a drag. Some have stopped taking care of the old. Some at least are less indulgent or less respectful. Very often they migrate to cities, with or without their spouses, in search of employment or freedom, leaving the old men and women in their ancestral homes with increased improtance given to money income, the old people who can not earn as much as the young, are naturally disadvantaged. The urban homes find it difficult to accommodate the old men and women. The working sons or daughters in law find in difficult to take care of the old parents in law. The old people have started grumbling about, if not protesting against, their lot. As in other parts of the world, the old people in India are experiencing a deterioration in their status.

So far as the perception of aged about their family members. Elderly persons are oftenally tells that our family members understand us as

buden and they are neglected by their family.

**NUTRITION OF OLDS**

Food is a basic human necessity we all need to eat to live. But in nearly every society it plays a much bigger role than this physical one. It is the focus of much daily activity (obtaining, cooking, as well as eating it), and it forms the basis of many social gatherings (family meals, celebrations and festivals). Our need for it, both physically and socially, continues unchanged in old age but certain factors lead to difficulties unless they are effectively dealt with. Nutritional needs in later life and at age related and social changes which may affect the older person’s ability to meet these needs have to be understood.

The requirement of specific nutrients for elderly individuals falls into one or two categories, according to whether or not the amount of the nutrient is a function of energy intake. Some nutrients are required in amounts which vary directly with the total energy intake, others are independent of energy intake. There are some nutrient which are useful and necessary for elderly; Protein needs reflect body size and composition and are almost related to total energy output. As a result of poor digestive capacity and decreased appetite, the elderly are like to consume less proteins leading to protein deficiency. ICMR recommended allowances of protein is 60 gms and 50 gms / day for male and female elderly respectively (1995).

Munro (1972), on the basis of few nitrogen balance studies carried out on the elderly, has calculated that protein requirments are about 0.6 gm/kg/day, which corresponds to an intake of 40 gm of protein or less / day.

Studies carried out by Cheng et al (1978) and by Zanni et al (1979) show protein requirements to be similar to adult recommendation. The recommended allowance is one gram / Kg body weight (Swaminathan, 1990). One gram of Protein in food provides four kilo calories and sources of protein rich foods are meat, fish, chicken, organ meat, egg, pulses, milk, mushroom, oil seeds and nuts. There is no reason to prefer animal
protein over plant protein if adequate quantity of cereal and pulses are combined and supplemented with recommended amounts of dairy products. Non vegetarians are encouraged to consume fish and poultry.

Fat adds palatability as well as satiety to food. It is recommended that less than 30% of the total calories should be from fat. This works out to be 40-45 gm of total visible and invisible fat, therefore, cooking fat should not be more than 15-20 mg per day.

Minerals, the minerals, calcium and iron are required in quantities which are related to body size and not to energy expenditure.

Vitamins are involved in the utilization of the major nutrients like proteins, fat and carbohydrates. The vitamins which are likely to be present in inadequate amounts in the diets of elderly people are some of the B group, Vitamin C and Vitamin D.

Vitamin A is necessary for clear vision in dim light and Vitamin (deficiency causes scurvy charaterized by weakness and spongy bleeding gums. The ICMR, RDA of vitamin A and Vitamin C is 2400 mg/day and 40 mg/day respectively.

Seasonal fruits like mangoes, papaya, tomatoes, greens and all yellow vegetables are good sources of Vitamin A. Also fish liver oil preparations from shark and sea fish are being used extensively as vitamin A supplement, fruits like grapes, orange, tomato, gooseberry and fresh vegetable especially greens contain good amount of vitamin C. Hence it is advisable for elders to consume any of the fruits daily.

The deficiency of B complex vitamin thiamine leads to the disease beri-beri and riboflavin inadequacy leads to soreness of tongue, fissures at the angle of mouth and haziness of cornea with defective vision. The riches sources of the thiamine is yeast and the outer layers of cereals like rich, wheat and millets. Also pulses and nuts, particularly ground nut contain high level of thiamine, inclusion of milk and milk products, eggs, liver, pulses and greens will improve the dietary supply of riboflavin.

Lack of niacin in the diet leads to defective mental faculty (dementia),
skin disorder (dermatitis) and diarrhoea. Whole cereals, pulses, meat and nuts especially ground nuts are rich sources of this vitamin\textsuperscript{35}.

**GOVERNMENT EFFORTS**

Of late Aging has become a concern in our country. Rapid demographic changes in longevity and resultant dependence and destitution of the aged, have drawn the attention of the government at all levels. The State is committed under Article 41 to provide public assistance in cases of old age, disablement and other cases of undeserved want. Article 246 of VIIth Schedule, List-II provides relief to the disabled and unemployable. Under List-III, against item 23, Social Security and Social Insurance is the responsibility of the State.

It is in this context of the constitutional obligations that certain programmes have been specifically worked out by the States and Central Government directly as well as in cooperation with NGOs. Major or share of the programmes is concentrated for the senior citizens under the unorganised sector of economy which constitutes about 80% of the total elderly population of the country. Senior citizens under organised sector of economy are entitled to various social security, social insurance and economic assistance programmes after superannuation. It is unorganised sector where the need is far more. For this sector, programmes like old age pension, old age homes, day care centres, mobile medicare services, adoption of elderly, socio-economic activities for supplementary income etc. are some of the ill. ustrative typical programmes being undertaken all over the country. On an average 12-15% elderly destitutes are covered under these programmes, leaving much to be desired. A beginning has already been made in this direction; Planning Commission, Tenth Finance Commission, Ministry of Welfare and State Governments are increasingly providing funds for various welfare and developmental programs for the elderly. An Inter-ministerial Group has been constituted by the Ministry of Welfare to work out a National Policy for the Elderly, which itself is an indicator of our concern for them.

Like other welfare activities for vulnerable groups, this sector also

requires collaborative efforts of the Government, voluntary sector and international bodies to meet the need which far exceeds the services provided so far. Our case is no different than the case of other developing countries in the region. Deliberations like this can provide valuable material for policy formulation and programme planning for the Government at different levels.³⁶

Old persons in affluent countries are mostly assured of a fairly decent living owing to the comprehensive social security measures which are available. Compared to what has been done in for the aged in the western countries, the efforts made in India are not even a drop in the ocean. Much of the care of the is confined to three types of programmes namely, retirement benefits, homes for the aged people and old age pension schemes. Those who retire from service from organised sectors are given retirement benefits by employers (both government and non-government) by way of pensions, provident fund, gratuity, etc. However, the employees in the organised sectors constitute only a small portion of the working force in India.

Retirement benefits, old age pensions and homes for the aged are worthwhile; but not adequate steps in the direction of providing security to the aged it is hard reality that the government and people in India have not realised the seriousness of the problem and the necessity of a clearly spelt out policy for the aged. This is mainly attributed to financial constraints. There is no legislation requiring payment of pension or financial assistance to the aged. The Central Government have no programme of old age pension to the general population nor do they give grant to the State Government for the purpose.

The only other noteworthy scheme undertaken for the welfare of the aged related to the institutional services of homes for the aged, organised by state government or by the voluntary organisations. Homes for the aged run by State Governments do not require any contribution from the inmates owing to the pre-condition of having no income. Generally they are reported to be poorly run. For certain categories of

³⁶ Khan I.H. Ministry of Welfare, Government of India written in AGING, Indain Perspective and Global Scenario, edited by Dr. Vinod Kumar, AIIMS, New Delhi, 1996.
old destitutes it is inevitable to have such homes for want of care from relations or total obseness of near relations.

The Ministry of Social Justice and Empowerment has been implementing a central scheme of assistance for establishing and maintaining the day care centres, old age homes, mobile medicare units as well as supporting and strengthening non-institutional service for the aged. This revised scheme is called as 'An integrated programme for Older Persons.

This is not to deny that the Government of India made some efforts for the aged but after that there are some challenges before us related to the aged. The biggest challenge is lack of political will in many countries resulting in allocation of meagre resources for the neglected areas of social welfare such as care of the elderly, there are severla more challenges and these include the need for radical change in the perceptions about the potential strengths current contributions of the older peoples to the society. Another challenge arises out of separate and selective advocacies of the situation of different segment of the vulnerable populations. This has resulted in their being distanced and disassociated from broader policy frame work and even contributing to competition for public attention and limited resources. Yet, another challenge relates to organizations of older persons as well as those working on their behalf. Private organizations and organizations of older persons should not only place high priority on areas and activities relevant to older persons.

The elderly have a rightful to play on all these fronts. Another set of challenges concern the elderly themselves in their life choice, their willingness to take risk and make sacrifices, and their readiness to redefine the goals of their life. the elderly also have to face many dilemma relating to choices of occupation, residence, relations with other family members, changing long-held beliefs and behaviourl patterns, adopting a positive stance to social change and adapting to it. The elderly in any society are not a heterogeneous group. Some of them are affluent, better educated and better situated. Finally, the biggest challenge is the need to bring about change of the perceptions that the old have about themselves.
BUDGET ALLOCATION FOR AGED

U.P. BUDGET FOR AGED - 2004-05 :

(In thousand)

1. National Old Age Pension Scheme - 648000
2. Old Age Homes 2394

CENTRAL BUDGET FOR AGED :

♦ 3 crore allocated to old age homes

♦ Ministry of Finance, Govt. of India, introduced fund for Aged under National Social Assistance programme :

♦ 835 crore rupees provided for National Social Assistance Scheme for giving pension to 62 lakh destitute under National Old Age Pension Scheme; and compensating 2.40 lakh households of the deceased under the National Family Benefit Scheme.

♦ 300 crore rupees provided for the scheme "Annapurna" which aims at providing food security @ 10 Kgs. of food grains per month to all those who, though eligible for old age pension remain uncovered under National Old Age Pension Scheme. About 40 lakh beneficiaries will be eligible under this scheme.

♦ Financial assistance in the form of old age pension given to 1.14 lakh senior citizens with effect from 1st January, 2002 the pension amount was increased from Rs. 200 to Rs. 300, now from next year the number of beneficiaries would be increased from 1.14 lakh to 1.25 lakh.

♦ To provide DTC passes at concessional rates to senior citizens in the age group of 65 years and above. All route DTC passes will be provided to them for Rs. 50 only.

♦ Construction of integrated complexes for senior citizens with facilities like library, dispensary, recreation centres besides residential facilities will be started in West Delhi, an outlay of Rs. 2 crore is proposed in 2003-2004.
Delay in allotment of land by DDA proved a stumbling block for construction of Old Age Homes. Land obtained at Rohini and Dwarka for two new Old Age Homes.

