INTRODUCTION

The demographic changes in the recent past worldwide including the developing countries have resulted in the increase of the elderly population. With rapid declines in fertility and mortality rates and longer life expectancies, the elderly have now become a growing segment of the population. The multiple forces of modernization, industrialization and urbanization have complicated the situation in the developing countries as many of them are not capable enough to adapt to such changes. As far as the conditions of the elderly are concerned, these countries are not well equipped to handle the transition from the traditional support systems to the modern systems such as old age homes or state support systems.

The effects of these trends have rendered that the size and composition of the households has decreased over time. In traditional rural societies, families are often more extended than in modern urbanized societies where the independent nuclear family is predominant. Longer life expectancies together with a trend away from intergenerational living arrangements have led to a significant and growing population of elderly individuals who are physically and sometimes economically separated from their families. Inevitably many of these individuals experience the physical limitations associated with age and declining health that create a need for specialized and supportive environments.

In the process, extended kinship ties weaken and the nuclear family becomes an independent unit. This weakening of ties with family members reduces social interaction and financial and physical support for the older generation. The fragmentation of family or migration of family members changes the dynamics of family support as the number of elderly living alone or
with a spouse rises. Poor health coupled with lack of jobs leave them economically insecure. Lack of access to adequate health care to address long term illnesses is another cause of grave concern.

The rise of the dependent elderly population presents an important problem in terms of caregiving demands. Because of the changes in family structures, dependent elderly persons are more frequently finding themselves living alone. The support provided by other household members has reduced. In addition, the increase of the proportion of women having an occupation contributes to reducing the number of potential caregivers for the dependent elderly. To palliate the decreasing family care-giving, the dependent elderly have to turn towards other support providers such as the public and private sectors. The predominant view among the support providers is that the dependent elderly persons be provided with the means that enable them to live in their own homes. The preference for staying at home results from the fact that it is often less expensive than institutionalization. But it also stems from a preference asserted by the elderly themselves. For many of them, entering an institution is synonymous with loss of freedom of movement and loss of familiar company, or even a place where one is waiting to die. On the other hand, living at home is often the choice most desired by the elderly because it allows them to preserve the environment and social network already established.

Staying at home, however, has its own problems especially for the poor sections. With more number of older people living longer, the households are getting smaller and congested, causing stress in joint and extended families. Even where they are co residing marginalization, isolation and insecurity is felt among the older persons due to the generation gap and change
in lifestyles. Increase in lifespan also results in chronic functional disabilities creating a need for assistance required by the older person to manage chores as simple as the activities of daily living. With the traditional system of the lady of the house looking after the older family members at home is slowly getting changed as the women at home are also participating in activities outside home and have their own career ambitions. There is growing realization among older persons that they are more often than not being perceived by their children as a burden.

**Benefits of an Aging Population**

While the trends worldwide are disadvantageous to the elderly people affecting their social, economic and psychological well being, the aging population as such is not disadvantageous to the rest of the population. It is, on the other hand, very advantageous, claims Healy (2004). The disengagement theory states that ageing involves people withdrawing from active participation in life. The elderly after a certain age give up useful activities and become mere consumers due to their old age. Thus they become dependents and perceived as burden. Contrary to such theories that are negative about the ageing process, Healy supports the concept of active ageing that provides an important perspective in social gerontology and urges the promotion of better physical and mental health, including participation in physical activities as well as economic, social, cultural, spiritual and civic affairs. Developments in the field of science and technology promise ways for older people to increase their active participation in society by:
• Providing better health care, thus extending life and arguably reducing health costs;
• Extending working life, thus increasing productivity and reducing pension costs;
• Enabling participation in society, thus strengthening civil society;
• Compensating for loss of function, thus supporting independence; and
• Facilitating people’s involvement in social networks, thus strengthening family and community ties.

Information technology, such as computers and internet access as well as mobile phones, can open up opportunities for older people to be in a position to access their social ties and be integrated, in spite of spatial dispersion.

