CHAPTER-II

REVIEW OF LITERATURE
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Undoubtedly in the context of social research Review of literature and pre-assessment of studies is important ladder because without doing so researcher can not provide smooth management. Review of literature tells investigator on what subjects, sub topics the studies have been carried out and which types of research designs, methods and techniques were used in them; along with difficulties faced and resolved by him. It is true that each social problem has relation with country, time and situations. From this points assessment of old studies is not only important but essential too. In the changed environment in present study how many problems may occure, which methods and techniques would be useful to study, which aspects, stages and factors had been studied before and which aspects are left over. Now which perceptive are outstanding to study. How to do study so that research work might be simple and easy in objective form and save money, time and labour. This all is known to researcher by doing review of literature. Singh, S.P. (1975 : 14) highlighted on the fruitfulness of review of literature. According to him after selection of research topic it is not nearly necessary but essentialities of the research that to ensure assessment in relation to research problem in connection with review of literature pertaining to research topic because it helps -

1 - It develops insight and knowledge in reference of research problem in the mind of researcher.

2 - He learns adequate knowledge in relation to used research methods and techniques.
3 - Review of literature helps in formulating hypothesis and evolving structural schedule.

4 - He does not commit error to repeat the research problem which has already been carried out.¹

The comment in this direction of Basin, F.H. (1962 : 40) is illustrative. He says, In every research study related literature and pre-assessment of studies is important stair of research scheme because every research work to be cleared and difficulties resolved by review of literature both the problems of research complexity and uncleanness are resolved. It is because of the review of literature becomes cleared, how to collect valid and reliable information. The following are the usefulness of review of literature.

1- Researcher develops general knowledge about research problem.

2- Research synopsis and useful methods and techniques are cleared in the mind of researcher how to edit research work.

3- By review of literature investigator correct his mis concepts, doubts and illusions regarding research study; and side by side work becomes simple to conduct activities. Thus, he gets new orientation to develop his insight.² Borg, J.P. (1963:48) also highlighted on importance of review of literature. He says, Review of literature enables researcher in such a extent so that he may be able to seek knowledge about already carried out the works which had done and could study them. To do so, investigator gets clear orientation for research on the basis of acquired knowledge and able to select adequate instrument

and methods". On the other hand Staufer Semmuel (1962:73) tells that in the absence of excessive study and assessment of old literature, any sort of study is just like a firing in darkness. Without review of literature, research work can not go ahead. Till researcher does not acquire knowledge about the area in which studies have been completed he can not select the topic of the research nor prepare the synopsis of research study nor provide speed to his investigation. The main reason of the objectives of the study to bring innovation after thinking.

The contribution of Pursotum (1991:110) can not be isolated regarding review of literature. According to him, generally there are three domains of knowledge - (1) To collect knowledge (2) Transmit knowledge, (3) Increase knowledge. These three fundamental elements are especially important in research studies. These attempts to keep researcher very nearer to reality. The contribution in the store of knowledge and strengthen in awareness, makes possible the human made enderbours. In the same way in the process of research 'review of literature' is such an important scientific ladder of research enterprendour which is presented in the uterus of present. In other words individual compose new knowledge through research on the basis of his old awareness and black and white knowledge.

Several studies have been conducted in the field of 'Old Age' and they have direct or indirect relation with our study whose findings and references are as follows :

- Ernest Burgers (1960), "Much of the disability and ill - health of old people is the result of medical negligence. Now that the

mathematical chance of surviving to old age has increased, a more positive approach to the incurable diseases of this period of life is needed to avert the personal frustrations and community problems that accompany physical disability and mental ill health. The medical profession is beginning to realise that old people do respond to treatment and can recover to function to a surprising degree."

> **Davis (1977)** argues that, "From a societal point of view, the countryside is better place for aged persons to be. Their skills are more useful in a rural area, less expensive care is needed and the milieu is free some of the disease of old age, such as emphysema, obtaining part time and casual jobs in agricultural regions as in villages is less impeded by union and Government. This issue also needed to be kept in mind while analysing the problems of senior citizens."

> **Institute of Social Work Delhi (1977:124)** has surveyed on status of elderly persons in the families of New Delhi and found the following facts:

(i) In 37% families the status of aged was not as per their expectation.

(ii) 49.3% survey sample of aged were having no income of their own that's why they have to remain dependent on the family members. All the aged were found sad and worried for their future.

(iii) 42.5% surveyed aged were pensioner and were capable to bring

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up themselves and their respect and importance in family was also more in comparison to who are not getting pension.

(iv) Study shows 36.5% of aged have normal daily routine and they contribute in the household works according to their capability.

(v) The pensioner respondent has accepted that a week before getting of their pension the other family members look after them and works according to their concern and as soon as the pension is delivered them the concern of the family members towards them changes unexpectedly.

(vi) Aged female respondents clearly accepted that they often use to serve their grand childrens which changes their mood and behaviour. 70.67% respondents said that their life has no use and the behaviour of their family member is not upto the expectation because they have no source of earning as they remain fully dependent on them for their livelihood.\(^8\)

\(\textbf{Erik Erikson (1978)},\ "The eminent life cycle theorist, formulated that during old age (65 years) the individual ah\(s\) to negotiate throught the last of the eight stages to discover 'Integrity' versus despair' here, the conflict is between 'integrity', the sense of satisfaction one feels reflecting on life productively lived and 'despair' the sense that life has had little purpose or meaning. However the old age holds no contended backward look unless on has live beyond 'narcissism' and into 'intimacy' and 'generativity'. Without 'generativity', according to him, the elderly have no sense of world order and, without world order, no conviction of the calming india that one's life has come at a time and

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in a segment of history when a person developed exactly as one did. Without that conviction, the elderly have a fear of death, despair and disgust."^9

➢ Kart (1981) writes, "Available data in the United States define the elderly as those 65 years of age and over. Some gerontologists distinguish between the Young old (55 to 74) and old - old (75 +)."^10