5 Crore allocated to old age homes.

LIC to launch a pension scheme called Jeevan Suraksha.

NATIONAL POLICY ON OLDER PERSONS (1999)

THE BACKGROUND

DEMOGRAPHIC TRENDS

1. Demographic ageing, a global phenomenon, has hit Indian shores as well. People are living longer. Expectation of life at birth for males has shown a steady rise from 42 years in 1951-60 to 58 years in 1986-90; it is projected to be 67 years in 2011-16, an increase of about 9 years in a twenty five year period (1986-90 to 2011-16). In the case of females, the increase in expectation of has been higher about 11 years during the same period, from 58 years in 1986-90 to 69 years in 2011 - 16. At age 60 too, the expectation of life shows a steady rise and is a little higher for Women. In 1989 -93, it was 15 years for males and 16 years for females.

2. Improved life expectancy has contributed to an increase in the number of persons 60+ From only 12 million persons 60+ in India in 1901, the number crossed 12 million in 1951 and 57 million in 1991. Population projections for 1996-2016 made by the Technical Group on the Population Projections (1996) indicate that the 100 million mark is expected to be reached in 2013. Projection beyond 2016 made by the United Nations (1996 Revision) has indicated that India will have 198 million persons 60+, in 2030 and 326 million in 2050. The percentage of persons 60+ in the total population has seen a steady rise from 5.1 per cent In 1901 to 6.8 per cent in 1991. It is expected to reach 8.9 per cent in 2016. Projections beyond ?W6 made by United Nations (1996 Revision) has indicated that 21 per cent of the Indian population will be
60+ by 2050.

3. Growth rate on a larger demographic base implies a much larger increase in numbers. This will be the case in the coming years. The decade 2001-11 is expected to witness an increase of 25 million persons 60+ which is equivalent to the total population of persons 60+ in 1961. The twenty five year period 1991 to 2016 will witness an increase of 55.4 million persons 60+ which is nearly the same as the population of persons 60+ in 1991. In other words, in a twenty five year period starting 1991, the population 60+ will nearly double itself.

4. Sixty three per cent of the population in 1991 (36 million) is in the age group 60-69 years, often referred to as 'young old' or 'not so old' while 11 percent (6 million) is in the age group 80 years and over i.e. in the 'older old' or 'very old' category. In 2016, the percentage in these age groups will be almost the same, but the numbers are expected to be 69 million and 11 million respectively. In other words, close to six-tenth of the population 6069 years can be expected to be in reasonably good physical and mental health, free of serious disability and capable of leading an active life. About one-third of the population 70-79 years can also be expected to be fit for a reasonably active life. This is indicative of the huge reserve of human resource.

5. Men outnumber women in India even after age 60 (29 million males, 27 million females 60+ In 1991). This will continue to be the situation in 2016 when there will be an estimated 57 million males and 56 million females 60+.

6. Incidence of widowhood is much higher among females 60+ than among males of the same age group because it is customary for women to get married to men older by several years; also, they do not remarry and live longer. There were in 1991,14.8 million widowed females 60+ compared to 4.5 million ,widowed males. In other words, there were four times as many widowed females as widowed males.
IMPLICATIONS

7. The demographic ageing of population has implications at the micro and also at the macro and also at household level. The sheer magnitude of numbers is indicative both of the huge human reserve and also of the scale of endeavours necessary to provide social services and other benefits.

8. Demographic transition has been accompanied by changes in society and economy. These are of a positive nature in some areas and a cause of concern in others.

9. A growing number of persons 60+ in the coming decades will belong to the middle and upper income groups, be economically better off with some degree of financial security, have higher professional and educational qualifications, lead an active life in their 60s and even first half of the 70s, and have a positive frame of mind looking for opportunities for a more active, creative and satisfying life.

10. Some areas of concern in the situation of older persons will also emerge, signs of which are already evident, resulting in pressures and fissures in living arrangements of older persons. It is true that family ties in India are very strong and an overwhelming majority live with their sons or are supported by them. Also working couples find the presence of old parents emotionally bonding and of great help in managing the household and caring for children. However, due to the operation of several forces, the position of a large number of older persons has become vulnerable due to which they can not take for granted that their children will be able to look after them when they need care in old age, specially in view of the longer life span implying an extended period of dependency and higher costs to meet health and other needs.

11. Industrialisation, urbanisation, education and exposure to life styles in developed countries are bringing changes in values and life styles. Much higher costs of bringing up and educating children and pressures for gratification of their desires affects transfer of share of income for the care of parents. Due to shortage of space in dwellings in
urban areas and high rents, migrants prefer to leave their parents in their native place. Changing roles and expectations of women, their concepts of privacy and space, desire not to be encumbered by caring responsibilities of old people for long periods, career ambitions, and employment outside the home implies considerably reduced time for care giving. Also, adoption of small family norm by a growing number of people implies availability of fewer care givers specially since in a growing number of families, daughters, too, are fully occupied, pursuing their educational or work career. The position of single persons, particularly females, is more vulnerable in old age as few persons are willing to take care of non-lineal relatives. So also is the situation of widows an overwhelming majority of whom have no independent source of income, do not own assets and are totally dependent.

THE MANDATE

12. Well being of older persons has been mandated in the Constitution of India. Article 41, a Directive Principle of State Policy has directed that the state shall, within the limits of its economic capacity and development, make effective provision for securing the right to public assistance in cases of old age. There are other provisions, too, which direct the State to improve the quality of life of its citizens. Right to equality has been guaranteed by the Constitution as a Fundamental Right. These provisions apply equally to older persons. Social security has been made the concurrent responsibility of the Central and State Governments.

13. The last two decades have witnessed considerable discussion and debate on the impact of demographic transition and of change in society and economy on the situation of older persons. The United Nations Principles for Older Persons adopted, by the United Nations General Assembly in 1991, the Proclamat on Ageing and the Global Targets on Ageing for the year 2001 adopted by the General Assembly in 1992 and various other Resolutions adopted from time to time, are intended to encourage governments to design their own polices and programmes in
this regard.

14. There has for several years been a demand for a Policy Statement by the State towards its senior citizens so that they do not face an identity crisis and know where they stand in the overall national perspective. The need has been expressed at different forums where ageing issues have been deliberated. The Statement, by indicating the principles underlying the policy, the directions, the needs that will be addressed and the relative roles of governmental and non-governmental institution, is expected to facilitate carving out of respective areas of operation and action the direction of a humane age integrated society.

**NATIONAL POLICY STATEMENT**

15. The National Policy seeks to assure older persons that their concerns are national concerns and they will not live unprotected, ignored or marginalised. The goal of the National Policy is the well-being of older persons. It aims to strengthen their legitimate place in society and help older persons to live the last phase of their life with purpose, dignity and peace.

16. The Policy visualises that the State will extend support for financial security, health care, shelter, welfare and other needs of older persons, provide protection against abuse and exploitation of older persons, seek their participation, and provide services so that they can improve the quality of their lives. The Policy is based on some broad principles.

17. The Policy recognises the need for affirmative action in favour of the elderly. It has to be ensured that the rights of older persons are not violated and they get opportunities and equitable share in development benefits. Different sectors of development, programmes and administrative actions will reflect sensitivity to older persons living in rural areas. Special attention will be necessary, to older females so that they do not become victims of triple neglect and discrimination on account of gender, widowhood and age.
18. The Policy views the life cycle as a continuum, of which post 60 phase of life is an integral part. It does not view age 60 as the cut off for beginning a life of dependency. It considers 60+ as a phase when the individual should have the choices and the opportunities to lead an active, creative, productive and satisfying life. An important thrust is, therefore, on active and productive involvement of older persons and not just their care.

19. The Policy values an age integrated society. It will endeavour to strengthen integration between generations, facilitate have way flows and interactions, and strengthen bonds between the young and the old. It believes in the development of a social support system, informal as well as formal, so that the capacity of families to take care of older persons is strengthened and they can continue to live in their family.

20. The Policy recognises that older persons, too, are a resource. They render useful services in the family and outside. They are not just consumers of goods and services but also their producers. Opportunities and facilities need to be provided so that they can continue to contribute more effectively to the family, the community and society.

21. The Policy firmly believes in the empowerment of older persons so that they can acquire better control over their lives and participate in decision making on matters which affect them as well as on other issues as equal partners in the development process. The decision making process will seek to involve them to a much larger extent specially since they constitute 12 per cent of the electorate, a proportion which will rise in the coming years.

22. The Policy recognises that larger budgetary allocations from the State will be needed and the rural and urban poor will be given special attention. However, it is neither feasible nor desirable for the State alone to attain the objectives of the National Policy. Individuals, families, communities and institutions of civil society have to join hands as partners.

23. The Policy emphasises the need for expansion of social and
community services for older persons' particularly women, and enhance their accessibility, and use by removing socio-cultural, economic and physical barrier and making the services client oriented and user friendly. Special efforts will be made to ensure that rural areas, where more than three-fourth of the older population lives, are adequately covered.

**PRINCIPAL AREAS OF INTERVENTION AND ACTION STRATEGIES**

**FINANCIAL SECURITY**

24. A great anxiety in old age relates to financial insecurity. When the issue is seen in the context of fact that one-third of the population (1993-94) is below the poverty line and about one-third are above it but belong to the lower income group, the financial situation of two thirds of the population 60+ can be said to fragile. Some level of income security in old age is a goal which will be given very high priority. Policy instruments to cover different income segments will be developed.

25. For elderly persons below the poverty line, old age pensions provide some succour. Coverage under the old age pension scheme for poor persons will be significantly expanded from the January 1997 level of 2.76 in million with the ultimate objective of covering all older persons below the poverty line. Simultaneously, it will be necessary to prevent delays and check abuses in the matter of selection, and disbursement. Rate of monthly pension will need to be revised at intervals so that inflation does not deflate its real purchasing power. Simultaneousk, the public distribution-system will reach out to cover all persons 60+ living below the poverty line.

26. Employees of government and quasi government bodies and industrial workers desire better returns from accumulations in provident funds through prudent and safe investment of the funds. Issues involved will be given careful consideration. It will be ensured that settlement of pension, provident fund, gratuity and other retirement benefits is made promptly
and superannuated persons are not put to hardship due to administrative lapses. Accountability for delays will be fixed. Redressal mechanisms for superannuated persons will ensure prompt, far and humane treatment. Widows will be given special consideration in the matter of settlement of benefits accruing to them on the demise of husband.

