CHAPTER - 2

REVIEW OF LITERATURE

Review is an analysis and synthesis of research sources to generate a picture of what is known about a particular situation and the knowledge gaps that exist in situation. Review of literature provides the researcher an in-depth knowledge and insight into the study problem. To gain the insight and collects maximum information about area of study, an extensive literature review related to research and non-research literature with the help of books, journals, internet sources, unpublished articles and dissertations are essential. This in turn results in qualitative research outputs.

Coming to specific study, the efforts put in is to understand the psychological, social and cultural issues of the elders living at institutional as well as non-institutional settings. An extensive literature survey helped the researcher to identify psycho-social problems and socio-cultural issues of institutionalised as well as non-institutionalised elders. This chapter presents a detailed literature review on problems of elders at present phenomenon.

Many studies have conducted relating to different areas of problems of the elders based on individual characteristics, demographic issues and changes in the age structure. Research on the ageing has been started in the late forties in the developed countries but in developing countries it started recently focussing on each and every aspect of ageing and problems of elders.

Review of literature has been organised under following headings:

- Ageing of population
- Psycho-social problems
- Socio-cultural issues
A. Ageing of Population:

Shryock H. S., (1973) stated age structure is more affected due to changes in fertility rate and these changes results in fall in fertility, mortality and migration ratio of population leads to increase numbers of old people in all regions of the world.

UN Report (1954) stated that fertility and mortality rate, determine the age structure of a population to a greater extent. Three factors stated by UN are fertility, mortality and migration contributing for increasing in population of elders at a rapid rate. UN Report (1956) defines that national population as ‘aged’, ‘mature’ and ‘young’ based on the proposition of persons in age group 65 and above. Nation with less than 4 percent of total population are classified as ‘young’. ‘Mature’ refers to aged population constituting between 4 to 7 percent and ‘aged’ over 7 percent and above.

Freedman, R. (1964) stated that a national population is young or old is mainly determined by number of children that women bear. A population is young when women bear more children and old when they bear few children. He pointed that decrease in death rate will impact on increase in number of old persons.

Mari Bhat, P. N. (1992) in an interesting article entitled "Changing demography of elderly in India" concluded that decline in mortality and fertility levels, India's old-age population is growing rapidly. Further, population of 80 years and over is expected to increase by over four per cent per annum in the next three decades, with a doubling time of only 16 years. It is also well said by Bhat that although there would only be a modest increase in the proportion of population in older ages in India as a whole, states such as Kerala, Goa, Tamil Nadu and Punjab, where fertility has declined substantially, would witness rapid population of ageing in the next few decades.

The United Nation has projected that by the year 2025, age group between 0-14 will decrease to 25 percent of the world population and 60 years and above population will increase to 14 percent. Hence, elder population across the world will move up from 376 million in 1980 and expected to increase 1,121 million in 2025, of whom 70 percent will be found living in developing countries of the world. (Ramana. K.V., Patel C., 1999).
Kalemli-Ozcan, S. (2002) observed that many countries of the world moved from a regime of high mortality and high fertility to a regime of low mortality and low fertility. This demographic transition is created due to industrialisation, modernisation and impact of education and employment opportunities among working age group.

Rajan, S., Sharma & Mishra (2003) said that increasing elder’s population is due to changing fertility and mortality over last 40 to 50 years. In 20th century, high fertility and low mortality resulted in increasing lifespan of elders and furthermore, the recent sharp decline in fertility resulted in increase proportion of future elders.

Usha, R., (2010) states that, ageing is a consequence of fertility decline, has been slow in India but is going to accelerate in the near future. All the states having low fertility have higher proportions of the elders in their total populations. Ravishankar, A.K, (2010) in his article on population ageing process in India concludes that the ageing of India's population will pose problems in the future unless they are addressed now with sound policy initiatives.

The population of elders is increasing at a faster phase in the all countries of world. The general improvement in the health care facilities over years and increase in life expectancy results in the more and more people are living longer across the globe. (Goel, S.L., 2010).

James, K.S., (2011) expressed the opinion that beyond the 2030s, India's demographic structure is likely to alter from a young to an ageing population. The 60 years and above population is expected to triple in next four decades from 92 million to 316 million, constituting - 20% of the population by the middle of the century.