Contrary to the belief that older people are recipients rather than providers of help, intergenerational transfers of various kinds flow substantially from older people to their adult children. According to a large Sydney survey conducted in 1981 (Kendig 1986), older people were more inclined to be the providers rather than the recipients of many kinds of support. They were more likely to have given financial support, were twice as likely to have been providers as recipients, and nearly half helped someone outside the household with the tasks of daily living. Another area in which the elderly make significant contribution is by their grandparenting role. Although few grandparents now live with grandchildren, they are often called upon to help out with their care. Further, studies report that grandparents generally offer grandchildren unconditional love, which their parents, perhaps because of their parental roles and other responsibilities, may be less able to do (Hooyman and Kiyak 1988). American studies have found that the elderly parents are the most important sources of support for adult children coping with a variety of life crises such as divorce, early widowhood and grief.
(Hooyman and Kiyak 1988). Healy (2004) points out how these results show that older people are not a drain on society. Drawing evidence from Ranzijn et al (2002) she states that most of the older people of all ages are capable of making substantial contributions, and there is no reason to suppose that the generations of the presently middle-aged will not likewise contribute as they themselves become older.

An important role played by the elderly is care giving to the family members, especially to the grandchildren and other elderly in the family. In this regard, the contribution of the women elderly is immense. This is partly because of their socially conditioned role as care providers and that experience means much in rearing children; and partly because they outlive men so that an elderly wife is likely to look after her husband when he is disabled or terminally ill.

The proposition that older people are to be valued because they have accumulated knowledge and wisdom is still accepted in some eastern societies where the traditional ways of doing things still persist. This may hold well in the cultural sphere, especially in conducting the various types of ceremonies and rituals. This may also be there in such settings as business and politics where mentoring is an important element. But modern developments in communication technology along with knowledge explosion have put traditional knowledge derived from experience to open access. The children are becoming more knowledgeable than their parents and grandparents. However, older people are regarded as socially more responsible, however, and as having stronger links with their communities. The concept of a strong civil society as an antidote to crime and alienation is presented in the literature on communitarian values (Etzioni 1995) and thus an elderly dominated society may be more law-abiding and socially cohesive.
Older people place great value on their relationships with spouse, family and friends, as well as with the community. Since added years of life prolong a person’s relationships with others in the community, the presence of the elderly in the family means a wider and dependable social network for the family. This belies the myth that older people are typically lonely and alienated from family and friends. Older people play an important role in supporting and maintaining informal social networks and thus provide the ‘social glue’ that binds three and even four generation families. Persons living in communities with highly developed social capital are said to feel less isolated and less fearful and more in control of their lives (Flick et al. 2002).

**Ageing in India**

India’s elderly are growing faster than the general population. According to the 2001 Census estimates, the elderly constitute about 7.45% of the total population. Most elderly live in rural areas. Many live in various types of extended families commonly called joint families. Since most of India practices patrilocal residence, it is common to find the elderly living with sons and daughters-in-law and grand children. In land-owning households, it is in fact the sons who often continue to stay with the parents and work on the family farm. Of course, in the poorest classes where survival depends upon wage labor, joint families are less common. Since a majority of people in India work in the unorganized sector, for many of the elderly, there is no formal age of retirement and hence no institutionalized old age security. They continue to work in the fields or on their businesses or in their homes until they are unable.
In terms of cultural practice, marriage of the first son generally heralds old age, especially for
the mother, since it signifies major shifts in her role and status in the family (Sati, 1996). For
the mother, the entrance of the daughter-in-law into the household invariably meant passing
now to her the management of the household and often competing with her for son’s
affection. For the father it meant giving up the mantle of headship of the household in
substance if not in name. A special religious ceremony called Shashtiyabdhapurthi
(completing 60) years is generally performed to celebrate reaching age 60. In general, 60
years has been used as yard stick for old age (Prakash 1999). But at the substantive level,
marrige of a son may signal initiation of a process rather than transition.