27. Pension is a much sought after income security scheme. The base of pension coverage needs to be considerably expanded. It would be necessary to facilitate the establishment of pension schemes both in the private as well as in the public sector for self-employed and salaried persons in non-governmental employment, with provision for employers also to contribute. Paramount considerations in regard to pension schemes are total security, flexibility, liquidity and maximisation of returns. Pension Funds will function under the watchful eye of a strong regulatory authority which lays down the investment norms and provide strong safeguards.

28. Taxation policies will reflect sensitivity to the financial problems of older persons which accelerate due to very high costs of medical and nursing care, transportation and support service needed at home. Organisations of senior citizens have been demanding a much higher standard deduction for them and a standard annual rebate for medical treatment, whether domiciliary or hospital based, in cases where superannuated persons do not get medical coverage from their erstwhile employers. There are also demands that some tax relief must be given to son or daughter when old parents coreside and also allow, some tax rebate for medical expenses. These and other proposals of tax relief will be considered.

29. Long term savings instruments will be promoted to reach both rural and urban areas. It will be necessary for the contributors to feel assured that the payments at the end of the stipulated period are attractive enough to take care of the likely erosion in purchasing power due to erosion. Earners will be motivated to save in their active working years for financial security in old age.
30. Pre-retirement counselling programmes will be promoted and assisted.

31. Employment in income generating activities after supernannuation should be the choice of the individual. Organisations which provide career guidance, training and orientation, and support services will be assisted. Programmes of non-governmental organisations for generating incomes of old persons will be encouraged. Age related discrimination in the matter of entitlement to credit, marketing and other facilities will be removed. Structural adjustment policies may affect the older workers in some sectors more adversely, specially those in household or small scale industry. Measures will be taken to protect their interests.

32. The right of parents without any means, to be supported by their children having sufficient means, has been recognised by Section 125 of the Criminal Procedure Code. The Hindu Adoptions and Maintenance Act, 1956, too secures this right to parents. To simplify the procedure, provide speedy relief, lay down the machinery for processing cases, and define the rights and circumstances in a comprehensive manner, the Himachal Pradesh, Legislative Assembly passed the Himachal Pradesh Maintenance of Parents and Dependents Bill, 1996. The Government of Maharashtra, has prepared a Bill on similar lines. Other States will be encouraged to pass similar legislation so that old parents unable to maintain themselves do not face abandonment and acute neglect.

**HEALTH CARE AND NUTRITION**

32. With advancing age, old persons have to cope with health and associated problems some of which may be chronic, of a multiple nature, require constant attention and carry the risk of disability and consequent loss of autonomy. Some health problems, specially, when accompanied by impaired functional capacity, require long term management of illness at home, and of nursing care.

34. Health care needs of older persons will be given high priority.
The goal should be good affordable health services, very heavily subsidized for the poor and a graded system of user charges for others. It will be necessary to have a judicious mix of public health services, health insurance, health services provided by not-for-profit organisations including trusts and charities, and private medical care. While the first of these will require greater State participation, the second category will need to be promoted by the State, the third category given some assistance, concessions and relief, and the fourth encouraged but subjected to some degree of regulation, preferably by an association of providers of private care.

35. The primary health care system will be the basic structure of public health care. It will be strengthened and oriented to be able to meet the health care needs of older persons as well public health services, preventive, curative, restorative and rehabilitative, will be considerably expanded and strengthened, and geriatric care facilities provided at secondary and tertiary levels. This will imply much larger public sector outlays, proper distribution of services in rural and urban areas, and much better health administration and delivery systems.

36. The development of health insurance will be given high priority to cater to the needs of different income segments of the population and have provision for varying contributions and benefits. Packages catering to the lower income groups will be entitled to state subsidy. Various reliefs and concessions will be given to health insurance to enlarge the base of coverage and make them affordable.

37. Trusts, charitable societies and voluntary agencies will be promoted, encouraged and assisted by way of grants, tax relief and land at subsidised rates to provide free beds, medicines and treatment to the very poor elder citizens, and reasonable user charges for the rest of the population.

38. Private medical care has expanded in recent years offering the latest medical treatment facilities to those who can afford it. Where land and other facilities are provided at less than market rates, bodies
representing private hospitals and nursing homes will be requested to
direct their members to offer a discount to older patients. Private general
practitioners will be extended opportunities for orientation in geriatric
care.

39. Public hospitals will be directed to ensure that elderly patients
are not subjected to long waits and visits to different counters for medical
tests and treatment. They will endeavour to provide separate counters
and convenient timings on specified days. Geriatrics wards will be set
up.

40. Medical and para-medical personnel in primary, secondary and
tertiary health care facilities will be given training and orientation in
health care of the elderly. Facilities for specialisation in geriatric medicine
will be provided in the medical colleges. Training in nursing care will
include geriatric care. Problems of accessibility and use of health services
by the elderly arise due to distance, absence of escort and transportation.
Difficulties in reaching a public health care facility will be addressed
through mobile health services, special camps and ambulance services
by charitable institutions and not for profit by health care of
organisations. Hospitals will be encouraged to have a separate Welfare
Fund which will receive donating and grants for providing free treatment
and medicines to poor elderly patients.

41. For the old who are chronically ill and are deprived of family
support, hospices supported or assisted by the State, public charity,
and voluntary organisations will be necessary. These are also needed to
cater to cases of abandonment of chronically ill aged patients admitted
to public hospitals.

42. Assistance will be given to geriatric care societies for the
production and distribution of instruction material on self care by older
persons. Preparation and distribution of easy-to-follow guidance material
on health and nursing care of older persons for the use of family care
givers will also be supported.

43. Older persons and their families will be given access to
educational material on nutritional needs in old age. Information will be made available on the foods to avoid and the right foods to eat. Diet recipes suiting tastes of different regions which are nutritious, tasty, fit into the dietary pattern of the family and the community, are affordable and can be prepared from locally available vegetables, cereals and fruits, will be disseminated.

44. The concept of healthy ageing will be promoted. It is necessary to educate older persons and their families that diseases are not a corollary of advancing age nor is a particular chronological age the starting point for decline in health status. On the contrary, preventive health care and and early diagnosis can keep a person in reasonably good health and prevent disability.

45. Health education programmes will be strengthened by making use of mass media, folk media and other communication channels which reach out to different segments of the population. The capacity to cope with illness and manage domiciliary care will be strengthened. Programmes will also be developed targeting the younger and middle age groups to inform them how life styles during early years affect health status in later years. Messages on how to stay healthy for the entire life span will given. The importance of balanced diets, physical exercise, regular habits, reduction of stress, regular medical check up, allocation of time for leisure and recreation, and pursuit of hobbles will be conveyed. Programmes on yoga, meditation and methods of relaxation will be developed and transmitted through different channels of communication to reach diverse audiences.

46. Mental health services will be expanded and strengthened. Families will be provided counselling facilities and information on the care and treatment of older persons having mental health problems.

47. Non-governmental organisations will be encouraged and, assisted through grants, training and orientation of their personnel, and various concessions and relief to provide ambulatory services, day care and health
care to complement the efforts of the State.

SHELTER

48. Shelter is a basic human need. The stock of housing for different income segments will be increased. Housing schemes for urban and rural lower income segments will earmark 10 percent of the houses/house sites for allotment to older persons. This will include Indira Awas Yojana and other schemes of the government. Earning persons will be motivated to invest in their housing so that they have no problems of shelter when they grow old. This will require speedy urban land development for housing, time bound provision of civic services and communication links, availability of loans at reasonable rates, easy repayment instalments, time bound construction schedules and tax reliefs. Development of housing has to be a joint endeavour of public and private sectors and require participation of Housing Development Boards, civic authorities, housing finance institutions and private developers and builders. Older persons will be given easy access to loans for purchase of housing and for major repairs with easy repayment schedules.

49. Layouts of housing colonies will have to respond to the life styles of the elderly. It will have to be ensured that there are no physical barriers to mobility, and accessibility to shopping complexes, community centres, parks and other services is safe and easy. A multi-purpose centre for older persons is a necessity for social interaction to meet other needs. It will therefore, be necessary to earmark sites for such centres in all housing colonies.

Segregation of older persons in housing colonies has to be avoided as it prevents interaction with the rest of the community. Three or four storeyed houses without lifts are unfriendly to older persons, tend to isolate them, restrain their movement outside the home, and are a serious barrier to access to services. Preferences will be
given to older persons in the allotment of flats on the ground floor.

50. Group housing of older persons comprising flatlets with common
service facilities for meals, laundry, common room and rest rooms will be encouraged. These would have easy access to community services, medicare, parks, recreation and cultural centres.

51. Education, training and orientation of town planners, architects and housing administrators will include modules on needs of older persons for safe and comfortable living.

52. Older persons and their families will be provided access to information on prevention of accidents and on measures which enhance safety, taking cognisance of reduced physical capacity and infirmities.

53. Noise and other forms of pollution affect children, the sick and older persons more adversely. Norms will be laid down and strictly enforced.

54. Civic authorities and bodies providing public utilities will be required to give top priorities to attending complaints of older persons. Payment of civic dues will be facilitated. Older persons will be given special consideration in promptly dealing with matters relating to transfer of property, mutation, property tax and other matters. Harassment and abuses in such cases will be checked.

EDUCATION

55. Education, training, and information needs of older persons will be met. These have received virtually no attention in the past. Information and educational material specially relevant to the lives of older people will be developed and widely disseminated, using mass media and non-formal communication channels.

56. Discriminations, if any, against older persons for availing opportunities for education, training and orientation will be removed. Continuing education programmes will be encouraged and supported. These would cover a wide spectrum ranging from career development to creative use of leisure, appreciation of art, culture and social heritage, and imparting skills in community, work and welfare activities. Assistance of open universities will be sought to develop packages using
distance learning techniques. Access of older persons to libraries of universities research institutions and cultural centres will be facilitated.

57. Educational curriculum at all stages of formal education as also non-formal education programmes will incorporate material to strengthen intergenerational bonds and mutually supporting relationships. Interactions with educational institutions will be facilitated whereby older persons with professional qualifications and knowledge in science, arts, environment, socio-cultural heritage, sports and other areas could interact with children and young persons. Schools will be encouraged and assisted to develop out-reach programmes for interacting with older persons on a regular basis, participate in the running of senior citizens centres and develop activities in them.