➢ Rao, Venkoba (1981) "It has been found that 3/4th of India's geriatric population is 'young old' (60-70) and the rest 'old old' (70+). An analysis of the type of family indicated that 52% came from extended family, 38% from joint family while 10% were from nuclear family. 12% suffered social isolation and a positive accepting attitude of spouses was found in 84% neutral attitude in 10% and rejecting attitude in 6%. Physical handicaps and illness were encountered in 54% and they included impaired hearing, vision, hypertension, diabetes mellitus, pseduobulbar palsy, Parkinsonism, ischemic heart disease. 46% were however free from physical illness. Dementia was predominantly seen in those over 75 years of age while affective illness was common in the 60s."^11

➢ Prof. Bhattacharya (In regard of Aged - 1982 : 34) had written that now time have come when our government should frame the notional policy to look after the elderly people (Senior Citizens) :-

(i) According to census of 1971, there were 34 lakhs male and 14 lakhs females above the age of 60+ who were having no means/source of earning and were left by the family and the society with no regard

and care for their painful end.

(ii) In the following years many surveys were conducted by different institute and the findings were: (a) In the year 1977 survey was conducted by Delhi School of Social work, on the basis of its findings 49.3% of aged has no income of their own. (b) In the year 1982 according to survey conducted by Social Work Institute Madras 51.8 aged having no means of earning.

(iii) In the year 1975 survey conducted by Social Work Department of Lucknow University had stated out that 51.9% of aged were having no income of their own. (c) On the basis of survey conducted by Social Work Institute of Delhi in the year 1977, 50% of aged were having good health but they were not indulge in profit making work. so it is quite clear that there is need to frame different policies and programmes for the retired aged by which they can earn.\textsuperscript{12}

\begin{itemize}
\item \textbf{DeSuza (1982)} in his study "On the life of the aged persons among the urban poor of Delhi, found that although changes have taken place in the family structure due to urbanization and migration, but the family is still a source of security to the aged persons. The sons consider it their duty to look after their aged parents."\textsuperscript{13}
\item \textbf{Social Welfare Department, Central Social Welfare Board, New Delhi (1982 : 99)} has organised two days seminar to discuss the problems of aged and their solution with voluntary organization and government efforts and from their discussion following recommendation were forwarded :-
\end{itemize}

\begin{itemize}
\item[12.] Bhattacharya B.N.; In regard of aged; Social Welfare magazine, Central Social Welfare Board, New Delhi, August 1982, page -34.
\item[13.] Desuza A The social organisation of aging among the urban poor New Delhi Indian social Institute 1982
\end{itemize}
- A policy should be framed on the national level for the welfare of aged.

- Arrangement of hostels and rest houses in villages and cities for the aged.

- To realise the importance of aged in the society and family, there should a programme which can raise the public awareness.

- In the different programmes running by the Central Social Welfare Board and voluntary organisation etc. should make full use of services of aged.

The general view regarding to the following recommendation were that the government all alone cannot implement these policies because on the one side the problems were complicated and difficult; and on the other side there are some responsibility towards the aged. To established the adjustment between both of them Central Social Welfare Board, Delhi adopted to play the leading role in an impressive manner. All were in favour that Social Welfare Department plays an important role of motivator in societal change. It has been also accepted by the voluntary organisations that they are capable to generate public support and participation which will help in activation of developmental programmes. ¹⁴

> **Weg (1983),** writes that "Along with the changes in the biological compositions to a greater extent life style factors are also much more responsible for disorders and diseases in old age. For instance life style, sedentary low fiber, high fat or high salt diet, heavy

smoking and alcoholism may lead to cerebrovascular accidents, stress, exposure to environmental carcinogens over a long period of time, nutritionals deficienciel and excesses. Radiation, food additives, smoking occupational carcinogens have possible correlation with the occurrence of cancer."

➢ **Sussman (1985)**, Says that "When families provide support to the aged, there can be a high opportunity cost in terms of stressed and deprivation among other family members. Alternatively when hard choices must be made between children and older people, the middle generation usually gives priority to children (the future) rather than old people."¹⁶

➢ **Cain (1985)** "Observed a heavy dependence on sons from village level studies in Bangladesh and India. Nine out of ten elderly in the Bangladesh village and 8 out of ten in the Indian sample lived either with or adjacent to a son 15 years or older."¹⁷

➢ **Mahadevan (1986:497)**, says that "In the traditional society of India a women is old when her son gets married. The people are old in India when they reach the age of 60 years."¹⁸

➢ **Prasad (1987:33)** "Although in India it is regarded as obligatory on the part of the sons to take care of their aged persons, yet sons belonging to the lower economic class fail to fulfil this obligation and

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55% of the total population of India is below poverty line."19

➢ **Chanana et.al (1987)** Table given below puts a brief lights on the rapid growth of 60+ population :20

- Percentage, decadal, increase in the general population and the population aged 60+

<table>
<thead>
<tr>
<th>Years</th>
<th>General Population</th>
<th>Population Aged 60+</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rural</td>
<td>Urban</td>
</tr>
<tr>
<td>1951-1961</td>
<td>20.54</td>
<td>26.33</td>
</tr>
<tr>
<td>1961-1971</td>
<td>21.85</td>
<td>38.22</td>
</tr>
<tr>
<td>1971-1981</td>
<td>19.67</td>
<td>46.39</td>
</tr>
<tr>
<td>1981-1991</td>
<td>15.54</td>
<td>44.06</td>
</tr>
<tr>
<td>1991-2000</td>
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</table>

➢ **Rao (1990),** found that "More than half of his rural elderly sample was socially well integrated and almost one third had moderate degree of social integration, thus making 95% of the sample either well or moderately integrated. Subsequent to the psychosocial intervention, a significant rise in social integration was seen (98%)." 21

➢ **National Sample Survey Organization (N.S.S.O., 42nd. round- 1991),** "Although we have aged homes to care for those left

alone, the percentage of citizens who opt for these facilities is not 
encouraging. In India, only 0.68 percent of those in the rural areas 
and 0.40 percent in the urban areas are living alone as an inmate of 
homes for aged persons, which is very negligible. On the other hand, 
7.31 percent and 5.54 percent in the rural and urban areas respectively 
are living alone but not as an inmate of home for aged persons."²²

