INTRODUCTION
CHAPTER 1

INTRODUCTION

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William Shakespeare described the last phase of seven stages of life.

“Last of all,

That ends this strange eventful history,

Is second childishness and mere oblivion,

Sans teeth, sans eyes, sans taste, sans everything.”

Population all over the world is ageing. Ageing is an irreversible phenomenon in the life of every individual. It starts at conception and ends with the death. The people can be called aged with the changes in their social roles and the life situation accompanied with physical and psychological changes. Ageing can be viewed as a whole of changes that are biological, psychological, sociological and environmental in the life of an individual. In India, normally a person above the age of sixty is classified as aged person. This age group is normally referred as “Geriatric Age Group”.

1.1 DEFINITIONS OF OLD AGE

The ageing process is a biological reality which is beyond human control. In many countries, the age of 60 or 65 is equivalent to retirement ages and is said to be the beginning of old age. Age classification varied between countries and over time. The ageing is reflecting in mainly in the social class differences and functional ability related to the workforce. The transition in livelihood became the basis for the definition of old age which occurred between the ages of 55 and 75 years for men.

The definitions of the Old Age and Ageing were given by different researcher. While considering Old Age, the more importance was given to the retirement age set by the government. In common, the definitions fell into three categories: namely (1) Chronology, (2) Change in Social role and (3) Change in Capabilities.

Biologists define ageing in a narrow, Comfort (1964) said, “Ageing is a change in the behavior of an organism with age, which leads to a decreased power of survival and adjustment”. Ageing is defined as “the regular changes that occur in
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mature genetically representative organisms living under representative environmental conditions as they advance in chronological age”. (Birren & Renner, 1977)

Physical factors such as facial looks, hair color and body image have been highlighted as a defining feature of ageing. Mental alertness and mobility have also been considered particularly important criteria in defining a person as aged.

The concept of aged varies with location, sex, education, financial condition and the family background. There is a number of ways of defining the aged. In short, ageing is a dynamic process, which brings about physical and mental change in social status. The process cannot be stopped or reversed, but it can be delayed by helping aged people in maintain life styles.

1.2 CHANGES IN SOCIAL STRUCTURE

The concept of ageing and aged has travelled through various transition stages – as an unproductive person to a wise productive individual; Karanavar (Head of the Family) to a dependent, Independent decision maker to a reliant.

According to Ayurveda\textsuperscript{1}, Old Age is a natural disease which is irremediable. By contrast premature old age is an unnatural disease to be treated. Charaka Samhita\textsuperscript{2} offers many phenomena that are common between universe and man. For example: old age corresponds to Dwapara yuga\textsuperscript{3} and Treta Yuga\textsuperscript{4} correspond respectively to childhood and youth.

The Indian Society was governed with the Caste System and the Mythology. According to the religions, the care for the older parents is the responsibility of the children. All the requirements of the parents were taken care by their young children in their old days. It was the responsibility of the family to take care of the elderly. The

\textsuperscript{1} A Hindu system of traditional medicine native to India and a form of alternative medicine.

\textsuperscript{2} An early Ayurvedic encyclopedia on medicine

\textsuperscript{3} The third out of four yugas, or ages, described in the scriptures of Hinduism. This yuga comes after Treta Yuga and is followed by Kali Yuga. According to the Bhagavata Purana, the Dvapara Yuga lasts 864,000 years

\textsuperscript{4} The second out of four yugas, or ages of mankind, in the religion of Hinduism, and follows the Satya Yuga of perfect morality and precedes the Dvapara Yuga. The average lifespan in the Treta Yuga is 1,296,000 years
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Indian system of Family was a Joint Family one, where the women in the family took care of the elder parents and the children. Women were the traditional primary caregiver in the family and they are now unable to extend care to the elders due to increased educational and vocational opportunities and need to earn to support family (Chakravarthy & Dhar, 2004). In contemporary India, women in urban areas are seeking employment on a regular basis resulting in an inability to care for their elderly continuously. In rural areas too, women often have to be away from home on agricultural or other casual work to earn their livelihood. Therefore employment, formal or informal, and other domestic chores impose a burden on the caregiver affecting the quality of care giving. (Dharmalingam, 1994)

Many older parents are living with their children and the family act as the main source of acre and material support for the elderly from the olden days. Not only in India, in most of the Asian countries, the governments also interested in preserving this family oriented support system in some form. The Indian family system is often held high for its qualities like support and care for elderly. The responsibility of adult children for their parents’ wellbeing morally and socially recognized in India. Instead of all members working together in an integrated economic enterprise, a few male members go out of the home to earn the family’s living. These affected family relations. In many cities even women too joined men in working outside the families on salary basis. In the changed economic and social situation, the parents are not considered as responsibilities. Children’s educational requirements have increased. They are to be supported for long time till they get into some good job. The urbanization, modernization and globalization have brought about major structural and functional transformation in the family, the primary care agency (Jamuna, 1991).

The development in science and technology resulted in industrial development. Due to industrial development there is urbanization and as a result urban societies were created. Every country has its own urban society. Every village possesses some elements of the city while every city carries some feature of the villages. Increasing industrialization, modernization and urbanization have had a negative impact on the traditional welfare institutions and higher socio-cultural values (Mishra, 1979). These have resulted in deterioration of joint families, migration of children in search of jobs, growing consumerism and communication facilities etc.
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The absence of socio cultural values has given way for a materialistic approach, individualism, selfishness, etc., and thereby the life of elderly becomes vulnerable (Arora, 1989). The occupational pattern of the children has become intricate that they could not take care of their older parents. Also the industrialization and urbanization has resulted in the transition of the family system and the social situations which forced the children to migrate from their own land for employment or any other reasons making it difficult for the elderly to find support for their care and wellness.

1.3 SOCIO DEMOGRAPHIC TRENDS IN ELDERLY

1.3.1 Population: Global Perspective

Ageing is a global concern. According to World Health Organization, globally one out of every person was aged 60 in 2000. By 2020, the ratio will be about one in eight. By 2050, the number of elders will exceed the number of younger persons for the first time in the history. The reasons are improved life expectancy, public health programmes, medical advances, health services, improved living and lifestyle circumstances.

The proportion of the world’s population aged 60 years or over increased from 8 per cent in 1950 to 12 percent in 2013. It will increase more rapidly in the next four decades to reach 21 percent in 2050. The stages and speed of ageing are quite different between the more and less developed regions. Ageing in the more developed regions started many decades ago, but it is just taking off in less developed regions, while it has yet to unfold in the least developed countries.