58. Individuals of all ages, families and communities will be provided with information about the ageing process and the changing roles, responsibilities and relationships at different stages of the life cycle. The contributions of older persons inside the household and outside will be highlighted through the media and other forums and negative images, myths and stereotypes dispelled.

WELFARE

59. The main thrust of welfare will be to identify the more vulnerable among the older persons such as the poor, the disabled, the infirm, the chronically sick and those without family support, and provide welfare services to them on a priority basis. The policy will be consider institutional care as the last resort, when personal circumstances are such that stay in old age homes becomes absolutely necessary.

60. Non-institutional services by voluntary organisations will be promoted and assisted to strengthen the coping capacity of older persons and their families. This has become necessary since families, as they become smaller and women work outside the home, have to cope with scarcity of full time care givers. Support services will provide some relief through sharing of the family’s caring responsibilities.
61. Assistance will be provided to voluntary organisations by way of grants-in-aid for construction and maintenance of old age homes. Those for the poor will be heavily subsidised. It is important that such institutions become lively places of stay and provide opportunities to residents to interact with the outside world. Non-governmental organisations will be encouraged to seek professional expertise in the designing of old age homes, keeping in view needs of group living at this stage of the life cycle and the class of clients they serve. Minimum standards of services in such homes will be developed and facilities provided for training and orientation of persons employed in these homes.

62. Voluntary organisations will be encouraged and assisted to organise services such as day care, multi service citizen’s centres, outreach services, supply of disability related aids and appliances, assistance to old persons to learn to use them, short term stay services and friendly home visits by social workers. For old couples or persons living on their own, helpline, telephone assurance services, help in maintaining contacts with friends, relatives and neighbours and escorting older persons to hospitals, shopping complexes and other places will be promoted for which assistance will be given to voluntary organisations. Older persons will be encouraged to form informal groups of their own in the neighbourhood which satisfy the needs for social interaction, recreation and other activities. For a group of neighbourhoods villages, the formation of senior citizens’s forums will be encouraged.

63. A Welfare Fund for older persons will be set up. It will obtain funding support from government, corporate sector, trusts, charities, individual donors and others. Contributions to the Fund will be given tax relief. States will be expected to establish similar Funds.

64. The need for plurality of arrangements for welfare services is recognised. Government, voluntary organisations and private sector agencies all have a place, the latter catering to those who have the means and desire better standards of care.
PROTECTION OF LIFE AND PROPERTY

65. Old persons have become soft targets for criminal elements. They also become victims of fraudulent dealings and of physical and emotional abuse within the household by family members to force them to part with their ownership rights. Widow's rights of inheritance occupancy and disposal are at times violated by their own children and relatives. It is important that protection is available to older persons. The introduction of special provisions in IPC to protect older persons from domestic violence will be considered and machinery provided to attend all such cases promptly. Tenancy legislation will be reviewed so that the rights of occupancy of older persons are restored speedily.

66. Voluntary organisations and associations of older persons will be assisted to provide protective services and help to senior citizens through helpline services, legal aid and other measures.

67. Police will be directed to keep a friendly vigil on older couples or old single persons living alone and promote mechanisms of interaction with neighbourhood associations. Information and advice will be made available to older persons on the importance of keeping contacts on phone with relatives, friends and neighbours and on precautions to be taken on matters such as prevention of unauthorised entry, hiring of domestic help, visits of repair and maintenance persons, vendors and other, and the handling of cash and valuables.

OTHER AREAS OF ACTION

68. There are various other areas which would need affirmative action of the State to ensure that policies and programmes reflect sensitivity to older persons. Among these are issue of identity cards by the administration; fare concessions in all modes of travel; preference in reservation of seats and earmarking of seats in local public transport; modifications in designs of public transport vehicles for easy entry and exit; strict enforcement of traffic discipline at zebra crossings to facilitate older persons to cross streets; priority in gas and telephone connections and in fault repairs; removal of physical barriers to facilitate easy
movement; concessions in entrance fees in leisure and entertainment facilities: art and cultural centres, and places of tourist interest.

69. Speedy disposal of complaints of older persons relating to fraudulent dealings, cheating and other matters will go a long way in providing relief to them. Machinery for achieving this objective will be put in place.

70. Issues pertaining to older persons will be highlighted every year on the National Older Person's Day. The year 2000 will be declared as the National Year for Older Persons. Activities during the year will be planned and executed with the participation of different organisations.

71. Facilities, concessions and reliefs given to older persons by the Central and State Governments and the agencies will be compiled, updated at regular intervals and made available associations to older persons for wide dissemination.

NON-GOVERNMENTAL ORGANISATIONS

72. The State alone cannot provide all the services needed by older persons. Private sector agencies cater to a rather small paying segment of the population. The National Policy recognises the NGO sector as a very important institutional mechanism to provide user friendly affordable services to complement the endeavours of the State in this direction.

73. Voluntary effort will be promoted and supported in a big way and efforts made to remedy the current uneven spread both within a state and between states. There will be continuous dialogue and communication with NGOs on ageing issues and on services to be provided. Networking, exchange of information and interactions among NGOs will be facilitated. Opportunities will be provided for orientation and training of manpower. Transparency, accountability, simplification of procedures and timely release of grants to voluntary organisations will ensure better services. The grant-in-aid policy will provide incentives to encourage organisations to raise their own resources and not become dependent only on government funding for providing services on a
sustainable basis.

74. Trusts, charities, religious and other endowments will be encouraged to expand their areas of concern to provide services to the elderly by involving them on ageing issues.

75. Older persons will be encouraged to organise themselves to provide services to fellow senior citizens thereby making use of their professional knowledge, expertise and contacts. Initiatives taken by them in advocacy, mobilisation of public opinion, raising of resources and community work will be supported.

76. Support will be provided for setting up volunteer programmes which will mobilise the participation of older persons and others in community affairs, interact with the elders and help them with their problems. Volunteers will be provided opportunities for training and orientation on handling problems of the elderly and kept abreast of developments in the field to promote active ageing. Volunteers will be encouraged to assist the home bound elderly, particularly frail and elderly women and help them to overcome loneliness.

77. Trade unions, employers' organisations and professional bodies will be approached to organise sensitivity programmes for their members on ageing issues, and promote and organise services for superannuated workers.

REALISING THE POTENTIAL

78. The National Policy recognises that 60+ phase of life is a huge untapped resource. Facilities will be made available so that this potential is realised and individuals are enabled to make the appropriate choices.

79. Older persons, particularly women, perform useful but unsung roles in the household. Efforts will be made to make family members appreciate and respect the contribution of older persons in the running of the household specially when women, too, are working outside the home. Special programmes will be designed and disseminated through the media targeted at older persons so that they can enrich and update
their knowledge. Integrate tradition with contemporary needs and transmit more effectively socio-cultural heritage to the grandchildren.

**FAMILY**

80. Family is the most cherished social institution in India and the most vital non-formal social security for the old. Most older persons stay with one or more of their children, particularly when independent living is no longer feasible. It is for them the most preferred living arrangement and also the most emotionally satisfying. It is important that the familial support system continues to be functional and the ability of the family to discharge its caring responsibilities is strengthened through support services.

81. Programmes will be developed to promote family values sensitise the young on the necessity and desirability of inter-generational bonding and continuity and the desirability of meeting filial obligations. Values of caring and sharing need to be reinforced. Society will need to be sensitised to accept the role of married daughters in sharing the responsibility of supporting older parents in the light of changing context where parents have only one or two children, in some situations only daughter. This would require some adjustment and changes in perceptions of in-laws in regard to sharing of caring responsibilities by sons and daughters as a corollary to equal rights of inheritance and the greater emotional attachment that daughters have with their parents.

82. State policies will encourage children to co-reside with their parents by providing tax relief, allowing rebates for medical expenses and giving preference in the allotment of houses, persons will be encouraged to go in for long term savings instruments and health insurance during their earning days so that financial load on families can be eased. NGOs will be encouraged and assisted to provide services which reach out to older persons in the home or in the community. Short term stay-in facilities for older persons will be supported so that families can get some relief when they go out. Counselling services will be strengthened to resolve intra-familial stresses.
RESEARCH

The importance of a good data base on older persons is recognised. Research activity on ageing will require to be strengthened. Universities, medical colleges and research institutions will be assisted to set up centres for gerontological studies and geriatrics. Corporate bodies, Banks, Trusts and Endowments will be requested to institute Chairs in Universities and medical colleges in gerontology and geriatrics. Funding support will be provided to academic bodies for research projects on ageing. Superannuated scientists will be assisted so that their professional knowledge can be utilised.

84. An interdisciplinary coordinating body on research will be set up. Data collecting agencies will be requested to have a separate age category 60 years and above. Professional associations of gerontologists will be assisted to strengthen research activity, disseminate research findings and provide a platform for dialogue, discussion, debate and exchange of information.

85. The necessity of a national institute of research, training and documentation is recognised. Assistance will be given for setting up resource centres in different parts of the country.

TRAINING OF MANPOWER

86. The Policy recognises the importance of trained manpower. Medical colleges will be assisted to offer specialisation in geriatrics. Training institutions for nurses and for the paramedical personnel need to introduce specific courses on geriatric care in their educational and training curriculum. Inservice training centres will be strengthened to take up orientation courses on geriatric care. Assistance will be provided for development of curriculum and course material. Schools of Socials Work and University Departments need to give more attention in their curriculum to issues relating to older persons, intervention strategies and organisation of services for them. Facilities will be provided and assistance given for training and orientation of personnel of non-governmental organisations providing services to older persons. Exchange
of training personnel will be facilitated.

87. Assistance will be given for development and organisation of sensitisation programmes on ageing for legislative, judicial and executive wings at different levels.

**MEDIA**

88. The National Policy recognises that media have a very important role to play in highlighting the changing situation of older persons and in identifying emerging issues and areas of action. Creative use of media can promote the concept of active ageing and help dispel stereotypes and negative images about this stage of the life cycle. Media can also help to strengthen intergeneration bonds and provide individuals, families and groups with information and educational material which will give better understanding of the ageing process and of ways to handle problems as they arise.

89. The Policy aims to involve mass media as well as informal and traditional communication channels on ageing issues. It will be necessary to provide opportunities to media personnel to have access to information apart from their own independent sources of information and reporting of field situations. Their participation in orientation programmes on ageing will be facilitated. Opportunities will be extended for greater interaction between media personnel and persons active in the field of ageing.