The life plan enjoined by the Vedas, the ancient scriptures, divided into four ashrams (life
stages):

1. **Brahmacharya** - student life with sexual abstinence

2. **Grihastha** - married life with righteous living

3. **Vanaprastha** - retired life with religious study

4. **Sanyasa** - renunciation with spiritual practice

Although no strict ages were specified, the stages were functionally different and non-over
lapping (Thurshy, 2001; Tilak, 1989). Philosophically the onset of the Vanaprastha or
retirement stage is meant to coincide with the first son’s reaching maturity and becoming
ready to take over responsibility.
Social Status of the Elderly

Old age has not been a pervasive for India where a value based, joint family system is supposed to prevail. Indian culture has generally been respectful and supportive of elders. In fact, old age has always been equated with experience and wisdom, and as such revered. However, as macro level changes such as industrialization and urbanization sweep the country, social scientists now report that there is a general lowering of social status of elderly people in India.

The traditional Indian culture emphasizes that the elderly should be respected in the society and treated as the heads of the family with all dignity and respect. So the living arrangement of the elderly was not an issue during pre modern periods it is assumed that the family should take the responsibility of caring for and treating the elderly in such a way that they could live in peace and with dignity. In the traditional society the elderly wielded command over the younger generation and acted as guides for their successors. However, in the wake of social transformation challenges to living arrangements, access to resources and their traditional status are being witnessed. There is even a lot of evidence on the elderly being abused by their own children, disconnect from their family etc. Consequently issues like lonely living, living in old-age homes, facilities of day-care centers, mobile health care, old-age pension, security etc are being faced by policy makers.

Increasingly, older people may be perceived as burdens due to their disability or dependence. Rapid changes in the family system, even in rural areas, are reducing the availability of kin support. With modernization of the country, older values are being replaced by
individualism’. The family’s capacity to provide quality care to older people is decreasing. Policy making has been governed by the assumed adequacy of the joint family system and traditional values providing the social security cover in old age. This stereotype is being drastically revised. In non-agrarian societies older persons who are ‘economically unproductive’ do not have the same authority and prestige that they used to enjoy in extended families where they had greater control over family resources.

The unconditional respect, power and authority that older people used to enjoy in rural extended traditional family is being gradually eroded in India in recent years. Efforts are being made to revive cultural values and reinforce the traditional practice of interdependence among generations in channeling the state support. Families need help in caring for the older persons. Such help may be in economical terms or practical support in care giving. In a shorter span of time it is neither desirable nor affordable to open a large number of old age homes in a country like India. Thus, dovetailing family support with external aid may be a viable option.

Historically, the elderly in joint families have usually been accorded a high degree of respect who also commanded considerable authority over other members of the household. Many major decisions of the household were either taken by the elderly, both men and women in their respective domains, or in consultation with them. To some extent that this is true, they are relatively well cared for within the means afforded by the family. In fact gender studies have often explored how daughters-in-law serve the family and are in charge of much of the care giving, often to their own detriment. However, following rapid industrialization and urbanization, the younger generation is increasingly leaving home in search of employment.
Some remit money home to support the family left behind, while others just move away taking their wives and children, leaving the elderly parents behind. In the latter case, the well being of the elderly is put at risk because there are few, if any, extra-familial institutional supports both material and non-material.

The marital status of the elderly varies remarkably by gender. Most elderly men are currently married, whereas most elderly women are widows. This results from a combination of cultural and biological factors. In most parts of India women marry men much older than them and this combined with the fact that women have greater longevity leads to many women outliving their husbands by several years. In addition, in many parts of India it is acceptable by tradition for men to remarry after being widowed, but this is proscribed for most widows. Unfortunately, the lives of elderly widows are often quite sad. They form the largest proportion of the elderly who are destitute. Through their life course most women are dependent on men - first their father, then their husband, and finally their son. A woman’s well being after she loses her husband depends on whether the son or other children support her.