Haupt, A. (2011) said that the three important indicators to measure the population ageing or demography of the population is the as follows:

- Life expectancy at Birth (LEB), is a summary measure and is traditionally derived from 'one of the most powerful tools in demography'
- IMR (Infant Mortality Rate) is considered as 'a good indicator of the health status of a population.'
- Fertility rate is 'the most useful indicators of fertility because it gives the best picture of how many children women are currently having.'
Report of WPA 2013, states that ageing of population is taking place in all countries of the world. Decline in fertility and mortality rate results in population ageing. This process leads to reduction in proportion of population of children and increase in share of working ages and elder population. The global share of elder person (60+ and above) increased from 9.2 percent in 1990 to 11.7 percent in 2013 and will continue to grow as a proportion of the world population reaching 21.1 percent by 2050. Further, it is projected that elder’s population exceed children population by 2047. Globally, population of elders is excepted to more than double form 841 million in 2013 to more than 2 billion in 2050. Presently, about two-third of the world’s elder population live in developing countries.

Studies also show that fertility has been falling in most regions of the world over last several decades. Decline in fertility is the main driving factor leads to population ageing. The world’s Total fertility rate (TFR) has dropped from 5.0 children per women in 1950-1955 to 2.5 children per women in 2010-2015. It is also projected that global TFR will fall from 2.2 in 2045-2050 years. Hence, faster the speed of fertility decline, more rapidly ageing of population will take place predominantly. Life expectancy is another important factor contribute for ageing of population. Due to better medical facilities leads to increase in life expectancy rate in all region of the world. In 1950, life expectancy years was 65 and by 2010-2015 it is estimated to 78 years for more developed countries and 68 for less developed countries. It is estimated that 83 and 75 years by 2045-2050 for more and less developed countries. Hence, longer life span will contribute to future ageing population in all over the world.

Report of GOK 2013 states that an increase in average life expectancy over the years due to advancement in medical technology, penetration of better health care facilities, better education and living conditions, increase per capita income and better affordability for services. Consequently, the percentage of 60 years and above population has increased from 5.3% of total population during 1971 to 6.9% in 2001. Further, as per 2010 census projection of old age population was 7.5% and 10% in 2016. The average life expectancy rose from around 30 years in 1947 to 65.48 years in 2011. Hence, India has thus acquired the label of ‘an ageing nation’ as per the classification of United Nations.
Report of Help Age India, 2014 considered that ageing is a universal process and it is affecting everyone across the world. The by-product of demographic transition i.e., changes in fertility and mortality rated to lower fertility and mortality rates. This phenomenon is more evident in developed countries but in recent years it has been on a rapid rise developing countries as well. The major feature of demographic transition of the world has been the considerable increase in the old age population. This is true in the case of developing countries like India. About 60% of the elderly live in developing world and increase by 70% by 2010.

Elders becoming a significant part of our nation’s total population. In 2013, the elders (60 years and above) comprised of 841 million i.e., they were 12% of the then total world population. It will increase more rapidly in the next four decades. During 2013, in the case of developing countries, the proportion of older persons ranges from 9% to 22% of their respective total population (Global Ageing Watch Index Website, 2013). In India, population of 60 years and above comprised of about 121 million i.e., 9% of the nation’s total population (Census of India 2011).

Agarwal, A., Lubet, A., (2016) states that India is one of the world’s two population superpowers undergoing unprecedented demographic transitions. Three dominant demographic factors contribute for the growing share of elder population are declining in fertility, mortality and increase in life expectancy. Due to improve access to contraceptives, increase in age at marriage particularly among women results in decline in fertility rate from 5.9 in 1950 to 2.3 in 2013 and projected to fall 1.88 by 2050. Advancement in medical technology, public health, nutrition and sanitation leads to decline in mortality and rise in life span. As a result, life expectancy has increase from 36.2 years in 1950 to 67.5 in 2015 and excepted to rise to 75.9 by 2050.

Report on WPP (2017) states that decline in fertility and increase in life expectancy results in rise of proportion of 60 years and above population. This phenomenon is considered as ageing of population, is occurring throughout the world. In 2017, 962 million people aged 60 years and above in the world, comprising 13 percent of global population. It is estimated that the population of elders is growing at a rate of 3 percent per year. Further, the number of elder persons in the world is projected to be 1.4 billion in 2030, 2.1 billion in 2050 and 3.1 billion by 2100. The
increase population of 60 years and above have profound effects on fiscal and political pressure, support ratio, health care, pension and social protection at large.

Annual Report of MSJ&E (2016-17) states that continuous increase in life expectancy means more people are living longer due to improvement in health care facilities over the years is considered as one of the main reasons for increase in proportion of population of elders to a greater extent. Further, it also states that major challenge for government to provide secure, dignified and productive life for elder population in changing family system.

Here, mentioned the factors affecting ageing of population in all regions of the world.