**IMPLEMENTATION**

90.-The National Policy on Older persons will be very widely disseminated for which an action plan will be prepared so that its features remain in constant public focus.

91. The Policy will make a change in the lives of senior citizens only if it is implemented. While the government and its principal organs has some basic, responsibilities in the matter, other institutions as well as individuals will need to consider how they can play their respective roles for the well-being of older persons. Collaborative action will go a
long way in achieving a more humane society which gives older persons their legitimate place. Apex level organisations of older Persons have special responsibilities in this regard so that they can function as a watchdog, energise continuing action, mobilise public opinion and generate pressure for implementation of the Policy.

92. The Ministry of Social Justice and Empowerment will be the nodal Ministry to coordinate all matters relating to the implementation of the Policy. A separate Bureau of Older Persons will be set up. An Inter-Ministerial Committee will coordinate matters relating to implementation of the National Policy and monitor its progress. States will be encouraged to set up separate Directorates of Older Persons and set up machinery for coordination and monitoring.

93. Five Year and Annual Action Plans will be prepared by each Ministry to implement aspects which concern them. These will indicate steps to be taken to ensure flow of benefits to older persons from general programmes and from schemes specially formulated for their well-being. Targets will be set within the framework of a time schedule. Responsibility for implementation of action points will be specified. The Planning Commission and the Finance Ministry will facilitate budgetary provisions required for implementation. The Annual Report of each Ministry will indicate progress achieved during the year.

94. Every three years, a detailed review will be prepared by the nodal Ministry on the implementation of the National Policy. There will be non-official participation in the preparation of the document. The review will be a public document. It will be discussed in a National Convention. State Governments and Union Territory Administrations will be urged to take similar action.

95. An autonomous National Council for older Persons headed by the Minister for Social Justice & Empowerment will be set up to promote and co-ordinate the concerns of older persons. The Council will include representatives of relevant Central Ministries and the Planning Commission. Five States will be represented on the Council by rotation.

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Adequate representation will be given to non-official members representing Non-Government Organisations, Academic Bodies, Media and Experts on Ageing issues from different fields.

96. An autonomous registered National Association of Older Persons (NAOPS) will be established to mobilise senior citizens, articulate their interests, promote and undertake programmes and activities for their well being and to advise the Government on all matters relating to the Older Persons. The Association will have National, State and District level offices and will choose its own office bearers. The Government will provide financial support to establish the National and State level Offices while the District level Offices will be established by the Association from its own resources which may be raised through Membership subscriptions, donations, and other admissible means. The Government will also provide financial assistance to the National and State level Offices to cover both recurring as well as non-recurring administrative costs for a period of 15 years and thereafter the Association is to be expected to be financially self-sufficient.

97. Panchayati Raj institutions will be encouraged to participate in the implementation of the National Policy, address local level issues and needs of the ageing and implement programmes for them. They will provide Forums for discussing concerns of older persons and activities that need to be taken. Such forums will be encouraged at panchayat, block and district level. They will have adequate representation of older women. Panchayats will mobilise the talents and skills of older persons and draw up plans for utilising these at the local level. Amongst others, the help of the Social Justice Committees of the village panchayats will be taken to advocate different measures for giving effect to the policy.

98. In order to ensure effective implementation of the policy at different levels, from time to time the helps of experts of public administrations shall be taken to prepare the details of the organisational set up for the implementation, coordination and monitoring of the policy.

In some countries the aged are shown due respect and courtesy and
properly taken care of. Like Japan observes 15 September as "Grand Parents day" when the grand children wish their elders with flowers and offer gifts to them. In China it is traditional to respect the elders. Taiwan has declared the ninth day of Ninth Lunar month of the year (traditional Double Nine Festival) for the nation to show respect for the elderly population. In the United States of America, the month of May is officially proclaimed "Older Americans Month". In Canada, United Senior Citizens of "Ontario" celebrate June as "Senior Citizens Month" called jubilagerian, celebration of age. Egypt had proposed at the Fourteenth International Conference of Gerontology held at Acapulco (Mexico) in 1989 to set aside the day of 30th November each year to honour the elderly. The Council of Helpage International at its meeting held in New Delhi on October 6, 1990 has urged the United Nations to launch an International Day for the elderly people. In order to get the attention of the international community and the people of various countries on the problems of the aged and launch various programmes of their welfare, the United Nations should declare International year and a day for the aged as it did in the case of children, women and youth which motivated the world community and national governments to introduce programmes of their welfare on an unprecedented scale.

**REHABILITATION OF THE ELDERLY**

Elderly people (Senior citizens) are endowed with experience of life and have enormous potentials as also capacity to lead. The proportion of elderly persons above the age group 60 constitute 6.5% of the total population. By the turn of the century India will have 75 million people over 60 years of age. The aged are vulnerable to high morbidity and mortality. Limited data available on the subject indicate that over half of them have one or the other ailment at any point in time. In rural settings, over 66% of aged manifested one or the other ailment. However one need to have more hard data for planning rehabilitation programmes. The mortality effects are also high.

Rehabilitation of the aged must take into consideration the broad
areas like health or physical, social, economic as also gainfully
deployment of aged.

**PHYSICAL REHABILITATION**

Majority of the elderly (66%) have one or the other ailment; despite
these ailments they lead socially useful and productive life. Physical
rehabilitation essentially should aims at best use of remaining physical
capacities of elderly. Basic minimum target should be to achieve self
reliance for day to day physical activities so essential for life processes.
Capacity building amongst elderly people is an exercise of enabling them
to lead a socially useful and productive life. These exercises should
primarily be attempted by the elderly themselves and the family should
provide active support.

Elder to Elder Programme: Social groups of elderly, people in urban
and rural areas can spearhead the activities on voluntary basis. Voluntary
organisations of elderly can pool experiences for sharing and build
capacities through training of their peer groups. Lot of free time is available
with elders for such activities.

Family continues to be strongest institution in India. It should
support the elderly and fulfill its primary obligations of physical
rehabilitation. Training of National Services Schemes Volunteers in the
school and colleges and other family members on the issues of simple
appropriate primary level rehabilitation techniques can go a long way.

Govt. Institutions voluntary organizations and professional bodies
are active in organizing free eye camps to restore eye sight through
cataract camps, providing hearing aids and other measures. The diseases
encountered by elders are, by and large of chronic nature requiring long
and continued care to prevent disabilities. Studies in many countries
and our own observations confirm the fact that only a small proportion
of the elderly population need institutional care for rehabilitation. The
best rehabilitation of aged is to keep them active in home environment
in open community life.
At present elderly people get services through system of subcentres, primary health centres and referral hospitals. Utilization is not optimal because of several limiting factors. In rural areas 8.56% of elderly people used the services against 40.75% of children and 45.13% of young people,

**SOCIAL AND PSYCHOLOGICAL REHABILITATION**

The best environments for aged happen to be home and community, in our situation. The old age homes serve a limited purpose. Process of adaptation is required on the part of family and elder. The elders should be viewed as wisdom banks: and should be considered as asset for family. Because of breaking down of joint family system, migration of able bodied to urban and industrial areas leaving the elderly in the villages and if they follow their adult children to the cities, they settle in slums and uncontrolled settlements where they have, no role status or identity. This creates social and psychological problems. Over 89% of elderly men and women in rural areas: according to our study, are well adjusted in their families and do not have any problem. Only 11% have the feeling of neglect and uncared for in the family. It is hard for elders to move to new location or institution for a new life in environment. Old is gold for them and they adjust best in the environments they have lived over a long time and derive pleasure in belongingness, familiarity, indentity and mixing with peer group in their neighbourhood.

**ECONOMIC REHABILITATION**

75% of elderly persons are economically active, in the home and field by doing petty works in these settings within their limited capacities. They sustain themselves and enjoy respect and keep healthy by this way. Many elders waste money on smoking, changing ways of life can preserve health and saves money. The retired persons keep some kind of bank balance and get pension and enjoy better respect than those who have no source.

Elderly who do not have regular source of income are looked down upon and uncared for. If there are 3 or 4 sons, the trouble is much
more, conflict is much more as to who will shoulder the responsibility for elder. State government have initiated old age pension scheme to provide some economic support and to enhance the respect of elders in the family and community. This benefit though meagre, is welcome initiative on the part of government.

Besides these as a measure of economic rehabilitation, the elderly persons can be supported by utilizing their talents in part time jobs like adult education, health guides, traditional birth attendants, tuition for students and counselling services on several subjects depending upon their talents. Thus to harness the services of elder people by part time employments. as also voluntary and social work for human resource developments can go a long way.

This vast resource of knowledge, experience, expertise, creativity needs to be used increasingly and many elders are ready to serve the fellow being with honour and dignity. Oldmen associations, religious and cultural groups. services groups can enrich the interest of each other group. Voluntary organization like HELPAGE International runs adoption scheme, but the very approach of 'Adoption" in our settings may not be viewed as positive and may be abortive and not viable proposition in rural areas.

For rehabilitation of aged the social, economic vocational and psychological component are probably much more important than medical components.

Some basic recommendations for rehabilitation are as under:-

(1) The elderly people should be part and parcel of the normal stream of life and society. They should not be isolated to elderly homes or institutions.

(2) Responsibility of organizing elderly people should rest with family and elderly themselves mainly through voluntary efforts and some support from government. Help Age India is one such example. Family and community should shoulder the primary responsibility to
rehabilitation elderly persons in terms of social psychological adjustment and economic support.

(3) Diversification of capacity building as per need and local resources. No uniform strategy can work. The Strategy for rural areas, urban slums and urban elites has to be different.

(4) The school children, youth and adult members of the society should be enlightened to develop respect and sense of responsibility towards elders. This can be done through curriculum as also through open universities and non-formal system of education.

(5) Mass media and other media should adequately project the problems of the elders to prepare mass support and generate wide spread awareness.

(6) National policy for elderly people (for a segment of population) may not be considered as viable option. Sectorial programmes for elders needs to be coordinated well to harness greater degree of acceptance and support and harmony.

(7) Non government organization (Professional Bodies and others) can better further the cause of elderly people and generate capacity building programme.

(8) Data based information on the problems of elderly is too scanty. hence operational research studies and case studies should be encouraged in this area. Available information should be coordinated and disseminated to benefit the cause of elderly.38

**OBJECTIVES OF STUDY:**

The present study was concerned to study the social status and problems of elderly women. The objectives of study were the following :-

1. To study socio-demographic features of respondents.

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

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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 old age welfare programme provided by the Government and Non Government Organization.