Ageing also differ substantially within the more and less developed regions, which display different trends in their variance over time. While the more developed regions seem to be moving as a group, at a similar pace across countries, in the less developed regions, there is much greater variability, including countries in a more advanced stage of ageing (Armenia, Argentina, Chile, China, Cuba, Cyprus, Georgia, Israel, Puerto Rico, Singapore and Sri Lanka) and those where the proportion of older persons is still very low and not yet increasing (all countries in sub-Saharan Africa with the exception of Mauritius, Reunion, Seychelles and Saint Helena; many countries in South-Central Asia, South Eastern Asia and Western Asia).
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During the past 30 years, between 1980 and 2010, the proportion of the population that is aged 60 years or over increased by 2.4 percentage points in the world as a whole, from 8.6 percent to 11 percent. The absolute change in this proportion was much greater in the more developed regions (6.3 percentage points) than in the less developed regions (2.3 percentage points). But these changes pale in comparison to the 7.6 percentage point increase that is about to occur on average in the next 30 years. Both the less and the more developed regions will experience large changes, of 7.9 per cent and 8.8 per cent, respectively. By comparison, the least developed countries will experience a significant, though much smaller increase of 2.9 percentage points.

The older population of the less developed regions has expanded continuously since the 1960s at a faster pace than in the more developed regions. Today, about two thirds of the global number of older people lives in developing countries. Since the projections indicate that this trend will continue, older persons will be increasingly concentrated in the less developed regions of the world. In 2050, nearly 80 per cent of the world’s older population will live in the less developed regions.

The percentage of world population aged 65 and over only increased from 5.2% in 1950 to 6.9% in 2000. In Europe, however, the proportion was 14.7% in 2000. For a long time, the highest proportions were found in Northern Europe, but had moved south by 2000. The proportions of elderly are lower outside Europe with notable exception of Japan where it increased from 4.9% in 1950 to 17.2% in 2000. The age structure of the United States continues to be marked by the large birth cohorts of the baby boom, not yet aged 65. The proportion of the elderly population in the US, 12.3% in 2000, hence remains low compared to the developed-country standards.

The table 1.1 shows the percentage population of elderly in major areas of the globe in 1950, 1980 and 2013. It showed that the maximum percentage of elderly population is in the Asia. In 1950 the percentage of elderly population was 55.3 and in 1980 the percentage of elderly was 59.2 and in 2013 it was 60 percentage. The second position was for Europe with 21.7, 15.6 and 10.4 in 1950, 1980 and 2013 respectively. The interesting fact is that unlike any other regions across the globe, Europe has decreased percentage of the elderly in 2013 from 15.6 in 1980 to 10.4 in 2013. In
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Northern America, the percentage of elderly decreases, but it was a slight one. The lowest percentage population of elderly is in Oceania i.e., 0.5 in 1950, 1980 and 2013.

Table 1.1: Percentage Population of Elderly

<table>
<thead>
<tr>
<th>Major Area, region and Country</th>
<th>1950</th>
<th>1980</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>9.1</td>
<td>10.8</td>
<td>15.5</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>6.6</td>
<td>8.2</td>
<td>8.6</td>
</tr>
<tr>
<td>Asia</td>
<td>55.3</td>
<td>59.2</td>
<td>60.0</td>
</tr>
<tr>
<td>Europe</td>
<td>21.7</td>
<td>15.6</td>
<td>10.4</td>
</tr>
<tr>
<td>Northern America</td>
<td>6.8</td>
<td>5.7</td>
<td>5.0</td>
</tr>
<tr>
<td>Oceania</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
</tbody>
</table>


Ageing is an inevitable phenomenon in all biological species. It is a rent less process in life, leading to its extinction. One of the upcoming issues in the global demographic situation is the population ageing. By the sheer magnitude of their number, the next century society can be rightfully termed as society of the aged.

Table 2.1 showed the percentage of Population adults in selected countries which indicated that in Asian countries; Japan has highest percentage which is 32. Among the European countries, Germany and Italy has the highest percentage and Canada has the highest percentage among the North American countries. Cuba has the highest number of elderly among the Latin American countries and Newzealand and Australia has the highest percentage of the elderly among the Oceania region.
Introduction

Table 1.2: Percentage of Population adults in selected countries

<table>
<thead>
<tr>
<th>Continent</th>
<th>Countries</th>
<th>Percentage of Population ages 60 years and older (2013)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asia</td>
<td>China</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>India</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Japan</td>
<td>32</td>
</tr>
<tr>
<td>Europe</td>
<td>Germany</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>United Kingdom</td>
<td>23</td>
</tr>
<tr>
<td>North America</td>
<td>Canada</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>United States of America</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Cuba</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Egypt</td>
<td>9</td>
</tr>
<tr>
<td>Oceania</td>
<td>Australia</td>
<td>20</td>
</tr>
</tbody>
</table>


The nations across the world are experiencing a growth of the number of elderly population. The rise in the proportion of the ageing population represents one of the most significant demographic shifts in history. In 1950, there were 205 million people who were over 60, in 2000, there were 606 million and by 2050, the number of elderly is expected to rise to two billion. The number of elderly increases over the last 50 years and expected to be in the increasing pace in the next 50 years. As a proportion of the total world population, the number of elderly will double in the next 50 years. (Krishnakumar, 2004)

One of the major features of demographic transition in the world has been the increase in the absolute and relative number of elderly people. This has been especially true in the case of developing countries like India, where ageing is
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occurring more rapidly due to the decline in fertility rates combined with the increase in life expectancy of people achieved through medical interventions. About 60 percent of the elderly live in the developing world and this will rise to 70 percent by 2010. (Gupta & Sankar, 2003)

The world population is growing at a rate of 1.7 percent per year. The proportion of those aged 55 years and above is increasing at 2.2 percent per annum and the number of aged 65 and above at 2.8 percent per year. Every month, the world’s older population increases by 1.2 million persons. More than 80 percent of the increase occurs only in developing countries.

There is a shift from mature societies” to “ageing societies” in countries in the South- East Asia Region (SEAR) due to the increasing number of the elderly. The elderly population in this region would be increasing from 18.1 percent in 1995 to 21.4 percent of the world elderly population in 2025. Since women have long life expectancy than men, the proportion of elderly women in the region would increase to 13.2 percent by 2025, while the proportion of the elderly men would be 11.6 percent. In SEAR, 11.8 million people reportedly suffered from blindness in 1998; 50-80 per cent of these cases caused by cataract, which is most common in those aged 60 years and above (Wibowo, 1999)

Asia has about 60 percent of the world population and population ageing is occurring more rapidly in Asia than in Western countries. The group aged 65 years and above will increase from 207 million to 857 million in 2050, a staggering increase of 314 per cent. The diversity in economic, demographic, religious, cultural and geopolitical factors in Asia is unparalleled by any other continent and is, in part, contributory to the rapid rise in population ageing. By 2050, those under 15 years old will have reduced from 30 percent in 2000 to 19 percent, while those aged 65 years and above will increase from 6 percent to 18 percent. In addition, the gender divide still persists with 100 elderly women to 70 elderly men. (Goh, 2005)

The decline in the mortality leads to a longer life span by the influence of factors, such as improvements in nutrition, education, hygiene, health care and living standards. As a result, higher life expectancy combined with constant reduction in fertility has created a larger number and proportions of elderly in the world. With this
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trend cost of social security and pension system has become unsustainable in many
developed countries. In addition the provision of the health services and of adapted
living arrangement for the elderly is under increasing strain throughout the world. In
conclusion, ageing should be considered something that takes place across the life
span instead of splitting the life span in to 3 successive periods of training, work and
retirement. In that respect a major change in the attitude towards the elderly is needed
(Verhasselt, 1998)

1.3.2 Population Ageing- National Perspective

The population of India is currently moving towards an old age structure and it is
certain that there will be rapid growth in the elderly population in the near future.