India, with its predominantly agrarian based economy, has inadequate social security provisions for its older people. The concept of social security implies that the state should make itself responsible for ensuring a minimum standard of material welfare to all its citizens. Although since independence India has been making efforts to achieve the desirable goal of being a welfare state, social security still covers only a small proportion of the population. For government employees, pension scheme and contributory provident fund schemes are the major security provisions. There are several Acts which make provision for labourers in the
organized sector. But nearly 90 per cent of the total workforce is employed in the unorganized sector. Among these, only 40 per cent are wage earners. Low wages, job insecurity and lack of legal and governmental provisions to protect their rights, make this group vulnerable to economic hardships.

Social Security Instruments

Life insurance scheme is a public sector undertaking and is a popular security measure. The primary purpose of insurance is to provide protection to the family in case of death of the breadwinner. It also combines elements of saving for old age with family protection. There are several schemes for the self-employed; in addition, the General Insurance Corporation formed by the Government in 1972 has schemes for personal accident insurance, medical insurance, cancer insurance and tax rebate for senior citizens. For the poor, destitute and infirm persons above 65 years of age, the Tamilnadu Government currently provides Rs. 1000 per month as pension.

It is obvious that older people have to depend mostly on their own earnings/savings or on their family. Work participation rate among the elderly was about 40 per cent in 1991 and varies from region to region. People employed in agriculture sector continue to work as long as they physically manage the job. Around 60 per cent of male and 65 per cent of female elderly work as agricultural labourers. In urban areas, retired men may take up part time jobs, if available, to supplement their incomes. A vast majority of women are housewives, and as such, ‘invisible workers’, depend on their families. Women’s work is hardly quantified and monetized. Nearly 60-75% of all elderly are economically dependent on others, usually their children. Even those with pensions find their economic status lowered after retirement (Prakash, 1999).
An accurate estimate of economic status of older persons is made difficult as agricultural workers do not have any fixed or regular income. Wide disparity exists across and within regions. Rural aged who are already poor and not supported by any social security schemes are forced into destitution. Another related aspect to be considered is medical expense. There has been a progressive decline in the allocation of resources for the health sector. Public investment in health care provision has not kept pace with population growth and the demand for basic health care. There is also considerable discrepancy in provision between urban and rural areas in availability and access to health care resources. Rural poor and those living in tribal areas have little access to modern, high cost, urban based medical care. As people live longer, medical expenses will consume a major share of their savings. When people are already poor, living longer may ultimately mean living with unattended medical problems as health services cannot be easily afforded.

**State Support for the Aged**

Article 41 of the Directive Principles of State Policy in the Indian Constitution, specifies that the State shall, within the limits of economic capacity, provide for assistance to the elderly. The National Policy on Older Persons, recently announced by the Government of India (Government of India, 1999) mandates State support for the elderly with regard to health care, shelter and welfare. Social security has been made the concurrent responsibility of the Central and State Governments. The policy recognizes that older persons could render useful services in the family and in the society. However, it emphasizes that employment in income generating activities after super-annuation should be the choice of the individual. Section 125 of the Criminal procedure Code, 1973, specifies the rights of parents without any means for
maintenance to be supported by their children having sufficient means. If any person refuses or neglects to maintain their parents a magistrate may order such a person to make a monthly allowance for the maintenance of his/ her mother or father (Natarajan, 2000). In 2007, the government has passed the Maintenance and Welfare of Parents and Senior Citizens Act.

Government Pension scheme has become the most sought after income security scheme. The policy seeks to ensure that the settlement of Pension, Provident fund, Gratuity, and other retirement benefits is made promptly. It is also proposed to set up a Welfare fund for the old age persons.

Regarding health care for the elderly, the goal of the policy is to provide good affordable health services. In this process it envisages to have the cooperative efforts of the public health services and of the private health services and of the private medical care. Development of health insurance is also being given high priority. Mobile health services, special camps, and ambulance services are thought of, for making the health care facilities to reach the elderly.