★★★★
RESEARCH METHODOLOGY

As the human being is the highest composition of God, in the same way human society and various social phenomena are the highest contribution man. The human being is intellectual, full of curious and has thirst of knowledge, therefore it is truely said that human not only studies the nature but also he studies about himself. The study of earth, plants, winds, river and sea related study presents wonderful experiences, knowledge before him and fulfil his store of art and science, but the study about himself, his society, his behaviour or social events contents for human are very interesting, excessive, wonderful and full of unique in nature, but this sorts of study is not by subjective nature, but is truth can be attained only by observation, experiment and emperical based activities. In relation to social events, the observation of truth is social research; "Research in all fields of human activities means continued search for knowledge and understanding. But, not all knowledge and understanding is scientific. Scientific research is essentially made up of two elements - (i) Observation by which knowledge of certain facts is obtained through sense perception. (2) Reasoning by which the meaning of these facts, their interrelation, and their relation to the existing body of scientific knowledge are as certained as for as the existing state of knowledge and investigator's ability permit."  

These both elements; if available in investigation of social facts, then it is called social research. In this outlook social research is emperical method to solve any social problem, to verify any hypothesis, to seek

causes of new problem, and to co-relate the cause and effect relationship of various new problems. This empirical method ought to be such which
fulfil the terms and conditions of science and with the help of it subject
of research may be verified. In brief, for the sake of new knowledge
systematic endeavours are called social research.

Now it is cleared that social research according to regulations of
science, indicates about those human activities, which strengthen our
knowledge pertaining to cause and effect of any phenomenon. The more
exploratory thing about social research is that method which is based
on observation, classification and analysis of information. In this context,
Mrs. Young said that "We may define social research as a scientific
undertaking which, by means of logical and systematised methods, aims
to discover new facts or old facts, and to analyse their sequences, inter-
relationships, casual explanations and the natural laws which govern
them."² Therefore Moser said that, "Systematised investigation to gain
new knowledge about social phenomenon and problems, we can call
social research."³

Social research is not a simple work that is why is each individual
cannot perform it. Merely bookish knowledge is not sufficient for it.
Some other internal and external characteristics are essential, because
social research is concerned with social problems; and social problems
are abstract, changable, complex and individual oriented. Thus, their study
is difficult than that of natural sciences. It is unique that to study the
social problem, is the study of human by human as the subject of this
research study, " Status and problems of elderly women.

UNIVERSE OF STUDY:

During research every researcher faceses problems of selecting

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2. Pauline, V. Young, Scientific Social Survey & Research, Asia Publication House, Bombay, 1980. p.44.
research area. In context of research area researcher have different views; some says it should be small / limited while others say it should be wide and big, but in scientific view it should neither to small nor to big and wide because (1) the time limitation for research work is 2 year and it has to be completed within the time (2) if the area is too big and wide researcher has to waste his time, money and has to do more labour in order to collect data, that is why research area should neither be too small nor too big.

Among the town of north India, Jhansi has remarkable place in Indian history, especially in the lore of its freedom struggle. It is associated with the illustrious and legendary figure of Maharani Laxmi Bai who fought valiantly against the British Empire in 1957 uprising and made a glorious place for themselves in the annals of country’s war of independence.

Under the regime of British, Jhansi developed as an administrative railway and military centre. It is the administrative seat of the commissioner of Jhansi Division. Jhansi is a major railway junction on the north-south main truck routes and the Jhansi - Babina military centre.

The complex is one of the largest in country but its hinterland was and continues to be economically underdeveloped. Educationally it remained neglected for a long time. Although in recent years it has been trying to catch-up, with the progress in other parts of the country.

Jhansi district lies in the extreme north-west corner of U.P. between 24° 11' and 25° 57' north latitude and 78° 10' - 79° 25' east longitude. In the west and north, its bonundary is contiguous with that of M.P. In point of fact, culturally it forms a part of Bundelkhand region most of
which lies in M.P., the campus area of district Jhansi is 5024 sq. kms.

**Table No. 1(3)**

**Population of Jhansi in Decades and Growth Rate**

<table>
<thead>
<tr>
<th>Year</th>
<th>Sexwise distribution of Population</th>
<th>Decadal Growth Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>1971</td>
<td>555252</td>
<td>462761</td>
</tr>
<tr>
<td>1981</td>
<td>660664</td>
<td>569621</td>
</tr>
<tr>
<td>1991</td>
<td>700735</td>
<td>559529</td>
</tr>
<tr>
<td>2001</td>
<td>736926</td>
<td>569128</td>
</tr>
</tbody>
</table>

The change in population or the increase in population in the two decades has been stated in the following table. In both categories of male and females inside of being large on the basis of area which constitutes of five Tehsil the population growth is less.

**Table No. 1(4)**

**Male & Female Ratio and Decadal Growth Rate**

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>Decadal Growth</th>
<th>Female Per 1000 Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>1971</td>
<td>555242</td>
<td>462761</td>
<td>1018013</td>
<td>-</td>
<td>860</td>
</tr>
<tr>
<td>1981</td>
<td>690644</td>
<td>569621</td>
<td>1260265</td>
<td>242252</td>
<td>884</td>
</tr>
<tr>
<td>1991</td>
<td>736926</td>
<td>596128</td>
<td>1333054</td>
<td>272789</td>
<td>832</td>
</tr>
<tr>
<td>2001</td>
<td>830075</td>
<td>695127</td>
<td>1525202</td>
<td>234948</td>
<td>834</td>
</tr>
</tbody>
</table>

On the evaluation of table we come to know that in the year 1971 total population of male were 555242 and 462761 of women which raised to 690644 of men and 569621 of women in the year 1981, in the same way the year 1971 to 1981 the total change in population was 242252. In the year 1991 the population of males were 736926 and that
of females were 596128. In the same way the change in decade was 272789 between the year 1981 to 1991, in the year 2001 ratio of female to male was 834.

**Table No - 1(5)**

**Distribution of Rural / Urban Population**

<table>
<thead>
<tr>
<th>Details</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Census 1981</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>310035</td>
<td>393427</td>
<td>703462</td>
</tr>
<tr>
<td>Urban</td>
<td>189260</td>
<td>176051</td>
<td>365311</td>
</tr>
<tr>
<td>2. Census 1991</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>524306</td>
<td>429013</td>
<td>953319</td>
</tr>
<tr>
<td>Urban</td>
<td>166338</td>
<td>140608</td>
<td>306946</td>
</tr>
<tr>
<td>3. Census 2001</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>617887</td>
<td>507607</td>
<td>1125494</td>
</tr>
<tr>
<td>Urban</td>
<td>219039</td>
<td>188521</td>
<td>407560</td>
</tr>
</tbody>
</table>

On the basis of following table which shows that there were 310035 males and 393427 females in rural areas. While 189260 males, 176051 females in urban areas in the year 1981 and in the year 1991, 953319 total population were found in rural and 306946 in urban areas. In the year 2001, there were increased number of males in rural areas 617887, females were 507607 and in urban 219039 males and 188521 females.
Table - 1(6)

Division of Population on the basis of age group

(According to special edition of statistical magazine-2001)

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Age Group (In Years)</th>
<th>Male Population (In %)</th>
<th>Female Population (In %)</th>
<th>Total Population (In %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>0-4</td>
<td>12.3</td>
<td>13.4</td>
<td>12.8</td>
</tr>
<tr>
<td>2.</td>
<td>5-9</td>
<td>15.0</td>
<td>14.7</td>
<td>15.0</td>
</tr>
<tr>
<td>3.</td>
<td>10-14</td>
<td>14.4</td>
<td>12.7</td>
<td>13.7</td>
</tr>
<tr>
<td>4.</td>
<td>15-19</td>
<td>10.2</td>
<td>8.4</td>
<td>9.3</td>
</tr>
<tr>
<td>5.</td>
<td>20-24</td>
<td>7.8</td>
<td>8.4</td>
<td>8.0</td>
</tr>
<tr>
<td>6.</td>
<td>25-29</td>
<td>6.6</td>
<td>7.4</td>
<td>6.9</td>
</tr>
<tr>
<td>7.</td>
<td>30-34</td>
<td>5.5</td>
<td>6.4</td>
<td>5.9</td>
</tr>
<tr>
<td>8.</td>
<td>35-39</td>
<td>5.2</td>
<td>6.1</td>
<td>5.5</td>
</tr>
<tr>
<td>9.</td>
<td>40-44</td>
<td>5.4</td>
<td>5.4</td>
<td>5.3</td>
</tr>
<tr>
<td>10.</td>
<td>45-49</td>
<td>4.3</td>
<td>4.6</td>
<td>4.5</td>
</tr>
<tr>
<td>11.</td>
<td>50-54</td>
<td>4.4</td>
<td>3.6</td>
<td>4.1</td>
</tr>
<tr>
<td>12.</td>
<td>55-59</td>
<td>2.3</td>
<td>2.7</td>
<td>2.5</td>
</tr>
<tr>
<td>13.</td>
<td>60 &amp; above</td>
<td>6.6</td>
<td>6.2</td>
<td>6.5</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

On the basis of age factor the whole population has been divided into following age groups 0-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59 and 60 and above if we looks the figure of table we find that in the male group 41.7% of the people belongs to the age group of 0-14 year, 24.6% to the age group of 15-29 16.3% are in 30-44 age and that of 17.44 are of 45 and above, In comparison to female which are 40.8% in the age group of 0-14 and 24.2% falls in 15-29, 17.9% in the age group of 30-44 year and lastly in the age group of 45 year and above they were 17.1%. It has been found that in the age group of 60 and above the percentage of male member was 6.6% in
comparison to 6.2% that of women and on the whole the overall percentage of population was 6.5%.

Table No -1(7)

Division of Population on the basis of religion.

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Religion</th>
<th>% of Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Hindu</td>
<td>92.28</td>
</tr>
<tr>
<td>2.</td>
<td>Muslim</td>
<td>7.14</td>
</tr>
<tr>
<td>3.</td>
<td>Christian</td>
<td>0.03</td>
</tr>
<tr>
<td>4.</td>
<td>Sikh</td>
<td>0.03</td>
</tr>
<tr>
<td>5.</td>
<td>Buddh</td>
<td>0.06</td>
</tr>
<tr>
<td>6.</td>
<td>Parsi</td>
<td>0.35</td>
</tr>
<tr>
<td>7.</td>
<td>Others</td>
<td>0.01</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>100.00</td>
</tr>
</tbody>
</table>

The whole population of the district can be divided into given class - Hindu, Muslim, Sikh, Christians, Jain, Buddh and other caste. The whole division on the following castes has been stated in the following table.