Census data on older persons in India show significant variations between states. While all the states in the country showed an increasing trend from 1961 to 2001, generally, the southern states and Punjab and Himachal Pradesh have larger increases in the proportion of elderly, with Kerala registering the greatest increase. Projections for the next 25 years show a similar pattern, with the largest proportion of elderly in the southern states, Kerala in particular, along with West Bengal, Punjab and Himachal Pradesh. Northern states, UP in particular, and eastern states have lowest proportion of elderly in the country. (Subaiya & Bansod, 2011)

According to Census, 2011, India accounts for 8.6 percent elderly population, i.e., 103.8 million. As per the Census, 2001, India accounts for 7.4 percent elderly population, i.e., 76.6 million. The change in the number of the elderly comes around 27.2 million. While looking into the change in the number of elderly from 1991 to 2011, there shows an increase in the number from 56.7 million in 1991 to 76.6 million in 2001 to 103.8 million in 2011. The number of the elderly with 100+ also showed an increase from 0.1 million in 2001 to 0.6 million in 2011. The change in the population of various ages across the years can be shown in the Table 1.3.
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Table 1.3: Population (in millions)

<table>
<thead>
<tr>
<th>Age Group (years lbd)</th>
<th>Census 1991*</th>
<th>Census 2001@</th>
<th>Census 2011@</th>
</tr>
</thead>
<tbody>
<tr>
<td>All ages</td>
<td>838.6</td>
<td>1028.6</td>
<td>1210.6</td>
</tr>
<tr>
<td>0-4</td>
<td>102.4</td>
<td>110.4</td>
<td>112.8</td>
</tr>
<tr>
<td>5-9</td>
<td>111.3</td>
<td>128.3</td>
<td>126.9</td>
</tr>
<tr>
<td>10-14</td>
<td>98.7</td>
<td>124.8</td>
<td>132.7</td>
</tr>
<tr>
<td>15-59</td>
<td>464.8</td>
<td>585.6</td>
<td>729.9</td>
</tr>
<tr>
<td>60-99</td>
<td>56.5</td>
<td>76.5</td>
<td>103.2</td>
</tr>
<tr>
<td>100+</td>
<td>0.2</td>
<td>0.1</td>
<td>0.6</td>
</tr>
</tbody>
</table>

*Excluding Jammu & Kashmir

@Excluding Mao Maram, Pao Mata and Purul Sub Divisions of Denapati District of Manipur

(Source: Census, 2011)

The presentation of the percentage data of the population of various age groups in India is shown in Figure 1.1:

(Source: Census, 2011)

Figure 1.1: Population (in Millions)
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The figure 1.1 shows that the number of people falling to the age group of 15-59 years is at the maximum. Also the population goes on increasing with the years. As per the Census data, the number of each age group has shown a growth during the 2011 census.

As per the Census, 2011, the state that comes top for the number of elderly in India were Kerala, Goa, Tamil Nadu, Punjab and Himachal Pradesh. The state of Kerala has the largest number of elderly population and the lowest number of elderly is in the state of Nagaland. The states of Dadra Nagar, Arunachal Pradesh, Meghalaya, Daman & Diu and Nagaland included in the bottom 5 states for the percentage of elderly.

Table 1.4: Percentage of elderly (60 years or more) to total population

<table>
<thead>
<tr>
<th>Name of the State</th>
<th>% elderly</th>
<th>Name of the State</th>
<th>% elderly</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Top 5</strong></td>
<td></td>
<td><strong>Bottom 5</strong></td>
<td></td>
</tr>
<tr>
<td>Kerala</td>
<td>12.6</td>
<td>Dadra &amp;Nagar Haveli</td>
<td>4</td>
</tr>
<tr>
<td>Goa</td>
<td>11.2</td>
<td>Arunachal Pradesh</td>
<td>4.6</td>
</tr>
<tr>
<td>Tamil Nadu</td>
<td>10.4</td>
<td>Meghalaya</td>
<td>4.7</td>
</tr>
<tr>
<td>Punjab</td>
<td>10.3</td>
<td>Daman &amp; Diu</td>
<td>4.7</td>
</tr>
<tr>
<td>Himachal Pradesh</td>
<td>10.2</td>
<td>Nagaland</td>
<td>5.2</td>
</tr>
</tbody>
</table>

(Source: Census, 2011)

As per the 2001 census also, the highest proportion of the elderly among states and Union territories is found in Kerala (10.5 percent) and lowest proportion was found in Dadra and Nagarhaveli (4 Percent). The percentage is higher in the southern states (Kerala, Tamil Nadu, Karnataka and Andhra Pradesh), Himachal Pradesh, Goa, Maharashtra, Haryana, Punjab, Uttaranchal and Pondicherry than the Indian average. The evolution of old age structure changes the balance of men and women in the whole population. Sex ratios of older age group are higher in those states. There are 168 districts where elderly population is more than 8 percentages. The quantum of
population ageing has important implications for government policies such as pension schemes, old age homes, health care and economic growth. (Swain & Sherin Raj, 2004)

Figure 1.2: Plotting the percentage of the elderly population in all states and Union Territories of India

The trends in the demography showed that the elderly in India is increasing at a greater speed. The elderly faced problems of health and disability and financial limitation mainly because of inadequate pension and retirement funds. The elderly in urban areas are the most vulnerable. World population is growing at a rate of 1.7 per cent per year, while the population aged 55 years and older is growing at a rate of 2.2 per cent per year. The population aged 65 years and older is growing at a rate of 1.2 million per month; almost 1 million in developing countries. India’s elderly are
expected to increase by 123 million by 2020. India’s elderly were 6.6 per cent of total population in 1991. By 2001, it represents the second largest of world population, following China. Since the 1950s, fertility and mortality have declined and life expectancy has increased. India is likely to have a population of over 177 million by 2025.