▶ **United Nations (1992)**, "Only in the seventh five year plan 
(1985 - 86 to 1989 - 90) the Ministry of Social Welfare constituted, 
under the working group on Social Welfare, a seperate sub-group on 
the welfare of the aged which recommended a comprehensive approach 
to the problems of the elderly, framing of a national policy, the extension 
of sevices for the aged in different sectors of the plan, the promotion of 
and support to voluntary organisations and the utilisation of the 
aged in national development endeavours."²³

▶ **Strauss and others (1992)**, "Conducted a comparative study 
in several countries concluding that even though women live longer, 
they are more sickly and disabled than men throughout the life cycle."²⁴

▶ **Altenhilfe (1992)**, "A recently completed survey of 27,000 
households conducted for the Federal Ministry for Family and Seniors 
in Germany reported that 78 percent of the family caregivers surveyed 
reported that their responsibilities in their care put their families under 
great stress."²⁵

▶ **J.P. Pachauri (1992)**, "In India ageing is coming up as the 
main problem which is a natural biomedical process, in which physical

24. Strauss, John et.al. (1992) 'Gender and Life Cycle Differentials in the patterns and determinants of adult 
health', Santa Monica, Clif : Rend Corporation and Ministry of Health, Govt. of Jamaica.
25. Altenhilfe Haf of family caregivers in Germany seeceive no social support' Ageing International 1992,20 
(I)29
symptoms starts coming up in human; which is the last phase of human life cycle, which is called 'Ageing' this condition is a reality and is compulsory, which is the condition of incapability. In this person feels himself being neglected. In this way ageing is a humanian problem. For its solution humanian point of view should be adopted because this condition has different problems like physical, mental, psycho-social, family, economical and adjustment.  

➤ **World Development Report (1993, World Book)** "Indicate that between the ages of 15 and 44 and after age 60, men generally have higher rates of premature deaths while women have higher rates of disability. Female disability is especially higher in Asia, and much of it is attributable to maternal causes, STDs and importantly gender based discriminations."  

➤ **Manton et. al., (1993).** "Frailty pertains to chronically dependent elderly with multiplicity of physical and/or cognitive problems affecting adversely their daily functioning. Frailty assumes importance owning to an assumption of the rise of older population - especially of the 'old old' with the concomitant increase of the number of the frail elderly. Additionally, the financial resources for the care of frail elders even in the most developed countries seem to have become stretched with the result that the alternative methods of caring are being considered. However recent data have not supported the increasing trend in the number of oldsters."

> **Conway et al. (1993)** says, "Long term care of bedridden and connectively impaired elderly is a difficult task. Vast amount of literature is accumulating on the burden of care giver stress. Many women, at some point in their adult years find themselves providing care to an elderly relative."\(^{29}\)

> **Sodei (1993)** observed that "In Japan as well as other countries, including the United States, elder care is traditionally the role of women. Nearly 90% of caregivers are women in their 40s and 50s (one third are over 60) and from one fourth to one third of working caregivers quit their jobs. Many people, including women themselves, have long believed that it is a women's fate to take care of parents or parents in law."\(^{30}\)

> **Kumar V. and Khetarpal, K. (1993)** in their study "Research and Training for Geriatrics in developing Countries' reveals, with an accelerated rate of population ageing, developing countries will be faced with unprecedented challenge of grappling with diverse problems of multitudes of elderly subjects. These challenges are emerging in the face of rapid cultural dynamics in such countries. One of the most important factors limiting elderly care remains high level of low socio-economic status. It is therefore important to evaluate physical impairment in relation to socio-economic levels of our people. While such evaluations can be based on well established procedures of geriatric assessment screening, the finding will be quite useful in planning the need based services, manpower training."\(^{31}\)

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31. Kumar, V. and Khetarpal K., Research and training in gerontology in developing countries. BOLD Quarterly Journal of International Institute on Aging Malta, 1993
Sureender (1994), pointed out that "There is a prestige issue for those opting for aged homes. Still people are not comfortable enough to leave their native place / home town and come to the old age homes. They feel that their family name might be spoiled if their relatives come to know about their stay in these homes."  

James (1994) According to one estimate, "The number of elderly 60 years and above in 1993 was 47.9 million, and this number is likely to rise to 75.6 million in 2000 A.D. In terms of percentage, from 1960 to 1980, the population of the elderly rose from 5.6 to 6.3 percent and it is likely to reach 7.2 per cent in 2000 AD and 9.5 percent in 2020 AD. Kerala recorded the highest proportion of elderly in 1990 where as West Bengal recorded the lowest proportion. By 2020, the percentage of aged in Kerala will rise to 15, with Tamilanadu trailing behind it at 13.65 per cent. In absolute terms however, Uttar Pradesh has eight million elderly which is the highest among the States. This is followed by Andhra Pradesh and Tamilnadu with four million each and Kerala having 2.3 milion elderly. Further, four -fifth of the elderly live in rural areas. Although Kerala is regarded as a socially developed state in India, the social situation with regard to the elderly in this state is characterised by a decline in respect for the aged, parents' preference for stay with daughters, and discomfort felt by the young educated elite in the presence of the elderly. As many as 74 percent of the elderly did not report loneliness or uneasiness while staying away from their children, relatives or friends. It may also be noted in this connection that since 1960, there is an overall decline in the work participation rate of the elderly and in the states where the elderly are working, it is yet to be ascertained whether this was due to

compulsion, or one's own accord. In India, the average life span is 64 years and life expectancy of women exceeds that of men. Whereas among the elderly, women, 64.3 per cent were widows in 1981, the percentage of widowers was only 19.4. Again, in the higher age group of 70 years and above, this percentage for widows showed an upward trend. Further, old age dependency ratio is likely to double by 2025 AD. Three-fourth of the responders in a study regarded children as their main support in old age.\textsuperscript{33}