**Factors affecting ageing of population:**

Various factors contribute for the ageing of the population, among main prime factors impact on affecting the ageing factors are as follows:

- **Role of Fertility**

  Bhattacharya., S (2008) states that, as the population of any country is ‘young’ or ‘old’ is determined mainly by the fertility of the women in that country. Fertility refers to birth rate in country. When the fertility rates are high, population is ‘young’ but when there is low birth rate, children born to women are less and population is ‘old’. Hence, high levels of birth rate results in young population. Whereas, low level of birth rate results in ageing of population. Since the inception of family planning programme, birth rate of Indian population is steadily decreasing resulting in ageing of population both at developed as well as developing countries of the world.

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*Source: Census of India, 2011*
• **Role of Mortality**

Mortality affects the age distribution too much, lesser extent than fertility. Mortality refers to death of a person in a particular year. In olden days, children and elders die due to lack of medical facilities. But, in modern period improvement in health and medical services and technology has resulted in higher residence of survivorship among the children and elderly group. Hence, mortality rate of any country is low, the expectation of life at birth is almost seventy years. (Bhattacharya, S. 2008). Improvement in mortality conditions leads to increase of elderly population and in turn leads to ageing of population in further. Thus, mortality is considered as the second most important factor affecting the ageing of population to a greater extent in developing countries of world.

**Table 2.2:** Death rate of India and Karnataka from 2004 – 2010:

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*Source: Census of India, 2011*

• **Role of Migration**

Migration is considered as the third most important factor of population change affecting age structure of population. Migration refers to movement of people from one place to another in search for employment, education, better standard of living, natural resources etc. Movement of people from one region to another region disturb in structure of age pyramid and make contribution for ageing of population.

**Implications of an Ageing Population:**

UN Report (2011) pointed out that multigenerational household traditionally provided with social context for the sharing of family resource and provision of mutual support as needs arise over the life course. Trends in living arrangements results in elder person to live alone or depend upon for institutional services for care and support in golden years of life. Studies show that elder person living alone are
more prone to lonely and depressed as they have small social network and infrequent contact with their loved once. This situation make them more vulnerable and results in social and psychological issues. Increase in social and psychological issue pose greater implication for family and society to take effective steps for their well-being.

FICCI (2014) states that changes in fertility and mortality rate results in ageing of population. A growing 60 years and above population has significant impact on nation both at micro and macro level especially in developing and less developing countries of the world. An increase in number of elder people put greater strain on health system in the country. Old age is a period of decline in normal functioning of the body and greater physiological changes occur during these years. From social point of view, older persons are regarded as large consumer of health care services. So, need of special care is major implication on nations in providing quality care. Further, report pointed out that changes in living arrangement brought various implication like increase in social and psychological issues, financial burden on working age group and public expenditure on benefits / social services.

**Chart 01: Need for Elderly care in India**

Hence, present modern society experiencing the consequences of ageing transition at different levels. It is also realised that comprehensive attempt is made by
researcher to look at both the ageing of population, demographic transition and issues taking place over time.

**B. Psycho-Social problems of Elders:**

Psychological and sociological well-being is an important aspect of health of the elders to a greater extent. Like other human beings, elderly also suffers from various psychological problems like memory impairments, depression, sleeplessness, fear, anxiety, social adjustment, insecurity etc., these problems may due to physical, social, emotional, cultural and environmental factors. (Patel, S and Gandotra, V, 2011)

Ageing is a multi-faceted process that is determined not only by the passage of time, but also by certain physiological, psychological, social, economic and cultural factors. It is also considered as an inevitable developmental phenomenon bring about of changes in the physical, psychological, social, hormonal and emotional conditions. According to WHO, Health is a complete state of physical, psychological and social aspects. Hence, psychological wellbeing is essential for healthy ageing.

**Psychological Aspects of Ageing:**

Mental health is an index shows the extent that a person has been able to meet his environmental demands – social, emotional or physical. A mentally healthy person shows a homogenous organisation of desirable attributes, healthy values, a balanced self – concept and a scientific perception of world as a whole (Kumar, V., 1993).