Government proposes to encourage construction and maintenance of old age homes. However, family is recognized as the main provider of old age support not only in the area of housing but also in other areas which are crucial to old age persons.

The policy also proposes to develop educational and informational material relevant to the lives of older people such as the creative use of leisure; appreciation of art; culture and social heritage; skills in community work and welfare activities. Further, it will provide information about the process of aging and the changing roles, responsibilities and relationships at different stages of the life cycle.
The Government of India has extended giving fare concessions to old age people in all modes of travel, concessions in entrance fees, preference in reservation of seats, priority in telephone and gas connections. The National Policy on Older Persons (Government of India, 1999) emphasizes the creation of an age integrated society. It believes that the development of a social support system, informal as well as formal, will strengthen the capacity of families to care for older persons, who can then continue to live with their family. The National Policy recognizes the need for making use of the huge untapped resource of the old age population by providing training appropriate to the person's experience and capabilities. However, the individuals are to be given free choice to either continue to work or to take peaceful retirement. The policy aims at involving mass media to give better understanding of the aging process, the issues and the areas for action. The Government declared the year 1999 as the National Year for Older persons to high-light the issues relating to the care and support for the old age people.

The basic objectives of the NCOP are to

- Advice the Government on policies and programmes for older persons.
- Provide feedback to the Government on the implementation of the National Policy on Older Persons as well as on specific programme initiatives for older persons.
- Advocate the best interests of older persons.
- Provide a nodal point at the national level for redressing the grievances of older persons which are of an individual nature.
- Provide lobby for concessions, rebates and discounts for older persons both with the Government as well as with the corporate sector.
- Represent the collective opinion of older persons to the Government.
- Suggest steps to make old age productive and interesting.
• Suggest measures to enhance the quality of inter-generational relationships.
• Undertake any other work or activity in the best interest of older persons.

Governments alone cannot take care of all the needs of the older population. Voluntary agencies have to play an important role in this regard. The Non-Governmental Organizations (NGO) sector constitutes a very important institutional mechanism to provide affordable services to take care of the elderly persons. However, this sector in India is playing only a minor role catering only to a rather small segment of the old age population, which is capable of paying for the services rendered. NGOs run Old Age Homes and Day Care Centers where old age persons are admitted for a specified charge per month. There are, of course, many trusts taking care of the elderly, mostly orphaned or forsaken on charity basis. But these organizations are very small and in many cases they themselves are found to be struggling for existence.

To provide more effective provisions for the maintenance and welfare of parents and senior citizens “The Maintenance and Welfare of Parents and Senior Citizens Act 2007, was enacted by Government of India. Under Section 4(1), a senior citizen including parent who unable to maintain himself from his own earning or out of the property owned by him, shall be entitled to make an application under section 5 requesting to order for maintenance from children or relatives.

Further it empowers the state government to make rules for carrying out the purposes of this act. In exercising the powers conferred by section 32 of the said act, accordingly the

**Living Arrangements**

It is the family that provides the individual at any age the emotional, social, and economic support (Soldo and Agree, 1988). The ability of the aged persons to cope with the changes in health, income, social activities etc. depends to a great extent on the support the person gets from his/ her family members. In India, the cultural values emphasize that the elderly members of the family be treated with honor and respect.

Intergenerational co-residence has traditionally been a significant source of familial support for the elderly people. By co-residing with their adult children, the elderly can enjoy financial and social support, companionship and personal care. The living arrangement for the aged persons is often considered as the basic indicator of the care and support provided by the family (Martin, 1989).