**Dynamics of Population Ageing in India**

A latest report of the United Nations states that the number of elderly in India has increased from 103800000 in 2011 to 104202000 in 2014. That means in a three year of time, there was an increase in 402000. The change in the number shows the increase in number of the elderly and the dynamism of the population ageing in the country (United Nation, Profile of Population ageing 2013, 2013).

The report also provided the proportion of old age in percentage as below:

<table>
<thead>
<tr>
<th>Age</th>
<th>1980</th>
<th>2013</th>
<th>2030</th>
<th>2050</th>
</tr>
</thead>
<tbody>
<tr>
<td>60+</td>
<td>5.9</td>
<td>8.3</td>
<td>12.3</td>
<td>18.3</td>
</tr>
<tr>
<td>65+</td>
<td>3.6</td>
<td>5.3</td>
<td>8.2</td>
<td>12.7</td>
</tr>
<tr>
<td>80+</td>
<td>0.4</td>
<td>0.8</td>
<td>1.1</td>
<td>2.3</td>
</tr>
</tbody>
</table>

**Source: Profile of Ageing, 2013**

According to 2001 census, it was observed that 75% of elderly persons were living in rural areas. About 48.2% of elderly persons were living in rural areas. About 48.2% of elderly persons were women, out of whom 55% were widows. A total of 73% of elderly persons were illiterate and dependent on physical labor. One third was reported to be living below the poverty line, i.e., 66% of older persons were in a vulnerable situation without adequate food, clothing or shelter. About 90% of the elderly were from the unorganized sector, i.e., they have no regular sources of income. The number of centenarians in India is about 2,00,000.
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India is one of the few countries in the world in which the sex ratio of the aged favors males. This could be attributed to various reasons such as under-reporting of females, especially widows and higher female mortality in different age groups (Rajan, Old and Old Age Homes in Kerala, 1999). In terms of poverty, the state of Kerala, Tamil Nadu and Maharashtra had comparatively higher proportion of poor elderly as compared to the states of Assam, Bihar and Himachal Pradesh.

According to projection, the elderly in age group 60 and above is expected to increase from 71 million in 2001 to 179 million in 2031 and further to 301 million in 2051; in the case of those 70 years and older, they are projected to increase from 27 million in 2001 to 132 million in 2051. Among the elderly persons 80 and above, they are likely to improve their numbers from 5.4 million in 2021 to 32.0 million in 2051. The increasing number and proportion of elderly will have a direct impact on the demand for health services and pension and social security payments (Rajan, 2005).

The Indian population has been ageing over the years and the proportion of older people has been growing. But this increase in life expectancy will not be an unqualified success until adequate provision for the care of the elderly is made. At present, the elderly often suffer abuse and, as in any group, women suffer worse than men. (Karkal & Malini, 1999)

1.3.3 Population Dynamics- State (Kerala)

According to 2011 census, there are 7.4 million people who are above 60 years of age in Kerala. Of these 3.3 million are males and 4.1 million are females. The proportion of population aged 60 years and above is slightly higher in rural areas than in urban areas. Around 12.6 percent of the population is above 60 years of age which is the highest in the country. It grew from 10.5 percent in 2001 at a rate of over 2 percent per annum.

According to 2011 Census, the number of elderly in Kerala above the age of 60 years is 4193393, which comes around 12.55% of the total population. Among these elderly 12% are Males while another 13.3% are Females.
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The aged Aging is generally defined as consisting of population above 60 years of age. Some demographers also distinguish categories of the old: young old (60-69 years), old old (70-79 years), oldest old (80-89 years) and the extreme old (90+ years). (Rajan, Ageing in India: Retrospect and Prospect, 2000)

1.4 AGEING PROCESS

Ageing has three different, but inter-related connotations namely, biological, psychological and social.

1.4.1 Biological Ageing

In a biological aspect, ageing can be seen as changes in structure and functions of organs or organ system of the body during the course of life. According to Handler (1960), "biological ageing is a deterioration of a mature organism resulting from time dependent, essential irreversible changes intrinsic to all members of the species such that, with the passage of time they become increasingly unable to cope with the stresses of the environment, thereby increasing the probability of death". Ageing is considered as the sum total of changes during an individual's life span which are common to all members of his species.

According to Comfort, "senescence is a change in the behavior of the organism with age which leads to a decreased power of survival and adjustment". Ageing is described as an increased inability or an increasing loss of energy, with an increase in chronological age.

Busse (1969) mentioned about ‘primary’ and 'secondary' ageing. Primary ageing is the result of inherited biological process, which is time dependent and detrimental to the survival of organism. Secondary ageing is caused by the decline of function due to chronic diseases or other damage to the organism.

Biological age can be regarded as ones position in relation to his potential lifespan. Biological age Gray and Moberg (1962) states that in a physiological sense, a person is old when the signs of wearing out of the body appear. Deterioration of various parts of the body proceeds at different rates and is generally so slow that it cannot be measured accurately at weekly, monthly or even annual intervals.
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Most biologists used the term Biological Ageing and Chronological Ageing together. Chronological age refers to calendar-clock age. Or in simple words, chronological ageing refers to the number of years of life of an individual. Chronological criterion of age takes into consideration of biological process of ageing.

The changes in biological ageing occur in different chronological ages and progress at different rates. These changes which are seen in physical appearances are easily recognized. Mahajan et al. (1987) stated that, according to biologists the normal ageing process occurs due to progressive changes in cellular composition and the ability of the tissue structure growth and functions. Biological ageing differs from individual to individual because they have different genetic factors, medical history, and different levels of nutrition, income, psychological and social problems. (Mahajan, Mohanty, Ramsingh, & Arunima, 1987)

1.4.2 Psychological ageing

Psychological ageing is dealing with the development of one's behaviour over the life span, which includes capacities, skills, feelings, emotions and behavior. Psychologists are concerned with the changes in personality and the external behavior of the ageing person. They deal with the behavior that is the product of both the biological and social systems. Birren and Renner (1977) have defined psychological ageing as “the regular behavioral changes that occur in mature, genetically represented organisms living under representative environmental conditions as they advance in chronological age”. (Birren & Renner, 1977). This definition overlooks the persons who deviate from the population norms; either in terms of disease or environmental conditions. Psychological ageing comprises changes in cognition and personality (Birret & Zarit, 1985). Psychological ageing includes the factors that are related to learning, reasoning, recalling, recalling, and memory, and creativity, sense of humor, vocabulary, sensory motor functions and mental rigidity.

Thus psychological ageing refers to changes that occur in the ability of the organism to adapt its capacities to changes in the social and physical environment and within the organism itself (Birret & Zarit, 1985). In Psychological age is maturity is measured in terms of capabilities, adjustment and knowledge. Psychological age gives
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primary importance to the adaptive capacities. Since psychological age involves a mental process, psychologists often use mental abilities, such as memory, intelligence, attitude, changing emotional reactions and behavior as base for demarcating aged.