Following table shows that the majority of population living in Jhansi area belongs to Hindu Religion which was 92.28% and remaining which 7.14% was of Muslim community and the percentage of other religion was 0.03%, 0.03%, 0.06%, 0.35%, and 0.01% of christian, Sikh, Buddh, Parsi and other.
Table No- 1(8)

Division of Population on the basis of Educational Status

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Detail</th>
<th>% of Educated Male</th>
<th>% of Educated Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Census 1991</td>
<td>58.5</td>
<td>39.9</td>
<td>49.9</td>
</tr>
<tr>
<td>2.</td>
<td>Census 2001</td>
<td>66.1</td>
<td>47.6</td>
<td>57.6</td>
</tr>
</tbody>
</table>

On the basis of above table which shows that in the year 1991 the total percentage of educated males were 58.5% and 39.9% that of females, and the total educated population was 49.9%, in comparison to 66.1% that of male and 47.6% of females and total was 57.6% in the year 2001.

Table No. 1 (9)

Particulars of Medical Facilities in Distt. Jhansi

The particulars of public sector physicians sanctioned and in position are given discipline wise of Jhansi1

<table>
<thead>
<tr>
<th>Allopathy</th>
<th>Ayurvedic/ Homeopathic</th>
<th>Total</th>
<th>Unani</th>
</tr>
</thead>
<tbody>
<tr>
<td>85</td>
<td>78</td>
<td>21</td>
<td>20</td>
</tr>
</tbody>
</table>
The position of private sector physicians in District Jhansi is given below:

<table>
<thead>
<tr>
<th></th>
<th>Allopathy</th>
<th>Ayurvedic/ Homeopathic</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dr. Reg.</td>
<td>Dr. Reg.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Privt. Dr</td>
<td>Privt. Dr</td>
<td></td>
</tr>
<tr>
<td></td>
<td>583</td>
<td>488</td>
<td>116</td>
</tr>
<tr>
<td></td>
<td>505</td>
<td>468</td>
<td>53</td>
</tr>
</tbody>
</table>

Public sector medical institutions in district Jhansi can be known by following information:

<table>
<thead>
<tr>
<th></th>
<th>Allopathy</th>
<th>Ayurvedic/ Homeopathic</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dr. Reg.</td>
<td>Dr. Reg.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Privt. Dr</td>
<td>Privt. Dr</td>
<td></td>
</tr>
<tr>
<td></td>
<td>69</td>
<td>40</td>
<td>114</td>
</tr>
</tbody>
</table>

**RESEARCH DESIGN**

Sociological studies are different on several basis. Some are to quench curiosity of man some for getting new knowledge. Some for formulation of hypothesis, some for verification of theme. Some research aimed to describe any social phenomenon, some for solving the social problem, some for purpose of planning, some for evaluation the impact of programme, scheme and planned change. So on these objectives basis, social research are carried out. The objectives of study cannot achieved without orderly action from the beginning of the study. This draft is called research design. It means the type of research design is decided in accordance with type of selected problem or hypothesis; so that research

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Source - 1 : Director of Health Services, Swasthya Bhawan, Lko, 1993 (Col. 1,2)
Director of Ayurvedic and Unani Lko, 1993 (Col. 3,4)
Director of Homeopathy, 1993 (Col. 5,6)
Source 2. Registrar Cum Secretary, I.M.C., Lko, 1993
Registrar Board of Indian Medicine, Lko, 1993
Registrar Homeopathic Medicine Board, Lko, 1993
Source 3. Economics and Statistical Division State, 1992,
study can get a certain direction and investigator escape to wonder hither and thither.

It has already been social that any social research cannot be conducted without any goal. These goals are formulated before starting study. So pre planning blue print of various activities to be carry out in future is called research design. Ackoff, in this connection says, "Design in the process of making decision before the situation arises in which the decision is to be carried out." Now it is clear that there are many kinds of social research designs. Every investigator to the objectives of study. That is which type, the nature and objectives become clear, as in Exploratory Design, mostly what are causes of any problem is the objective of research.

The main objective of all researches is achievement of knowledge. This knowledge can be attained by various means. So research designs are also several according to objectives. Mostly, Exploratory, Descriptive and Experimental research designs are used in sociological studies. In this research study "Explorating Design" is used. Seltiz, Jahoda et. al written about Exploratory design, "Exploratory research is necessary to obtain the experience which will be helpful in formulating relevant hypothesis for more definite investigation." The same type of idea is expressed by 'Hansraj'- Exploratory design is essential to do for special study, for formulation of hypothesis and to obtain related experience related to formulated hypothesis.

To clear the various problems of 'Elderly Women' and their effect, researcher selected this design for her study. For example, if we want to study the elderly women and their problems, then it would be necessary to study various issues which create problems for elderly women.

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Exploratory type of research design becomes a scheme of observing those factors which are responsible for these problems. For the success of their research design investigator studied related literature,(1) contacted all those about whom she heard that they had knowledge about the problems of elderly women. Their experiences become direction for researcher (3) They all created internal motivation and insight and helped in each community, there are various problems, out of them some are simple, some pathological and some are related with individual, which encourage the scholars to study them.

**SAMPLING METHOD / SIZE**

To estimate about "all" by looking or by examining of "some" is a method of sampling. It is assumption of this technique that the characteristics of 'some' represents the element of 'total' provided the selection of 'some' is carefully done. To look 'all' is inconvenient, expensive and requires more time. Therefore, its unutilise expenses is inadequate. Only representative sample study is best. In social research, use of sampling method is very popular, that's why in the sense of its use, is done by a layman excessively. No one verifies each seed by opening the mouth of bag but merely some seeds are expelled from the bag and checked, then those seeds are evaluated. It is for all the wheat which are in bag. We take care to take these seeds. Seeds are not taken from upper layer of the heap of wheats so that good seeds of wheat, which are kept by businessman on upper side of the heap of wheats because those seeds do not represent all the seeds of wheats of the heaps. That is why there is great need of care. So our more visilance in this connection is essential to get less deception in the purchase of the wheat. It is only an applied Sampling Technique of social research. Its use is carried out in
emperical study.\textsuperscript{5}

Research work can be conducted on the basis of two methods. If we make the basis only the study population or make basis of units for selection. These both methods are called Census and Sampling method. If we want to conduct social survey of school children then we have to interview with every child, it will be called census. In sampling method; we select some students of every class. About sampling method Frank Yaton says,"The term sample should be reserved for a set of units or portion of an aggregate of material which has been selected in belief that it will be representative of the whole aggregate." \textit{Goode and Hatt also expresses their views,} "A sample, as the name implies, is a smaller representation of a large whole."\textsuperscript{6} In research work sampling technique is one of the best method because this method save lot of time, money, energy of researcher and it gives scope for accurate data.

There are many types of sampling method in which 1. **Random Sampling** is considered as best method of sample selection, because in it every item or unit of universe has an equal opportunity for selection and selection is not influence by personal bias and prejudices of the investigator. \textit{Thomas Carson says about random sampling that,"In a random sample the chance of being'drawn' or 'thrown' is independent of the character of the event."}\textsuperscript{7} There are some techniques of random sampling: (i) Lottery method, (ii) Card or Ticket method, (iii) Regular marking method, (iv) Irregular marking method, (v) Tippet method, (vi) Grid method, (vii) Quota method.

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\textsuperscript{5} Mukherjee, Ravindranath (2001), 'Social Research & Statistics', Vivek Publication, 7, U.A. Jawahar Nagar, Delhi, P-279.


\textsuperscript{7} Thomas Carson, Mc Gromuck, Elementary Social Statistics (1941). P. 224.
2. **Purposive Sampling**: When there is specific objective and researcher select some units deliberately from the universe is called purposive sampling. *Adolph Jenson rightly said about this sampling,* "Purposive sampling denotes the method of selecting a number of groups of units, in such a way that the selected groups together yield as nearly as possible the same averages or proposition as the totality with respect to those characteristics which are already a matter of statistical knowledge”

3. **Stratified Sampling**: Prof. Hsin Pao Yang writes about it, "Stratified sampling means taking from the population sub samples which have common characteristics, such as type of farming, size of farms and ownerships, educational attainment, income, sex, social class etc. These elements making up the sub-samples are drawn together and classified as a type of category."

In this research study researcher keeping all the essential points of sampling in consideration, selected 300 elderly women whose account is given in following table randomly.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Name of Caste</th>
<th>Sample Frequency</th>
<th>Sample %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>General Caste</td>
<td>50</td>
<td>16.33</td>
</tr>
<tr>
<td>2.</td>
<td>Backward Caste</td>
<td>100</td>
<td>33.67</td>
</tr>
<tr>
<td>3.</td>
<td>Schedule Caste</td>
<td>75</td>
<td>25.00</td>
</tr>
<tr>
<td>4.</td>
<td>Muslims</td>
<td>75</td>
<td>25.00</td>
</tr>
</tbody>
</table>

Due to limitation of time, money and other resources, it was not possible for the investigator to study relatively large sample.

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SOURCE / TECHNIQUES OF DATA COLLECTION

Without information and data social research and investigation is in reality like a handicap person. The success of research is depended upon how much real, dependable and appropriate informations we collect. The success again depends on reliable sources of data. Therefore, the importance of information and data cannot be renewed in the field of social research. These information are not of one type, they are also of many forms. The knowledge of different forms of data is essential for successful investigation. From which source, which type of information he can obtain, if does not know then he has to wonder this and that side and his valuable time and labour will be wasted. Thus the knowledge of various source of data is necessary for a research investigator.

In social research various types of data are needful. They are classified in two forms- first, Primary data or information are those fundamental information which are collected in the field by face to face relationship with the respondents about research subject through interview or schedule or direct observation as Palmer says, "Such sorts of individuals not only have ability to explain problems related to the subject but also indicate about internal important steps in social processes and observable curves." Smt. Young classified source of information into two parts - Documentary and Field source. 

In this research study, researcher keeping in mind the problems of elderly women, preferred primary source of data. Field observations were also made the centre of study. Apart from primary information documentary sources - Related books, life sketch, Reports, News paper contents, as an evident, were used because in India there is lack of

statistical data and if available, they are not adequate. Census data can
not be ignored, these reports provide reliable data about socio-economic
and cultural aspects of human life, for example, the size of family, sex
ratio, caste wise and religions wise information, occupation wise,
educational status, age wise distribution, vital statistics among
population of our country, these data of census have very importance;
politically, socially, economically and commercially.