Apart from applying social control in support of the elderly the cultural practices help integrate by providing for roles in household chores. Taking care of the young children, looking after the societal responsibilities, settling inter-personal or inter-household or even inter-group conflicts, helping in the matrimonial match-making fall in this domain. Thus, the aged are made to play useful roles in the household and in the society so as to make them feel reassured that they are an important part of the society. They also become the essential media for the transmission of the cultural values from generation to generation through the process of storytelling for entertaining the children. Co-residence maximizes such opportunities.
Living arrangements of older people are influenced by several factors such as gender, health status, and presence of disability, socio-economic status and societal traditions. Generations of older Indians have found shelter in the extended family system during crises, be these social, economical or psychological. However, the traditional family is fast disappearing, even in rural areas. With urbanization, families are becoming nuclear, smaller and are not always capable of caring for older relatives. Yet, in India, older people are still cared for by their families. Living in old age homes is neither popular nor feasible. Allowing parents to live in old age homes draws criticism from the family network and society at large. There is strong cultural pressure to ‘look after’ the parents in the family.

Currently, in urban areas, women have started working outside their home. Women were the traditional carers for old people. Women’s labour force participation has reduced the number of workers available to care for their elderly relatives. Where people live in their later years will make a significant difference to the quality of their living. Availability of carers in case of illness, disability and emergencies, differs by living arrangements. Living with a married daughter’s family is a less preferred alternative.

Benefits of home comprise several categories:

- Benefits related to independence such as privacy and control over physical features of the home environment.
- Benefits related to familiarity of a particular home environment, for eg: ease of finding ones way around.
- Benefits related to residence in a specific neighborhood including a social network of friends and neighbours and access to community services.
• Benefits related to the activities of home maintenance as a source of physical and mental exercise and as a source of meaning.
• Benefits related to the home as a place to entertain friends and family, to reciprocate hospitality and to pursue a vocational activity.
• Benefits related to the home as a locus of meaning – the site of important and memorable life events.
• Home owners may enjoy the further benefits of their home as a status symbol and tangible asset.

**Differentials in Living Arrangements**

Culturally it is accepted norm is that a man in the Indian society, marries at a later age compared to a woman. There is considerable difference between man and woman in age while marrying. Thus, it is observed that the proportion of the aged living with spouse is higher among males than among females. Also, comparatively a larger proportion of the female elderly is seen to be living alone. This higher proportion is the result of the higher proportion of widowed among the females. Further, in the Indian society a man, even when widowed, would not prefer to live with his married daughter's family, while a woman would not mind living with the daughter's family in such a circumstance. The proportion of the aged respondents living with other relatives is also much higher among females than among males. While the males would not prefer living with other relatives, females would accept such an arrangement due to social and practical problems involved in living alone.

In the past, extended family comprising of three or more generations provided the needed care and support to the aged members of the family. Under the influence of modernization, the size and structure of families have undergone dramatic changes in India: Small, nuclear families
are the order of the day. This seems to have affected the family care and support available to the aged persons. As long as the elderly father who is considered as the head of the household, is alive, all the children whether married or unmarried, live with the aged parents, and when the father dies, in some cases the family gets disintegrated and children often start living separately by distributing among themselves the family property. Thus, often we come across joint families with the presence of male elderly. But the same cannot be said of the female elderly. The widowed mother is usually forced to live with one of the children. In a few cases, one may find that the aged father and mother live separately with two different sons. This is probably to lessen the economic burden on the families. Thus economic considerations do play an important role in all such arrangements.

Family headship generally symbolizes status, power and authority in the family. An aged person heading the household might assure better care and support from the family members. In the Indian society, because of the general prevalence of patriarchal family system, a male member of the family, more often the eldest, is considered as the head of the household. A female member becomes the head only when she is living alone or when there are only female members in the family or when others in the family are minors.

**Loss of Social Roles**

Two primary social roles, those of work and family role are taken away from individuals who have reached an advanced age. Many elderly people and their older children may still be in close contact. In the absence of physical proximity to their children, problem of loneliness
arises if not social isolation. The elderly may not be isolated, but they may not have the warm, friendly contacts so desperately needed at this stage in life.