A closely related concept to psychological age is the 'functional age'. Functional age refers to a combination of chronological, physiological, mental and emotional age. (Birren & Renner, 1977).

Psychological ageing is not to be measured in terms of capabilities alone but in the use to which they have been applied from early age throughout the years of maturity. Psychological ageing is concerned with changes in central nervous system, sensory and psychomotor response, intelligence, memory, learning abilities. The psychological cause of ageing when combined with the physical accelerates the ageing process by speeding up the rate of decline

1.4.3 Social Ageing

Sociological ageing included the changes in social roles, status and habits in relation to one's group or society. According to Tibbitts (1960), “sociological ageing is concerned with changes in the circumstances or situations of the individual as a member of the family, the community and society.” Sociological ageing can the rise status of individual in the family, a greater participation in the management of the affairs of the family, community and religion (Mahajan, Mohanty, Ramsingh, & Arunima, 1987)

Social age is understood as a system of segregating people into different levels of maturation based on the social factors. It refers to social habits and roles of an Individual in relation to the expectation of his group and society. Social age is always related to age status system that leads to expectation of how an individual should behave in relation to others. According to socio-cultural viewpoint, a person is termed 'aged' when he distances himself from his roles and statuses which he was performing as an adult or when he is unable to carry out some important social functions Thus, social age is based on social positions and roles.
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Sociological ageing refers to changes in social role which occur due to all conditions like the loss of spouse, retirement, and decline in income, authority, status and social contacts. Social ageing evaluates an individual’s participation in the management of the affairs of family, community and religion. Some people use their chronological age as a criterion for their own ageing while others take into account biological changes and the declining of their abilities.

Ageing is thus a normal developmental process in which biological psychological and socio-cultural phenomena interact. This interrelationship of biological, psychological and sociological aspects determines to a great extent the level of individual functioning, adjustment and quality of life at a given point. Hence there is a need to integrate the different perspectives for a comprehensive understanding of the problem of ageing in general and adjustment of the elderly.

1.5 ISSUES ASSOCIATED WITH AGEING

The problems associated with aging can be viewed as a product of modern age. In the context of dynamic change taking place in the Indian society, the problems of the aged have assumed great importance. Our culture demands the respect for the aged. Infact, the order of prevalence in India has been matha, pitha, guru, daivam in that order. Since time immemorial, most of the traditional families in India cling to the belief that since it is the duty of the parents to look after their children, it is equally incumbent upon children to look after their dependent parents. Thus a child repays his duty to their parents in order to attain salvation.

The life of the aged became miserable as they are neglected. The aged living in retirement suffers from chronic diseases and ill-health of the age. They are also suffering from unhappiness caused by their feelings of uselessness, loneliness and despair. The changing social systems are the main force that triggered the multiple problems of the older persons. (Vijayakumar, 1995)

The older generations are remembering their good past and dreaming for better future. Today’s society is considering this as a silent crisis, but for tomorrow’s society it will be a huge social problem. Ageing is a problem almost every family.

5 Mother, Father, Teacher and God
Introduction

Involving strains of caring and stresses of intergenerational interactions. Plans to support the elderly are generally inadequate. Therefore, the present and expected increase in the number of senior citizens in the future, calls for greater attention to the financial, physical, sociological and psychological adjustment problems that is specific to the elderly. This makes it necessary to look into the various aspects of their problems – social, economic, psychological and other related aspects.

1.5.1 Health problems

The health problems increase with growing age and very often the problems intensify due to neglect, poor economic status, social deprivation and inappropriate dietary intake. There are a wide range of factors which have a negative influence on the health and nutrition of the elderly including lack of family support in terms of need, feeling of unwantedness, economic constraints, lack of value system among the members in the family, stressful conditions leading to tensions and loneliness leading to disinterestedness in living and eating, resulting in malnutrition.

The National Policy for older persons recognizes that with advancing age, old persons have to cope with health related problems, some of which may be chronic, of a multiple nature, requiring constant attention and carry the risk of disability.

The lack of nutrition and the loss of sensory capabilities account to a major cause for the health problems of the elderly. Also the elderly are being affected by a large number of illnesses which include Hypertension, Diabetes, Coronary heart Diseases, Movement Disabilities, Breakdown of Metabolic activities and so on.

1.5.2 Psychological Problems

Psychological wellbeing is the basic requisite for the healthy life of elderly. They should be in a sound status both physically and mentally. But the actual status is different.

The process of psychological ageing has a greater importance. The individual worth, attitudes and his behavior play significant roles in this ageing process. The old memories, major achievements in life and the respect granted on a person renewed his faith in his own competence even in the old age.
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A sense of loss of power, prestige and social status leads to insecurity. Loneliness, economic uncertainty, general unhappiness or distress, despair, meaninglessness and instability are symptoms which indicate anxiety conditions among the aged. All these are inevitable elements that aggravate the psychological depression (Shankar, 1999).

Majority of the elderly suffered from depression because of intense loneliness and loss of authoritative status. (Durairaj & Rangaswamy, 1999) were of the opinion that old people suffer from mental tension because of ill health of self or their life partners and feel their loneliness very strongly. They are disturbed by the feeling that they are helpless and not useful to their house and society. The sense of lack of uselessness emerged in the minds of the elderly due to the loss of social recognition.

Even though the institutions or old age home are called ‘home’ or ‘home away from home’ the elderly face problems of adjustment with the tight and rigid schedule, total or near total separation from the familial or social milieu, anxiety over entrusting oneself to an unknown and new environment, lack of mental stimulation, diminishing physical faculties and closer and more frequent encounters with deaths and ailments in the institution. All these may create for the elderly the problems of depression, apathy and a process of resignation to fate. (Mandal, 1998)

1.5.3 Family problems

Family members of older adults also react to the changes of aging. The dynamics and the balance of the family life are affected. This adds to the problems especially when the older adult child takes up the responsibility of the older parent. The role change creates the friction between the family members. The older adult may feel like a burden and the caregivers may well feel burdened.

Communication among family members may be compromised. Painful feelings and responses are difficult to express. The children didn’t find time to spend for their elder parents.
Introduction

Also the generational differences and value system attributed to the interfamilial issues. The elderly often are into various types of problems and the family at most cases failed to find the time to attend the problems effectively.