\textgreater \textbf{Surendran (1994)} - "Contrary to expectation, more elderly people continue to work in India. In the 1981 census, 70 percent of the rural and 50 percent of the urban men were reported to be working. A good number of them resorted to begging. The highest number of elderly male beggars was in Madhya Pradesh followed by West Bengal. The measures to counter the entire gamut of problems include constituting an extensive social security system for the aged in the unorganised sector and setting up more old-age homes with modern amenities. Fifty seven percent of the old age-homes are located in Kerala and Tamil Nadu.\textsuperscript{34}

\textgreater \textbf{Singh, S.D. (1995)} - "In India to think on the problem of old people can be divided into two groups - firstly, those old people who have retired from government and non-government job, secondly, those who were throughout the life but never retire. In ageing retired people face more problems than other people. They get more worried and unsafe when there is no one to help them financially. They find themselves helpless due to childlessness, unmarried and discarded and weak,

\textsuperscript{34} Surendran, P. K. Population Elderly increasing, The Times of India, New Delhi Saturday, June 25, 1994.
physically incapable and disease infected. Retired people have one main problem of how to utilize their lone time. For happy life continuity of life and interaction with community are must. That’s why to maintain the activeness and usefulness of old people, society should try to gain profit from their talent, intelligence and knowledge.  

> **Prof. Silawat Sudha S. (1995)** According to him, "State of physical mental health and age are the factor which decide that the person is a aged. In this state the person is see less interested incapable, laziness, lack of concentration, adjustment, irritation and like to make order because physical and mental state such type of person are found to be self centered, sad, depressed, sensitive and care for their future that is why they are unable to adjust their life. Main problem of these people are related to the sources of their entertainment, housing, social adjustment, economic and to look after their capital."  

> **Tulika Sen (1996:297)**, Summarizes in her study that "Minor differences were observed with regard to mental stress and their causes between the groups of Bengali women from rural, urban and metropolitan areas. In health status, Calcutta women were better off probably due to easier availability of treatment. It seems the environmental conditions have not affected the physical and mental conditions to any considerable degree when the economic condition remains the same. Whether the variation in economic status alters the health and mental conditions of the women or not, is to be investigated."  

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➤ **Indira Jai Prakash (1996:292).** Summarises that "Sixty women ranging in age from 65 to 102 years, were interviewed and information about their life history was recorded. The interviews covered various aspects of women's lives such as health status, economic condition, marriage and children, living arrangement and psychological well-being. Like most other elderly persons across the world, this sample presented a picture of widowhood, economic dependence and progressive decline in health with ageing. However, there were several interesting features that marked these women's coping with their own ageing and adapting to the changing circumstances."  

➤ **Bhatia and I.S. Muhar (1996:66).** in his study reveal the fact that, "Care for elderly persons is the need of the day because with the advancement of age, they undergo inevitable physical, biological, economical, intellectual and personality changes. They yearn to be in the company of their children and grandchildren, but they rarely get it and starts feeling stressed, rejected and lonely."  

➤ **Mohanpuria, K.L. (1996:98).** Observed that "It appears desirable that with a view to implement directive principles embodied in Article 41 of the constitution, more benefit statutory and administrative in the nature may be conferred for the welfare of elderly people. Better care be taken of self employed by educating them about the schemes for their welfare by N.G.O.s."  

➤ **Hebibullah, C.M. (1996:101).** reveals that "The aging

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population is both a medical and sociological problem. First it makes a great demand on the health services of a community. In England, about one third of all hospital beds are occupied by those over 60 years. It is a huge economic burden on the community to meet the cost of retired pensioners and support vast medical and social services. A great strain is placed on younger generation to look after them. The modern philosophy is that the old must continue to take their share in the responsibilities and in the enjoyment of privileges for remaining active members of the community. The community must assist the aged to fight the triple evils of poverty, loneliness and ill health. Much care is bestowed upon old people in western societies by providing social welfare measures such as national assistance supplementary pensions, home services, home care services, meals on wheels service, old folk's home, sitter's up services and provision of services of health visitors.

The health promotional measures required by the old people are good housing, a balance diet, reduction of physical and mental strain, some intellectual activity; an efficient geriatric services and welfare services such as access to clubs, hostel and houses. The specific preventive measures are avoidance of injuries, careful dieting and reduction of obesity, periodic examinations for early diagnoses and its treatment.\(^{41}\)

\(\text{Shankardass M. K. et.al. (1996:197)}\) in a paper namely, "A Sociological analysis of support networks in old age in India, indicated that the different type of support network visit. These different kinds of networks are related to different types of help seeking behaviour. The existence of support networks is dependent on four factors. The factors are (1) the availability of local family, (2) the specific family relationships available, (3) the closeness of ties with local family,
and finally, based on the above mentioned three factors, (4) the pattern of interaction which the elderly develop with non-kin members.\textsuperscript{42}

\textbf{Chadha, N. K. et.al. (1996:204)} in their joint paper namely, Intergenerational gap and psychosocial Health concluded that, "The ageing population will soon spread beyond the industrialized world. In the new globe, we will have to break new ground, for there is no precedent for what is to come. The early years of the 21\textsuperscript{st} century will bring vastly increased numbers of older people. This generation of elders will change the basic character of human populations. They will put old age on the map. And, we all, as individuals have a crucial role to play - "Add life to the years that have been added to life by assuring all older person. independence, participation, care, self fulfillment and dignity."\textsuperscript{43}

\textbf{Catalin P. (1996:59).} In his study namely "A demographic - Economic study concerning life condition of elderly persons summarised that the increase of demographic aging process in our country has a series of socio-economic consequences, and the formulation of a policy in favour of elderly population should be based on adequate information about their living conditions and need of Socio-economic service. The analysis of possibilities to continue the activity after the age of retirement revealed that only 13.8\% of the elderly in the sample were still working on the following conditions: 5.2\% working fewer hours/day, 2.3\% by changing their profession and 6.3\% with the same condition. For those who retired on reaching the age


limit, reasons for not pursuing activity were; desire to remain retired, inability due to health conditions and non availability of part time work.\textsuperscript{44}