To observe scientific findings in social research about particular
social phenomena, scientific facts are not merely estimates but solid
results based on actual facts and exact information. Thus it is clear that
the fundamental condition of social research is collection of real
information.

Real data can not be collected by imaginary manner. For this
scientific devices are essential. It is because of solid and emperical
techniques through which data are collected is called techniques of data
collection. For scientific analysis and interpretation, those real data are
required, to collect them, investigator uses techniques, that is the
technique for him. Moser wrote in this connection. "Techniques are those
accepted and systematised devices for a social scientist which are used
to obtain reliable facts related to his study."  

So the basis of social research is reliable data, information and facts.
In Sociology followings are the techniques of the study of social
phenomena, as given below:

1. Questionnair: When respondents are scattered in a wide area.
They can not be contactted easily then questionnair are sent to them by
mail along with a request letter. Respondents send them to surveyer.

2. **Schedule**: Schedule is filled by investigator himself by face to face relationship in the field. It is used all type of respondents technique of data collection.

3. **Interview**: In which investigator collect information from respondents himself in a homely environment.

4. **Observation**: This method is used by investigator in real field situation by eye witness. These observation many be participant and non participant in nature.

5. **Case Study**: In the area of social research, theo method of data collection are deployed, out of them individual case study method is very important. In the words of Goode and Hatt, "In case study we submit step by step picture of special types of continuous experiences. In this form in the process of time numerous experiences, social forces and by implication background study of a certain unit full of logic is case study."[12]

For direct contact with research area, investigator in this study prior to conduct interview with respondents, she tested schedule in the field and modified the schedule accordingly then schedule was used along with observation method, about which Goode and Hatt explained that, "Investigator selected only Structural questions as well as Dichotomous Questions and Open ended Questions were discarded because there is more time and money is needed for their classification and tabulation.

For the study of individuals attitudes, tendencies sentiments and emotions, only interview technique provide its diagnosis, that is why this technique is superlative in all techniques of data collection. Allport very nicely said," If we wish to know, what people feel, what do they

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experience and what do they remember, what are their sentiments and objectives of life, why don't we ourselves ask from them."

Side by side V.M. Palmer also said "The interview constitutes a social situation between two persons by psychological process involved requiring both individuals mutually respond though the social research purpose of the interview calls for a very different response from the two parties concerned."\(^\text{13}\)

In this study, investigator used interview schedule method for data collection. For this researcher adopted following process of interview-:

i. Researcher conducted interview with respondents to collect information related to study. She collected data in face to face relationship, communication for the sake of research according to schedule. When the selected sample was not presented then data were collected from the who was on second serial.

ii. **Interview start**: Investigator put up the aims and objectives of research study before respondents and requested to provide cooperation and she assured them that their information will be kept confidential. She also told them that without their cooperation the problem of elderly women can not be solved. First of all she asked about primary information related to respondent such as name, age, education, occupation etc, after that she asked questions related to study objectives.

iii. **Used encouraging Questions**: During interview process investigator told respondents that their information are very important and helpful in treating the problems of elderly women. Such sorts of sentences were repeated before respondents many time in collection of data.

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13. V.M. Palmer, Field Studies in Sociology, 1928, p-170
iv. To remember: Whenever investigator observed that respondent involved in her sentiments and dreams and become away from the main point of subject then investigator reminded and invited her attention toward communication subject.

v. Noting Information: Investigator noted the responses against questions given in schedule to avoid any kinds of obstacles.

Researcher faced some difficulties in collection of data. They were as follows:

1. Some selected respondents were absent at the time of interview.
2. Some respondents refused to provide interview.
3. Consumed more time.

To deal with above problems, researcher select next serial sample for interview, by contact their family members, respondents who refused to interview, were agreed for interview and respondents who hided personal information were assured not to tell their problems to others, thus they were compel to tell real information about social and psychological problems of old age.

CLASSIFICATION OF DATA

In social research, the basis of research are real information concern with research study. These information when collected, cannot be concluded any result nor understood anything about the subject. The mountain of information does not serve any purpose unless it is not given a systematic form. That is why classification of the information is an essential task. When we classify the collected information on the
basis of their difference and similarity, that is called classification of data. Therefore Robert E Chaddock (1925) wrote, "Classification especially important in the social success because of the many factors affect a given situation and because the measurement show such wide variation." Connor (1936) also highlighted on the classification in the following words, "Classification is the process of arranging things (either actually or rationally) in groups and classes according to their resemblances and affinities and gives expression to the unity of attributes that may subsist amongst a diversity of individuals." 

Keeping in the mind above considerations, researcher systemized, synchronized and limited the heapes of information on the basis of big issues, characters, and items of similarity and differences, proximity and distances. In this study, information are classified qualitatively or simple or multiqualitatively along with quantitatively also. So that information may be understood easily and thus classification become statistical pure.

**TABULATION OF DATA:**

In social research, after classification of information, data placed in tables. Actually tabulation after classification is a next step in the process of analysis. With the help of it information become simple and clear in understanding and statistical data become demonstrationable. In this process the data are kept in columns so that data can be understood as Jahoda wrote, "Just as coding is thought of as the technical procedure for the categorization of data, so tabulation may be considered as a part of the technical process in the statistical analysis of data." 

It is the reason, Ghose (1950) explained, "Tabulation stands for the systematic and scientific presentation of quantitative data in such a form as to elucidate the problem under consideration."\(^{17}\)

That is why Young (1960), "Statistical tabulation is shorthand if statistics; because it fills attraction adequate size, convenience of comparison, clarity appropriate to objective of study and scientificness."\(^{18}\)

In this research study researcher to make information more easily understandable, she used frequency tables as well as simple tables. She also considered all necessary rules of tabulation such as -(1) write title of tabulations (2) Size according to area of page on which it was drawn, (3) Captions, (4) Write information in columns (5) Keep columns in sequence (6) Division of columns (7) Total and (8) Comments. With this process all collected data are systemised logically and data get clear picture in table. This helps much in statistical analysis. Tabulation makes more simple to competitorative interpretation, it also save time and place and make simple scientific analysis work.

**ANALYSIS AND INTERPRETATION OF DATA**

Scientific analysis assumes that behind the accumulated data there is something more important and revealing than the fact themselves, that well marshalled facts when related to the whole study, have a significant general meaning, from which valid interpretation can be drawn."\(^{19}\)

It is simply the meaning of above statement that the objective of cause and effect cannot clear by collecting a mountain of information unless these collected data are not systemised and then analysis and

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18. P.V. Young, (1960), Scientific Social Survey and Research, P.-239.
19. Pauline V. Young (1960), Scientific Social Survey and Research, Asia Publication House, Bombay, P.509.
interpretation is not done. The well-known mathematician Shree Jules Henri Poincaré wrote that, "Science is built with facts as a house is built with stones, but a collection of facts is no more science than a heap of stones is a house."

Therefore, it is essential for science that collected data should be orderly edited and then analysis and interpretation can be done so that true knowledge may be achieved.

The fundamental need of analysis and interpretation of data, if were not systemised they remain meaningless and we can not find any result from data. The research study will remain half if data are not analysed and interpretation so far. It is the only reason that Smt. Young says, "Research is creative aspect of scientific analysis." 20

Social researcher does not accept that any phenomenon is independent he accepts collected facts, present ideas and inner social philosophy of time; therefore, any empirical result can be achieved through the careful checking of collected data, their mutual relationship are their context relation with total events.

He can only be succeeded by examining old concepts or seeking challenging situations of new concepts during the process of analysis of data. In this way which insight he gains by process of analysis of informations's, he re-examines on the basis of them and achieved a solid base for interpretation of data. That is why real interpretation of data is not possible without adequate analysis of data and without factful interpretation, any result of findings; an investigator can not obtain. According to Smt. Young, "The function of orderly analysis to formulate an solid organisation of a edifice, which helps to keep collected facts in

20. P.V. Young, op.cit. P.509.
their proper place, so that general findings can be achieved by them."\(^{21}\)

In this way without analysis of data the explanation of cause and effect relationship pertaining to any subject or phenomenon is not possible, nor any progress of science, achievement of real knowledge because on the basis of analysis and interpretation of data real scientific rules can be formulated. Therefore, analysis and interpretation of collected data is essential to test old theories and rules or to certify old theories or rules.

In this research study, researcher through considering above all those guidelines and principles in the mind classified the collected and tabulated them which become simple and like to be understood easily. We uses analysis and interpretation of data which are adopted by sociological research reports the same is used here.

**DIAGRAMMATIC PRESENTATION OF DATA**

The main aim and objective of statistical method is to provide simple forms to collect data; so that every body can easily understand and them as well correct finding can be observed. It is often observed that by classification and tabulation of data we get systematic, orderly and brief form of scattered data. The effective form of these collected data is demonstrate them through pictures. In present days demonstrating data in the kind of bar diagram became an unique art and in the context to locate data in picture form processing continuously. For general man only data are uninteresting, complex and without attraction, therefore, one does not pay any attention about figures now there is no any in interest about figures. On the other hand pictures are more attractive and one can not live without effect of them. It is only the utility and mistry of popularity of data demonstration. Thus Bodington has to write

"A properly constructed diagram appeals to the eye and also to the

\(^{21}\) P.V. Young, op.cit. P.310.
mind, because it is practical clear and easily understandable even by those unacquainted with the method of presentation. "22

In reality tabulation makes more help in scientific analysis of data. Yet for a general man, frequencies which are given in tabulation, has no special meaning, because it is difficult for him to understand the internal nature and result. Just its reverse one can understand these figures if they are exhibited in picture form. Side by side pictures provide comparative importance to its visitors'. Therefore, each student of social research should acknowledge with the art of Demonstrating figures in the form of pictures. Bowley very nicely says, "Diagrams are merely an aid to eye and a means of saving time." 23

In this research study the investigator demonstrated data in the form of simple diagram, multi bar diagrams and pie diagram so that effective and attractive presentation of data may ensured (2) data could be simple in understanding (3) time may be saved (4) data can be easily compared (5) data may simplify in one outlook (6) proved utilisation for research and they could be able to indicate about future.

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23. Bowley, Diagram are merely an aid to eye and a means of saving time.