1.5.4 Economic Problems

Ageing itself indicates multiple problems and one of the major problems faced by most of the elderly persons are economic hardship. In the pre-industrial Indian society, most of the old people, used to remain financially independent till they lived. They retained ownership of landholdings and other occupational establishments and participated in productive activities according to their physical fitness. In the process of ageing, individuals grow old and their physical and mental strength gradually decreases. Consequently they may not be able to perform certain roles and work, which they were previously performing. Such an inability decreases their earning capacity and eventually they are forced to depend upon others. (Help Age India, 2002)

As one grows old, control over the finance of the family were taken away from them by their children. Individuals who are required to retire and deprived of their main source of living may have to face these problems. Individuals who are dependent on others may face these problems if these persons die or become inform, or the individuals may face these problems because of their increased need of medical assistance in old age. (Muttagi, 1997)

The problem areas regarding financial aspects are not independent, but very much inter-dependent. In other words, problems in one area contributed to the problems in other areas. In general economic insecurity is the main economic problem of the old. Many old people belonging to lower and middle class groups have economic problems. The workers who had been earning their livelihood by putting their physical strength day by day grow old, cannot work fast and as efficiently as before. Consequently they cannot earn money in their old age and hence face financial crisis. They do not have enough savings to take care of their needs. Also transfer of all property in the name of children may lead to economic problem for the old. In the absence of their own regular source of income, they have to depend on their children.
Introduction

Financial problems are also many for the people retired from active workforce. Immediately after retirement, one of the major losses incurred by the retired persons is finance. This is due to the sudden reduction in the regular monthly income. If planning for retirement were not done earlier the economic crisis arising out of the reduced income would result in various socio-psychological problems. It is said that good income ensures good mental and physical health. (Pati & Jena, 1989)

1.6 CARE FOR THE AGED

Population ageing is an inevitable phenomena experienced by all countries across the world. Population ageing is the change that occurs within the family setup. It is evident that the structure, function and values that are traditionally held by families are rapidly changing. With the social, economic and cultural changes occurring in the society, families are faced with a difficult challenge concerning the position and responsibilities of families towards their elderly relatives. Although, changes are good indicators of development, dilemma for support capacity of the family towards the elderly is inevitable. With many women entering the work force, available support for the elderly has significantly reduced. As consequence, the international year of the family has appealed to the world to maintain, strengthen and protect the family to ensure continuity of its vital role in preserving dignity, status and security of its ageing members. (Achir, 1998)

Indian is a country with tradition of respecting, loving and supporting the aged. The extended families of several generations under the same roof were the basic units of production and livelihood in the traditional agricultural society in ancient India. As a result of westernization and economic development, instead of living in joint families, living in nuclear families is becoming the way of the day and this type of transformation brought more difficulties in supporting and taking care of the aged. In India, certain recent developments such as industrialization, high cost of living, migration of children to other places, disintegration of joint families etc., have given rise to some stress and strains which have made the position of the aged more problematic. The status of the aged women has been further affected due to less importance being assigned to socio-religious ceremonies in which her knowledge and advice were valuable and less use of her knowledge and experience in child rearing.
due to greater reliance on modern medicine technology and information. The problem of old age has become a social problem in society like in any other country of the world. (Help Age India, 2002)

**1.7 SUPPORTS FOR THE AGED**

The increased elderly population explained the necessity to provide social supports. With the changing roles of the family as well as with the increased pace of industrialization and urbanization, the older persons are in a vulnerable position both in family and the community. The elderly need support regarding financial aspects, health care, food and shelter and welfare. The elderly may be burdened with problems of disability or helplessness he needs for psychological as well as emotional support from others. He felt himself relieved and secure if he receives some support. The support give the elderly a sense of security, belongingness, and a feeling that people are there to take care for him/her at any time in his life. The support networks are very much helpful and they enable the person to lead a meaningful life. According to Biegel et al. (1984, p. 19), "the elderly have greater need for social support than other population groups. Infact, one of the major issues for the elderly that creates a need for intervention is the continuum of loss to experience in body functioning, sensory functioning, mental functioning, family and peer group supports, income, self-image, self-esteem, control and power". (Biegel, David, Barbara, & Gordon, 1984)

Support for the aged inculcate a feeling of security, confidence and competence among the aged. It provides with satisfaction in life and reduces persecution on them. The care givers must have knowledge of health services, organizations for the aged which are providing services to help the elderly, transport services, income generation programmes, services provided by the Government and also able to collaborate fully with other professionals. Lockery (1991), discussed intergenerational family and social support patterns among older African Americans American Indians, Asians, Pacific Islanders and Hispanics. He was of the opinion that generalizations cannot be made about care giving patterns, since there are many differences across and within these groups. To better guide care giving policies and programmes for the rapidly expanding racial and ethnic minority elderly, policy
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makers and service providers must recognize inter group family diversity and its implications for needs and resources. (Lockery, 1991)

In the society, the support, anticipated and received will always depend on social class and morality of the people around. Anticipated support is defined as the belief that others will provide assistance in the future, when the need arises. In order to strengthen the psycho-social support among the elderly, particularly, oldest old, the family members must improve their social support networks. Moreover, the neighbors also support these oldest old groups. Interdependence permits self-determination, allowing the elders to remain in charge of their lives. However, examination of the needs and resources of the oldest old indicated that they are at high risk for anxious adult children assuming premature carrying roles. It is suggested that intervention strategies should aim to prevent care giving by encouraging families to strengthen social support networking general and helping networks, in particular, in order to promote interdependence. Further, community supports should be designed to enhance and supplement helping networks.

Traditionally, family, friends and religious organizations are all involved in provision of support to the elderly and it is to examine how the informal support network helps the elderly to maintain a viable and independent existence. Receiving a good social support by the elderly depends on the understanding between the elderly and other younger family members. The elderly must be in a position to understand well the care givers and they should cooperate with them. Basically, their attitudes towards-ageing processes must be positive and consider the ageing process is a normal and compulsory phenomenon in one’s life. Then they can adjust well and get good social support

1.7.1 Family Support

Family care of the elderly had been the major and, indeed, often the only, mechanism for the care of older persons who were economically, socially, psychologically and physically dependent. In old age every person needs love and better care, moral support from the family members. But now this obligatory supporting system in the family is not fulfilled by the young due to several factors. Modernization, advancement in technology and mobility has brought changes in life
styles and values of the people which have adversely affected the traditional respect and the attitude of empathy and care for the aged. Migration of the younger generations from rural areas to the urban has increased the vulnerability and neglect of the aged, who have no assets like land, livestock or house except depending on their labor. Increasing literacy in women and their employment outside the home made them spare little time to take care of the aged at home. As Bali (1995) states, "the welfare of the elderly will require strengthening of family support systems and development of programmes aimed in this direction, to encompass matters such as employment, income and maintenance, health, nutrition and medical care, residential arrangements, and utilization of time and skills of the elderly". Further, programmes and policies should be focused on fastening and strengthening relationships within families such as public education for the young and recreational activities to bring the family together that incorporate both young and old persons.