\textbf{Sharma, S.D. et al. (1996:18)} Summarised that "The demographic picture of elderly in India and elves into reasons of demographic changes occurring in the last two or three decades. The scenario of Indian elderly is analysed in terms of demographics variables as population growth, life expectancy, sex ratio, marital growth, life expectancy, sex ratio, marital status, economic status as well as psychosocial aspects of elderly. The health of Indian elderly has also been analysed. The paper also deals with understanding of ageing in the context of traditional life cycle approach in Indian culture and provides insight into the psychological aspects of ageing."\textsuperscript{45}

\textbf{Jamuna D. et al. (1996:305)} in their joint paper summarises "That elder widow are identified as a special concern group in view of their increasing numbers and dependency. Elder women are doubly marginalised due to the combined effects of aging and widowhood. This study aims to examine empirically the psycho-social aspects like problems of adjustment, self-concept, physical distress, psychological distress, intensity of different needs and observances of widowhood practices among elder widows. The study sample consisting of 600 widows and non-widows belonging to two different caste groups in chettiar."\textsuperscript{46}


Singh U.K. (1996:185) The objective of the present study is to explore the problems of health and medical care being faced by the old aged persons. Connected with this, exploration regarding the family support and social health services available to the old aged persons are also the major focus of the analysis. A sample of 100 old aged persons, retired from government jobs, residing in Varanasi city has been selected through stratified purposive sampling technique. The data have been collected through a structured interview schedule. It has been found that the old aged persons are facing various health problems in the form of disease, disability, debility, neglect, apathy and isolation. Their helpless situation demands utmost family care and social assistance which have been found lacking. The family is responsible to a very large extent for the inadequate health and medical care of the old aged persons. Selfishness, greed, lack of respect for the old aged persons and decline in the familial and kinship bonds in contemporary society are mainly responsible for the old aged persons. Adequate social help, social security measures and secondary institutions are required to support the old aged persons and to fill the gap which has been caused by the decadence of primary bonds and affectionate relationship which existed in the family and supported the old aged persons.47

Gangrade (1996:170) "For an Indian, his family and its direct and social networks, the caste and the sub-caste are the beginning and the end of his human universe. For the American, his family is strictly a sort of a nursery to prepare him for the future on his own. The Indian family therefore provides necessary coping

mechanism to take care of aged in the family. The basic difference between the two orientations is that in India the centripetal tendency is channel within the same ideological frame work so that no matter into how many castes or groups the people are devided, the desired end results are similar and accommodating, whereas, the cetrifugal American tendency makes for a diversity of free associations of clubs with a variety of different objectives, which may have no reference to each other or may be mutually destructive. Social workers must strengthen family structure to deal with the problems of the old within the family structure rather than putting them into old-age-homes. Institutionalisation, is not an answer to the problem of the aged. In fact, relieving of some of the functions of the family and other traditional institutions will, atleast, not dehumanise welfare services. The increase in the elderly population should not be seen as a problem let alone a disaster, but a triumph of the human race. It should be looked upon as a progress to celebrate, to plan for, to prepare for but not to mourn or be sorrowful about one might say that this is the occasion for the world to ring bells and not to ring hands. There in need for strengthening family, Kinship and social network ties with respect to aging, keeping old people in their families and communities with respect to their care rather than pushing them onto old-age homes. Robert Browning has rightly observed: Grow old along with me The best is yet to be. To sum up, relationships between the members of the family can develop to the point where union arises through respect loving and being loved. Let me and by citing two quotations, one by Gandhi ji and other by an unknown person. "We shell become useless if we lack respect for elders"48

Anklesaria, P.S. et al. (1996:30) "India is experiencing a dramatic change in the population pattern with a phenomenal increase in the number of elderly people, 60 years and above which is further compounded by widespread industrialisation and urbanization. The study was carried out on 679 urban elderly subjects and their spouses from the middle income strata (395 males and 284 females) aged 48-92 years. The sociodemographic and clinical status of the elderly people were investigated. There was a predominance of women in the younger age groups. The educational status of women was lower than men with the majority being involved in household chores. A higher percentage of women were widowed end financially dependent on others. The subjects studied were apparently healthy as 62% did not complain of any symptoms, whereas on clinical investigation, it was found that 64% were suffering from chronic disorders that required medication to restrict morbidity."^49

Wasir, H. S. (1996:75) "With the eradication of many infectious diseases the human longevity now is being challenged by the occurrence of diseases due to faulty life stiles like overeating, lack of physical exercise, excessive consumption of alcohol, smoking habit and exposure to stressful (hostile) environment. Diseases like coronary heart disease, hypertension and cancer which are creeping up prematurely at young ages are the result of deviations from healthy living habits. A significant fall of over 30% in deaths due to coronary heart disease and hypertension over the last three decades in the USA and some other countries is mainly (70%) due to the attention being paid to

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inculcate healthy life styles at all ages specially starting in the youth and only minimally (30%) due to the advances in newer pharmaceuticals and invasive therapeutic intervention. It is by adapting the healthy life styles involving simple food habits, physically active life, avoiding smoking and excess alcohol consumption, incorporating more complex carbohydrates like roots, tubers, legumes and avoiding refined sugars and saturated fats in diet, and practice of mental relaxation techniques and with regular physical exercise done in moderation that one can hope to lead a disease free life and cross over to beyond the age of three scores plus ten to happily join the octogenarians club."\(^{50}\)

> **Kumar, S. Vijaya (1996:80)** "To sum up, at present in the rural society majority of the elderly are exploited, victimized and discriminated. This is the unfortunate reality existing in the rural India. Gradually our traditional cultures are withering under the onslaught of mass media. Ours is a developing nation and the state alone cannot ensure elderly people a full, secure and harmonious life; it is the family which is to hold full responsibility. As discussed earlier that majority of the aged are not in favour of institutionalization and prefer to live with childrens' family in which filial piety is gradually weakening, it is important to strengthen these values and the capacity of the families to cope with the problems of caring for the elderly. The family system has to be supported with suitable incentives in order for them to undertake responsibility of their aged with less financial and physical hardships, Further non-governmental organizations would have to come forward to deliver the health services to the elderly.