Perhaps one of the most serious emotional problems concerning the aging is the loss of a feeling of security. Many are in a precarious economic position, but they also have other fears. Not the least of these is where they will be living and who will be caring for them. Study after study has shown that the elderly want to remain where they are rather than to move to another location. The reason behind this often-stated preference is the fact that they know about their present arrangements, and they tend to feel secure in them, even when they are somewhat uncomfortable.

In the agricultural sector and the rural and urban informal sectors, there is no set age at which people retire and stop working. Both men and women continue to work as long as they are physically able, although the type of work they do may change and they may work with diminished capacity (Dandekar, 1996), which is true of both men and women.

There are both positive and negative connotations of getting old. On the positive side, especially in the traditional Indian context, old age is associated with Wisdom, Respect, and the potential for spiritual growth. It relieves them from family responsibilities and gives them freedom of action. On the negative side, it is associated with physical and mental decline, stereotyped as self pitying, unhappy, complaining and unproductive. They often suffer from depression caused by loneliness and alienation. These negative effects probably derive from a loss of authority, absence of a meaningful role in social life, marginality in social relationships, material insecurity, and dependence and attenuated intergenerational relationships (Bali 1999).
Coping

In general, when life is characterized by a multiplicity of stresses and people react to these stresses with their own defense strategies or coping skills. In particular, old age is marked by the presence of a wide variety of stressors. The older person is often subject to biological deterioration, social exclusion and economic deprivation. The course of events at this period of lifespan is such that traumas may occur in rapid succession without allowing the person time to regain his or her balance before confronting the next stressor. For instance, the loss of husband for a woman in old age deprives her of an irreplaceable intimate companionship; it may also mean a loss of dependable source of economic security; it may also mean loss of social status; more often, she may be required to change her place of residence, that results in a sense of losing one’s home ground; unfamiliarity with persons and surroundings lead to sense of estrangement; she is more likely to feel helpless and powerless. Even taken individually, particular stressors will separately dictate an array of coping mechanisms for successful outcomes.

While the potentially adverse consequences of stress are universal and apply to all across the lifespan, the elderly persons are particularly more vulnerable. They are typically confronted with a multitude of very stressful life events, as detailed above. These events are potentially stressful in their own right in that they impose significant demands upon the coping resources available to the individual. Furthermore, they do so at a time when the very resources that might facilitate adaptation may themselves be diminished or depleted by other recently experienced events, such as loss of job. Those losses that could otherwise enhance the
probability of coping for the elderly may prevent them from employing other coping responses such as the use of social resources.

A number of factors cause powerlessness in the elderly. They are often assigned a label that connotes inferiority in relation to others. They may be demanded to engage in inferior, demeaning tasks, which they have never done hitherto. They may no longer engage in meaningful valued task. The elderly persons are the targets of many false labels, myths and stereotypes (Matteson and McConnel, 1988).

The social network also changes over the lifespan and is often markedly different in old age in comparison with middle and younger years. For example, the elderly are typically separated from their children on account of their marriage and employment. They may face a shrinking support system with the demise of spouse, relatives and friends or due to their immobility. The new social networks one now finds in may exert different expectations and demands generating social pressures for them.

Aging accompanies the reduction in immunological competence. The aging body may magnify the adverse effects of stress, which the younger and middle aged persons may easily cope with. When immunity reduces, onslaught of various diseases is not overruled.

Under these circumstances, the elderly may resort to a wide variety of coping strategies, not much different from those of younger ones. These may include: rational action, seeking help, perseverance, and expression of feelings, distraction, fantasy, self-blame, substitution, avoidance, denial, withdrawal, justification or active forgetting. However, as
Folkman et al (1987) have found, the older persons consistently use more passive, intrapersonal, emotion-focused coping responses.