One of the features of the nuclear family is reduced commitment towards older parents and relatives. The increased life expectancy of men and women finds a long survival time ahead. With advancement in age, physical disabilities increase. These disabilities may increase more due to poverty and poor nutritional standards and lack of timely and proper medical care. Shanas (1979) study revealed that family is the immediate source of social support at the times of need like illness and other problems associated with the elderly. These supports are being extended by children, siblings and other relatives in the family. (Ethel Shanas, 1979)

Generally, the elderly like to stay with their kith and kin and give suggestions to the younger generations. They enjoy authority with economic independence. But now-a-days due to emergence of nuclear families the elderly are missing the opportunity of being independent and authoritative. According to Dak (1991), as elders, by tradition and nature, do not favor isolated life, old age homes do not offer solution to the problems of aged. There is a need to strengthen, through some mechanism, the traditional kinship and family bonds, to ensure continuity in the flow of income to survive and to keep the aged to engage in some constructive activities of their own choice. Hence, the family members must provide care and freedom to the elderly in the family. Carreth et al. (1997) in their study found that intrinsic rewards
Introduction

derived from giving care, positive effect and family functioning have contributed to higher levels of family satisfaction to elderly.

Relationships with family and friends were important to the life satisfaction of younger and older generations. For both groups, the quality of relationships was a stronger predictor of life satisfaction than was frequency of contact. O’Connor (1995), examined relationships and life satisfaction among older and younger adults. 82 independently living older adults (mean age 70 years) and 91 younger adults (mean age 41 years) completed measures of general life satisfaction relationships with family and friends and experiences of criticism and intrusion in relationships. For elderly subjects, the quality of their relationships with friends was more important to life satisfaction than, relationships with children. However, relationships with friends were not perceived as more positive than relationships with children. Experiences of criticism and intrusion were particularly important to the family relationships of both older and younger adults.

Neglect of the older people by the younger generation is increasingly becoming common and the underlying reasons may vary. Generation gap, family dynamics in the present and the past result in friction which ultimately leads to disrespect and humiliation. Les et al. (1994) indicated that the prosperity of adult children to provide instrumental support and emotional support was indirectly affected by the influence of the early parent-child relationship.

There is a need for motivating the people for meeting the needs of the elderly. This must be realized not only in giving care to the elderly but also in creating equitable alternatives to family care (Kosberg & Garcia, 1995). The stress produced by the care givers need to adapt some stress management techniques to overcome the stress caused by performing these tasks. The need for care may occur for most of us in the last years of our lives as elderly are more dependent on family for care and support. Ramamurti et al. (1992, p. 476), "Care giving is an emotional relationship that expresses caring and concern for the care receiver and it cannot be so if it were just mechanical and non-humanist". Therefore, such caring by children and families is best in grained in the cultural and familial norms as a valued practice. If our children watch us doing it to our elders and participate in the care giving function, there is the
definite” likelihood of our children too caring for us, in our latter years. It gets handed down from generation to generation as a noble humanist practice.

1.7.2 Community Support

Apart from the family members, the wellbeing of the aged is taken care of by society especially by friends and neighbors. Friends and neighbors are more sympathetic towards the aged and extend help in needy times. Mutual understandings between the same age group will be more appropriate than different age groups because most of the needs and attitudes will be common in the same age group. David (1985) conducted a study of 1,423 elderly people in New York and Florida. Performance of primary group tasks is advanced as a dependent variable to compare social supports between age-homogeneous and age-heterogeneous neighborhoods for the elderly. Age homogeneity is shown to facilitate tasks based on common or age-related interests, or proximity. However, it is not facilitating for a task based on long-term commitment, and it is disadvantageous for this task when elderly is very old, disabled or poor.

Voluntary organizations must play an important role in sensitizing the younger generation towards the needs of older persons, resulting in the strengthening of family relationships. Family based and community based programmes of age care are widely preferred. Mandal (1998) expressed that, the experiences gathered by non-government organizations working for the target group of the aged identified problems like economic constraints, neglect and abuse, voluntary desertion, problems of institutionalization, gaps in services of non-government organizations

1.7.3 Government Support

The elderly who have retired from the organized workforce are protected with retirement benefits, insurance for their old age as well as for their family members, provident funds and other superannuation benefits. The elderly do not form a homogeneous group. Their needs and requirements vary from person to person.

India is in the phase of a rapid demographic transition. Life expectancy is increasing while birth rates are on the decline. The share of population above the age
of 60 is growing at a rapid rate. Those who cross the age of 60 are expected to live till or beyond the age of 75. This has not been sufficiently dinned into the minds of our people. They tend to be myopic and are not saving sufficiently for old age, a period of 15 to 17 years beyond the age of retirement. There is a serious threat that persons who were not below the poverty line, might sink below the poverty line in their old age, on account of lack of savings. On the other hand, they have to incur heavy expenditure on health, neglect of which will only worsen their quality of life. Destitution and ill health could lead to rampant devastation of life of the aged people. Under such circumstances the Government of India initiating project OASIS (Old Age Social and Income Security) for focusing on this vital and emerging area of concern, and to comprehensively examine the existing institutional mechanism and make recommendations for concrete action that the Government should undertake (Dev, 1999). Project OASIS (Old Age Social and Income Security), the first comprehensive examination of policy questions connected with old age income security, took birth in this background. The basic mandate of the project is to make concrete recommendations for actions which the Government of India can take-up today, so that every young person would genuinely build up a stock of wealth through his or her working life, which would serve as a shield against poverty in old age (Gandhi, 1999)

National Policy for Older Persons (1999) assures the older persons that their concerns are the national concerns and it aims to strengthen a legitimate place to older persons in the society. The policy visualizes that the state will extend support in the areas of financial security, health care, shelter, welfare, protection against abuse and exploitation, opportunities for development of older person's potential. The policy also aims to see that the special attention is given to older persons in the rural areas and to the older women. It also emphasizes active and productive involvement of older persons after 60 years of age. The policy recognizes that older persons too, are resource and believe in the empowerment of older persons (Tyagi, 2000). National Policy emphasizes the importance of motivating the earners i.e., employees of government and quasi government bodies, industrial workers etc., to save in their active working years for financial security in old age. The policy stated the pre-retirement counseling programmes will be promoted and assisted for employees to better adjustment in later life.
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The traditional social security systems such as the self-sufficient village economy, the institution of joint family, the caste system and charity are gradually disappearing. So, the increasing elderly population is facing a number of economic, social and health problems. Malhotra and Chadha (1996) explored the problems of retired people by administering a personal information schedule and a general question-answer schedule to 100 retired persons (in the age group of 58+ years). They were divided into 4 groups: pensioners, non-pensioners, married and widowers. The results indicated (a) pensioners faced major problems regarding health, leisure, accommodation and adjustment with finance, family and feelings of isolation and (b) Married people experienced problems regarding health, social and familial conditions, leisure and fear of death while widowers faced problems regarding finance, insecurity, adjustment and feelings of isolation. The authors discussed the need for serious action planning for the elderly at the government and non-government levels. The Indian Government constituted several committees to study and suggest welfare programmes for the elderly. (Malhotra & Chadha, 1996)

For the first time during the 3rd Five-Year-Plan (1960) the Welfare Board had taken into consideration old age pension and earmarked a specific budget for the "Relief and Assistance Fund" which offers grants to older persons. Consequently, in the 7th Five-Year-Plan (1985-86 to 1989-90) and 8th Five-Year-Plan (1992-1997) the Government of India, through the Ministry of Welfare initiated several social welfare programmes and encouraged the participation of nongovernment organizations to help the elderly.