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especially in rural areas."\textsuperscript{51}

\begin{itemize}
  \item \textbf{Yadav, S.L. et. al. (1996:150)} "The continued improvements in acute medical care and the remarkably increased longevity of humans during the past 30 years place the application of preventive rehabilitation concepts and techniques for the elderly into a position of great prominence and priority. The minimises the morbidity among aged which ultimately provides them more independence and restores optimal level of function."\textsuperscript{52}

  \item \textbf{Singh, R.R.(1996)} "With the growing nucleation of the Indian family, occupational mobility, increase in longevity and distorted pattern of development which favours urban and industrial centres at the cost of the countryside, the traditional pattern family based care is undergoing rapid change. The virtual absence of social or income security programme(s) for the elderly in the informal and unorganised sector is adding to the difficulties of the elderly at a time when the economy is passing through the phase of structural adjustment. The traditional care-givers therefore are increasingly finding themselves in need of respite care due to myriad pressures on them. It is in this context that the Draft Policy of the Government of India for the Welfare of the Aged has been examined and alternatives explored for a smooth social transition, which, in temporal terms, will be encapsulated into decades rather than centuries as was the case in the developed economies. The latter are presently faced with the situation of social distress inspire of their material welfare."\textsuperscript{53}
\end{itemize}

\textsuperscript{51} Kumar S. Vijaya (1996), Quality of life and social security of the rural elderly, printed by Balaji Printers, 8703/15,D.B. Gupta Road, Pahar Ganj, New Delhi - 110055, India. Ed. by Prof. Vinod Kumar, AIIMS, Delhi. PP.80-81.


Singh C., et al. (1996:62) Summarised in their study which was conducted in the rural area of Meerut. A total of 7704 persons were surveyed, out of which 464 (6%) were elderly (> 60 years of age). Among the elderly 219 (47.2%) were males and 245 (52.8%) females. Majority, 318 (68.5%) of the elderly were Hindu by religion. Two hundred fifty nine (55.8%) aged persons were aged person were engaged in some productive work. Out of 376 aged person living in joint families, 207 (55.0%) were respected, 71 (18.9%) were indifferentily treated and 98 (26.1%) were being neglected by their family members. 71.7% of the aged males and 32.7% of the aged females were addicted to one or the other addicting agent. Approximately ten percent of the aged who were currently married were not staying with their spouses. The findings suggested that there are considerable social problems faced by the aged persons of rural area of Meerut, Uttar Pradesh.54

Olteanu, T. et. al (1996:70) in their study "Psycho-Social and biomedical factors in human longevity concluded that in 56.76% parents, longevity determines the longevity of their children and only first borne leads longer life. They also found that a satisfactory familial climate, high cultural needs, self education during life, work and professional satisfaction, involvement in activity, balanced reaction to major stress during life and absence of neuroticism were important factors."55

Bambawale, U. (1996:301) "The aged have attracted a lot of attention through the media specially in the recently concluded Year

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of the family when we could further emphasize the positive role that the aged have within the family as well as out of it. Today, however a stage has come when we require to concentrate on many of their problems including their abuse. This abuse may be respect either covert or overt but all the same it harms these already marginalized people. One can, on certain occasion encounter the total attitude of disregard, disrespect and lack of discipline that may at times be quite obvious from the younger generation. This is an example of gloss over, hideous truth or rather hypocrisy in accountancy which is supposed to revere the aged."

Reddy P.J. (1996 : 193) "The observations in preceding paragraphs indicate greater prevalence of relatives among the daughter-in-laws (D(s) IL) of elderly in unorganised sector which is a reflection of their desire for the prosperity of the family and welfare of the elderly hoping better co-operation and interpersonal adjustment from them. This is proved to be somewhat true as neglect of elderly females was significantly greater by D(s) IL who were non-relatives than relatives put together. However, sub-classification of relatives revealed nearly every second crosscousin (both own nice and husband's niece) neglecting female elderly. The life of the widowed elderly who is deserted is more pathetic when compared to currently married elderly counterpart who has the companionship of spouse. One fifth of the widowed elderly were left to their own fate and another 7 per cent were residing with their married daughter, on desertion by sons. An equal number of currently married female elderly were, on desertion by their married sons, residing independently with their spouses. Of all the

D(s)IL, neglect of female elderly was the least in respect of grand daughters on account of harmonious interpersonal interaction between them. Being grand daughter, much concern is shown for grand mother who is also mother-in-law which is evident from the quantum of food served and expressed feelings in giving food to them. Of the elderly females having daughters as D(s) IL, all of them except one were served adequate food affectionately, irrespective of the economic status of the elderly. In contrast, one-half each of the elderly of low economic status having non-relatives and distant relatives as D(s) IL perceived their D(s) IL as feeling inevitable about giving food to them while it was 22 per cent in respect of cross-cousins. Although cross-cousins are also having close blood relationship with female elderly, they were in no way better than distantly related D(s) IL in taking care of the elderly. A large number of elderly for households of poor economic status having D(s) IL other than grand daughters stated in unequivocal terms that they would be cared from as long as they help during inactive life. Some of them pointed that holding property would satisfactory care from D(s)IL when incapable of doing work. Grand daughters are preferred over others as D(s)IL in unorganised sector because of non-availability of grand daughters, wide disparity in ages and other constraints.\(^57\)

> Ramamurti, P. V. (1996:217) "The inability and the helplessness that come with age are highly frustrating and have been found to be stressful. Stress in old age comes from many sources e.g. loss of status, retirement, reduced income, poor health, relocation, life crises, long-term disability, intergenerational conflict," person-
environment incongruence, losses and changes in the family front etc. A study of sources and extent of coping mechanisms used in meeting the stress of aging was carried out on a sample of elderly in the age group of 60 to 80 years. Results showed that perception of stress was an individualised phenomenon. Mostly, the successful copers had positive self-acceptance of aging changes and favourable found to play a key role both in the perception of stress and its management."