**Self Esteem and Life Satisfaction**

The way people evaluate themselves is widely accepted as important by health and mental health care professionals. People who have relatively high self-regard tend to be better students, are bothered by less anxiety, are less depressed, display better physical health, and enjoy better social relationships (Gilberts, 1983). High self-esteem is considered important because it is associated with higher levels of psychological health and functioning, and low levels of self-esteem are undesirable because it is associated with lower levels of psychological health and functioning (Glaus, 1999). A strong sense of self-esteem is sorely needed among today’s elderly population. Every day is a struggle for many of these individuals. Decreased mobility, disabilities, and failing health can certainly affect one’s sense of self-esteem.

Self esteem is particularly important for the subjective well being of the elderly, as they encounter various stereotypical negative attributes placed on them by others. They are often labeled as ‘weak’, ‘fragile’, ‘unable’, ‘ugly’, ‘annoying’, ‘old fashioned’, ‘inflexible’, ‘worthless’, ‘complaining’ and the like. In the face of such negative attributes, their self esteem may go down, resulting in such negative reactions as voluntary isolation or withdrawal or social disengagement. On the contrary, some older persons may use the same negative attributes to their advantage by way of comparison. They may selectively compare with those
of their own age and display ‘youthful’ qualities. They may even compare themselves with the actually weak youngsters and assert themselves as more youthful.

Negative attitudes toward the aging process and the aged themselves exist and are common (Nussbaum et al, 2000). The expression of these attitudes can range from being very subtle, such as helping an elderly person cross the street because it is assumed he/she cannot do so on his/her own, to more blatant expressions, such as not hiring an individual for a job due to his/her age regardless of qualifications for the job. Such actions are an example of ageism, the discrimination against aged individuals (Butler, 1969).

Ageism may intensify the already painful losses in hearing, mobility, vision, and cognitive functioning. Ageism causes the aged population to become increasingly marginalized by society in economic, social, political, and cultural terms (Elmore, 1999). The effects of ageism cause the older adult to further question his/her place in society.

Elements of prejudice or inaccurate stereotypes have influenced public perceptions of the capacities of older people (Elmore, 1999). These misconceptions can have damaging effects upon the lives of older adults causing this population to feel useless and degraded. Stereotypes can shape what an aged individual is expected to do for employment and leisure. Further, such misconceptions can cause senior citizens to question their own abilities.

Some members of society hold the widely pervasive view that older people ought to be more passive participants in economic, political, and community life (Elmore, 1999). People may see growing old as a time to disengage from previous activities. Too often elderly individuals
are thought to no longer be productive members of society. Society often expects the aged to grow old gracefully and quietly.

Life satisfaction is generally defined as a person’s feeling about their activities of their daily life, their responsibilities, the meaning of their life, the achievement of goals, having a positive ego, regarding a person themselves valuable, and keeping an optimistic attitude. The state of life satisfaction is determined by evaluating subjectively how much a person is satisfied with his own life. Life satisfaction is affected by a person’s role in their family and the frequency of meeting they have with their children living far away as well as quality time spent with their grand children. It is also affected by the economic status; when the economic condition is better life satisfaction is also high. Health is also an important factor of the life satisfaction in the old. The better one’s health is, the higher the level of life.

Lemon, Bengston, and Peterson (1972) define life satisfaction as “the degree to which one is presently content with his general life situation”. It is essentially looking back into one’s own past life events and the results at the present, evaluating it as satisfactory or dissatisfactory and feeling elated or dejected. This is essentially important for the elderly persons, as they have lived out most of the major stages of a typical lifespan. Satisfaction with the way one has lived out his life has much to add to the present condition of mental well being.

The body of research on the elderly issues in our country is growing, but it still remains that much is yet to be done. The country being so vast with a great population and being multifarious and pluralist in many respects, sweeping generalizations cannot be made easily with a few studies. Moreover, rapid social changes as happening require more and more studies on the elderly covering the various aspects, be it for adding to the existing body of
knowledge or for making policies as and when required. It is with this realization that the present study makes an attempt to study about the elderly living in coastal communities in the state of Tamil Nadu, covering their living arrangements, need fulfillment, coping mechanisms, self esteem and life satisfaction.