As the aged have become a rapidly increasing sociological problem, the Government of India and non-governmental organizations have taken certain measures to redress the problems of the aged helpless and neglected through various welfare programmes. (Sheilu, 1999) stated that "Advocacy and lobbying for better facilities for senior citizens through the central government’s proactive intervention is the crying need of the day. Non-Government Organization’s efforts will necessarily be limited in "scope and territorial coverage". But, a beginning has to be made and the process is in full swing. It is not always possible to the Government and non-government organizations to look after the needs of the elderly since the elderly population is increasing day by day. Hence, the elderly themselves work hard to fulfill
the needs by forming into association. According to Swaminadhan (1996) there is a need for a senior citizen's movement in an established manner to integrate the aged into the development process. To begin with, the aged can form into associations under a voluntary organization of the aged. These associations can be formed at the local levels and their head offices at the city, district, and national levels. Already there are 665 associations of the aged like Bharat Pensioner's Samaj (1960), CARITAS India (1962), Indian Association of Retired Persons (1973), Help Age India (1978), Age-Care India (1980), etc., functioning at national level for the welfare of the aged who receive assistance for their development work from international and national donors. (Swaminadhan, 1996)

Elderly in India are getting social support in institutional and non-institutional services by national and international organizations. Arora and Chadha (1995) compared the life satisfaction and social support network of institutionalized and non-institutionalized elders. The life satisfaction scale (Chadha, 1992), was administered to 45 institutionalized and 60 non-institutionalized elderly. Subjects were interviewed personally to assess their social support network. Results revealed lower life satisfaction and smaller social support network in the institutionalized when compared to non-institutionalized elders. In the light of the find intervention programmes have been suggested.

Government enhanced the communication system in India particularly, television with which elderly are able to pass their leisure time well and are able to cope with the problem of loneliness. The elderly need communication and conversation for entertainment and social interaction which will be available through the mass media. Now-a-days, over and above family, friends and neighbors, television as a potential communication pattern can engage the time of the elderly (Neelima, 2000). With this Government support, the elderly can pass their leisure time in a meaningful way and can overcome their loneliness too. During the young age, all the elderly contributed in one way or the other to the society. In respect to that it is the responsibility of each citizen to look after the welfare of the elderly along with the Government. In this connection, the Government representatives and officials, medical and paramedical staff and social scientists must extend their services to the welfare of the aged.
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Research plays a very important role in planning policy and programmes. In the area of the elderly, research is sporadic and there is a need for systematizing it in an established organization. According to Kapur, (1999-2000) "there is a need for co-operation among government ministries, between health specialists and social scientists to give clarity to conceptual frame work of elderly”. This multi-disciplinary and multi-specialization co-operation can be enhanced by setting up a National Institute for Research on Ageing. This organization can be instrumental in monitoring the inter-relationship between cultural and socio-economic shifts and the status of the elderly. It can facilitate research and develop measures to determine the ranges of needs of the elderly. Thus, the Government along with others bears the responsibility for the welfare of the aged. There are already many policies and programmes rendered by the Government for the elderly but still there is a lot to do in order to meet the increasing needs of the elderly population. (Kapur, 1999-2000)

Government has come to the rescue of the elderly and has brought about “An Act to provide for more effective provisions for the maintenance and welfare of parents and senior citizens guaranteed and recognized under the Constitution and for matters connected therewith or incidental thereto.” The act is named as Maintenance & Welfare of Parents & Senior Citizens Act, 2007. In this act maintenance includes provision for food, clothing, residence, medical attendance and treatment. Maximum amount which may be ordered for maintenance of a senior citizen by the Tribunal shall be such as prescribed by the State Government which shall not exceed Rs. 10,000/- per month.

1.8 GERONTOLOGICAL SOCIAL WORK

Gerontological Social Work a multi-disciplinary field that specializes in studying or working with older adults, responsible for educating, researching, and advancing the broader causes of older people.

The role of social work in aging is fully understood by organizations and individuals working for older individuals. There is a notion that anyone can provide the support for the elderly. But, a strong knowledge base is a necessity in providing proper support for the elderly. Social work looks at the person-in-environment and assesses bio-psycho-social issues. This means that the client and family are generally
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seen as the unit of care. A problem for the elderly is look upon on Biological, psychological and social dimensions and the solutions thus put forth covered these areas.

According to the Consortium of New York Geriatric Education Centers, “Gerontological social work interventions are directed at enhancing dignity, self-determination, personal fulfillment, quality of life, optimal functioning, and ensuring the least restrictive living environment possible.” The social workers normally put their marks in the fields of Clinical intervention, service interventions and Advocacy. The geriatric social workers also offer counseling services, which often deal with end-of-life issues, bereavement, and other concerns common to senior citizens. They can help guide families through the transition from the home environment to long term care, assist with filing necessary paperwork, and help with access to end-of-life care planning. They act as a liaison between the patient, family members, and health care staff and can make sure you stay informed about your loved one’s condition.

Conclusion

The number of the elderly being increasing in the present time and also as the magnitude and the frequency of the increase is at a rapid level, their demands a prime need from the part of professionals in the geriatric field to act on the varied difficulties of the elderly population. Traditionally the aged was the responsibility of the family. But with changes of the social situations and also with the effects of the modernization and westernization, family loses its importance as primary source of care giving to the elderly. This is now a joint responsibility by the family, community and the government to take care of the needs of the elderly and to support them in their life.

The psychological wellbeing of the elderly is important as it not only included the mental wellness but also the physical healthy state of an individual. Hence the present study is on the psychological wellbeing of the elderly under institutional care in the old age home of Kerala. A package is developed for the ensuring of the psychological wellbeing. Social work intervention package developed by the researcher will contribute to the well being and positive living of the elderly in the residential care homes in Kerala. The present intervention package will be helpful for
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the students, practitioners, institutions and the government working in the field of geriatric social work and also in policy formulation and planning programmes and activities for the welfare and development of the elderly. The present social work intervention package can be replicated with suitable changes for the assessment and for ensuring the positive and happy life of the elderly.