> **Reddy, L. K. (1996:233)** Summarised in his study that "Health practices among the elderly come from a proper psychological attitude to one's health. It is based on a commitments with the desire to maintained good health. Wide individual variations have been observed in this attitude. These differences depend upon several psychological factors. The present study is a probe into good health attitudes and factors associated with them. Health attitudes were measured by an inventory prepared for the purpose. The psychological factors like locus of control, knowledge of health and practices of health were assessed by standardized inventories. The sample consisted of 120 retired elderly men between 60-80 years. Results indicated that certain personality factors and knowledge of health significantly influence health attitude during old age." 

> **Krishnakumari, K. et. al. (1996:34)** "The areas which are more prone to the aging process are those which experience a sudden and sharp decline in the birth rate. This means that the young population of the 0-14 age group will be decreasing in these areas

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now compared to the earlier years. Usually a large amount of money has to be set apart for the care and upbringing of the children. An area which face a sudden decline of money (which is left over due to the lack of children in the lower age group) in the subsequent years. A large proportion of this amount may be spent for creating employment opportunities for the working age-group (15-59 population). This is essential because this population is the one which has to support the increasing older population. But in the long-run when the 0-14 population decreases to a very low level, it will result in a very high increase in the 60+ age groups and a slight decrease in the 15-59 population too. So at this juncture a large proportion of the left over amount can be spent for the welfare of the elderly. The sex-ratio reveals that, at ages, the proportion of women as well as their expectation of life at birth are high. In Kerala since the age at marriage of females is high and the difference in the age of spouses vary from 3 to 7 years, a women has to live as a widow for a long period of time. This means that (a) it may cause a burden for their children and (b) it presents mental agony for the women."60

Prof. Goyal S.K. and Karole O.P. (1997) has stated that "The age is an important factor that determines the dependency of a person. Though life expectancy has gone above 55 years in India, in rural areas, this is the age from where the aged feel neglected and uncared for. More than half of the senior citizens where the study was conducted, was above 60 years of age, and of this a majority were of females. The problems faced by the ageing be indicated as below:

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Economic — Income deficiency and loss of employment.

Physical
  & Falling Health.

Physiological
  & Nutritional deficiencies.
  & Housing problems.

Psychological
  & Feeling of neglect & loss of importance in the family.

Environmental
  & Loneliness and feeling of unwantedness.
  & Feeling of feeling of inadequacy & obsolescence of skills.
  & Education and expertise.

In view of the increase in the population of the aged and mounting expenditure on their welfare; it is all the more necessary that the aged involve themselves in voluntary services for the development of the nation. It would be in the interest of the aged themselves to involve them in a voluntary service mode to fit their time gainfully and arrest writing off of their skills, capacities and experience. To put in a nutshell there is a need to integrated the aged into their family and to make them wanted and accepted in the family and in the society as well.”

Prof. Sunil Goel (1997:40) According to him "Ageing is not the disease more over (1) last phase of the human life cycle, (2) Natural biological process and (3) Necessary for every human being; in this dependency and different problems errupts like physical, mental, family and economical.”


62. Goel Sunil; The Problems of the Tribal Aged; Need to Integrate them into the family; Samajik Sahyog, Quarterly Research Journal, Ujjain (M.P.) 1997, pp 40 - 45, Vol. 6 (21).
Surabhi Dabhare (1997:9) has found in her 100 sample survey study:

(i) After retirement the women especially aged; are found unable to cope and establish adjustment with the family members because they believe to live according to her own principal; they do not want to live in the boundation of their son and daughter-in-law.

(ii) They have no other source of income except their pension. 71.15% of respondents survive their livelihood through pension.

(iii) In order to remain free from household tension they quite often goes for pilgrimage and during summer vacation they often goes for visit.

(iv) Most often aged likes to spend their pension on themselves as a result nearly 48% families has disputes on small matters and family tension raised.

(v) Inspite of being in discipline the retired aged women like to keep the other family members in discipline, in which 90.5% were found unable.

(vi) Retired women; take more interest in social work, in comparison to household works.

(vii) 80% out of surveyed women had accepted that they spend most of their time in decoration and maintaining cleanliness in house and they easeout when they find that family members are not following them.
On the basis of these survey study conclusion can be drawn that educated retired women are unable to cope and adjust with their family members and the society because of their need to work according to their likes and dislikes which in not possible in this present time.  

Ashrani, R.C. (1998:47) summarises in his comparative study of rural and urban namely "Facts about the aged" that 45.8 percent aged in rural areas and 44.1 percent in urban areas are suffering from serious diseases, 5.34 percent aged in rural 5.56 in urban are physically incapable. He also reveals that 7.98 percent aged in rural areas and 5.94 percent in urban areas found lonely and the percentage of aged who are economically free; 24.9 and 28.94 percent.

World Health Organization (1998) Reports on women, "Aging and health says that people with greater education consistently show less disability and better chances of recovery after illness. Among the cultural determinants, attitude towards older women, and attitude of older women towards themselves were having co-relation with health in aging process."

Rajuri Seema (1998:7) has written after surveying health problems of the sample of 50 aged women belonging to Scheduled Caste and has found following-

(a) observed that fully percentage of aged women belonging to the schedule caste are uneducated so that they found themselves less interested regarding their health and way they are kept.

63. Surabhi Dabhare; Educated Retired Women: A Study; Social Science Department, Annual Magazine, published by Aurangabad University, Aurangabad, 1997, page.- 9
(b) 90.5% of surveyed women were suffering from various diseases as the age was progressing (Tuberculosis, Asthma, Sightweakness, Paralysis, Diabetese, Joint pain)

(c) After suffering from illness they don't take precaution.

(d) 48% of them were found very careless regarding their health and are of eating whatever they like.

(e) She says most of the aged women are found saying that "they have seen, whole on the world and now they want to go close to God." On other they doesn't want to live more painful life. 66

➢ **Michel, Olivier (1999:20)** According to him specific needs for health care of older persons are not always taken into consideration due to age and handicpas. To avoid this government must target certain measures:

- Access of health care without discrimination of age;

- Access of information promoting a health education, aimed towards prevention;

- Access to proper food, adapted environment, avoidance of water of air pollution, related diseases. 67

➢ **Rani Vandana (1999:67)** She found on the basis of her study of 50-50 sample of rural-urban people:-

(i) Difference in the structure of family of aged in the rural and urban is quite clear.

66. Rajuri, Seema "Health Problems of aged - A study; Published Research - Thesis; Deemed University, Dayal Bagh; Dayal Bagh University Publication, Agra (U.P.), 1998, PP.138-139.
(ii) In comparison to urban and rural aged are asked to make the decision on some important matters and weigh different respect. She says that nearly in 48 percent families of the rural areas, family members ask the aged in their family to make the decisions on the matter related to their family and like to discuss on the various matters before making any decision in comparison to the urban areas.

(iii) It has been found in 40% of the traditional Indian joint family system that the authority is been centralized to the aged people of the family but the change in authorily has been noticed regarding to the materialistic and self interest issue.

(iv) The study shows that the authority is being transferred in the family from the aged to the younger ones because of being the sole earner. In some family where there is a female who earns livelihood makes the decision.

(v) Only 17.5% families follow the decision which are made by the aged/head of the family. On the other hand 82.5% families follows the interest of the other members of family.

(vi) In relation to the interaction between the aged and other family members it has been found out that due to their diminishing earning power the family members changes the way of interaction with aged.

(vii) In between the study it was noticed through deep study of family activity attraction of aged towards their family members is 67.60% as previously in comparison to 32.40% of other family members towards the aged. It has been also found out the aged also takes less interest
in family activity.\textsuperscript{68}

\begin{itemize}
  \item \textbf{Agrawal Damodar (1999:93),} According to his statement, 
  "It would be much better for the aged to spend their time by entertaining
  through television by viewing various multiple programmes and serials
  on it so that they will not feel lonely and have stress. The main problem
  in this age is related to their mantal state, so they should to remain
  busy in household work. The other old person who doesn't do so begans
  to think ignored and differently. So there should be practice to make
  realise them that they have an important role to play in family and
  it should realise to them, the family members should not blame the
  aged for their mistakes. The only way to solve the problems of aged
  is to give proper concern and respect."\textsuperscript{69}

  \item \textbf{Ishi Khosla (2000:347)} On an overall analysis, "It may be
  stated that nutritional deficits in the elderly may play a significant role
  in cognitive dysfunction. Specific vitamin and mineral deficiencies can
  not only lead to frank confusional and neurological symptoms, but sub-
  clinical malnutrition can act synergistically or accelerate the ageing
  process, specially in the nervous system. The hypothesis that vitamins
  and minerals can play a crucial role not only in preserving and
  maintaining health, but also in restoring it to diseased patients, requires
  further research.

  By far the most exciting area in preventive health today in the
  west, concerns reducing dependency and promoting self care, delaying
  degenerative changes among elderly, who though are likely candidates
\end{itemize}

\textsuperscript{68} Rani Vandana; Family status of aged; "Radhakomal Mukherji Chintan Parampara" Research Magazine of
  Social Sciences, Social Science Development Institute, Chandpur, Bijnaur (U.P.) Year - 1, Ed. -1, Jan. - June;

\textsuperscript{69} Agarwal Damodar, Role of television in entertainment of aged, publish Research letter, National Research
for chronic physical and emotional illness, are also candidates for good health. Old age may be incurable but we can do much to delay its progression and make it more endurable. Good nutritional therapy is the only true preventive medicine. Modern technological and medical advances have enabled persons to reach a late age. This has served to add years to one's life. In any case we have still far to go to add life to one's years.”


- 90% of older persons are from the unorganized sector, with no social security at the age of 60.

- 40% of older persons live below the poverty line, and another 33% just marginally over it

- 80% live in rural areas.

- 73% are illiterate, and can only be engaged in physical labour.

- 55% of women 60+ are widows, many of them with no support whatsoever.

- There were 150,000 centenarians in India in 1991 and will be nearly 200,000 in 2016.


On one hand there is the problem of rapidly growing number of aged persons, and on the other hand the economic pressures and social

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changes are weakening the filial ties and the joint family system, whereby the aged were non being treated with the same love and respect. From a position of authority and respect the aged today have become not only unwanted but at times intolerable.71

The Times of India Report (2005) Presented in it report, "Close to 8.5 million of India's elderly stay all by themselves or with other old people. According to Census figures released recently, about 11% of India's 76.4 million people aged 60 years and above do not have a person below 60 living with them. This includes 4.9 million females (or 12.6% of elderly women) and 3.6 million males (9.5% of elderly men). And this is not counting those living in old-age homes. Interestingly, this phenomenon is more pronounced in rural areas, where 11.9% of the aged have to fend for themselves, as compared to urban areas where the proportion is 8.6%. This seems to indicate that migration is at least as significant a cause for the loneliness of the old as the growing preference for nuclear families. Therefore, many of the old people living by themselves may be doing so as a compulsion rather than by choice.

Of the 8.5 million, over 3 million are aged individuals who live without any company at home. More than two-thirds of these, about 2.1 million, are aged women living alone, while there are about 9 lakh old men in a similar situation. Another 5.2 million live in homes where the only company they have is another elderly person. Among this lot, the gender distribution is more even with 2.6 million women to 2.5 million men, suggesting that most of them may be elderly couples

living on their own. The 2001 Census data shows that over 134 million of India’s 193 million households have nobody above the age of 60. That leaves 58.3 million or 30.2% of all households with at least one elderly person as a member of the household. While 21.3% of all households have exactly one elderly, those reporting two comprised 8.4% of the total. This leaves a mere 0.5% of households with three or more elderly person each.

The share of elderly in rural areas (31.6%) is relatively higher than in urban areas (26.6%). Kerala (38.5%) and Punjab (35.4%) are two states with the highest share of households reporting at least one elderly member. Among states/UTs with more than 100,000 households, Chandigarh (16.4%), Arunachal Pradesh (18.6%) and Delhi (19.9%) reported the lowest share.  

72. The Times of India, May 27, 2005.