According to WHO, mental health is a condition which permits optimal development – physical, intellectual and emotional development. Psychological well-being is an important aspect of health. Like other age group, elders are suffering from various types of psychological problems in the present conditions such as memory impairments, depression, sleeplessness, fear, anxiety, social adjustment, insecurity etc., these may due to interdependence of the physical, social, emotional and economic aspects. Among several psychological illness among the elders: depression, anxiety and stress are the major mental health problems faced by them living in institutional as well as non-institutional settings.
Causes and factors that contribute to psychological problems in the elderly include:

- Loneliness and isolation: living alone, a dwindling social circle due to deaths or relocation and decreased mobility due to illness or loss of privileges.
- Reduced sense of purpose: feeling of purposelessness or loss of identity due to retirement or physical limitations on activities.
- Health problems: illness and disability, chronic or severe pain, cognitive decline and damage to body image due to surgery or disease.
- Medications: many prescription medications can trigger or exacerbate depression.
- Fear: fear of death or dying and anxiety over financial problems or health issues.
- Bereavement: the death of friends, family members and pets, the loss of spouse or partner. (Patel and Gandotra, 2011)

**Depression**

Rao, Venkoba. A. (1986) says loss is painful – whether a loss of independence, mobility, health, long time career and loss of loved ones. Grieving over these losses is normal but, losing all hope and joy is not normal, feeling of sadness last for a weeks or months is depression. In India, the prevalence rates for depression in a community sample of elders have varied from 6% in south India.

Singh R and Upadhyay A (2014) said that sadness, fatigue, losing interest in hobbies or other pleasurable pastimes, social withdrawal and isolation, loss of appetite, sleep disturbances, loss of self-worth, fear of death, suicidal thoughts, use of alcohol or other drugs are considered as the signs and symptoms of depression. The major causes for the depression among the elders are loneliness and isolation, feeling of empty nest in modern nuclear family, migration of the children, retirement from job, loss of identity, various types of physical illness, fear of death and dying, anxiety over financial problems and bereavement due to death of dear ones, loss of friends of same age group, loss of spouse or partner are considered as a major factor affecting the elders in the modern society.
Further author said that the range of mental health problems experienced in later life is very wide. It includes depression, anxiety, delirium (acute confusion), dementia, schizophrenia and other severe mental health problems and alcohol addicts. Depression is the most common mental health problem affecting the elders in most researched problem.

A psychological problem of the elderly is not only influenced just by ageing changes in the body and mind, but also by socio-economic and psychological factors (Prakash, 2002). The range of psychological illness experienced in later life is very wide. It includes depression, anxiety, delirium (acute confusion), dementia, schizophrenia and other severe mental health problems and alcohol and drug misuse. (Singh R and Upadhyay A 2014) Depression is considered as most common mental health problem affecting the elders to a greater extent. Choudhary, K (2014) says that 10 percent of people over 65 years have depression and an estimated 2 percent have suffering from severe depression in India. Elders living alone in residential or nursing care and those with physical stresses or disabilities are more at risk, with some 30 percent affected by depression. The main important causes for depression in India is due to the failing health, inadequate social support, lack of jobs, unable to adjust to the changing situation of urbanisation, westernisation, modernisation etc.,

**Anxiety**

The term anxiety has become a part of our everyday life. Ageing is a natural process and an inevitable one. Elderly is a crucial phase where the physiological, psychological and socio-cultural changes in elderly population contribute to develop anxiety. But, persistent or extreme anxiety can seriously decrease quality of life of the elders to a greater extent. Untreated anxiety can lead to cognitive impairment, disability, poor physical health, and a poor quality of life.

National Health Interview Survey shows that 39% of people over 65 years of age suffer from some limitation of activity due to chronic conditions and 11% are unable to carryout major activities because of their anxiety towards illness and also they suffer from some kind of anxiety disorders. The survey was conducted in Karnataka had shown that the incidence of anxiety related disease were alarmingly increasing among elderly due to separation from children’s, death of the spouse and
physical changes. The survey has shown that 49% of elderly will have some form of anxiety disorders which will lead to the development of depressive disorders in future.

**Stress**

Hari Arun. C. (2011) stated that, stress is a major health issue that is always seen as the cause for the many health problems. Stress is associated with certain particular life events such as financial crisis, overwork, physical health problems and family problems. Stress has been associated with age in various ways. Old age people are facing many stress like financial problems, health problems, health problems of loved ones, problems with children and grandchildren.

Raju Siva., Desai.M, (2000) says an elder person has to pass through a series of status such as retirement, widowhood and adjustment to family situation and death. In the period of old age, elders have to adjust to the reduced income, change of status, loss of friends and spouse and finally to the waning physical health. Psychological changes accompany with the passing of years, slowness of thinking, impairment of memory, decrease in enthusiasm, increase in caution and alternation of sleep patterns. Further, incidence of psychological illness among elders in much higher than younger generation. Reduced income, reduced health, neglected attitude of the family members towards the elders, degradation of status in the community, problems of isolation, loneliness and generation gap are considered as the trust areas for the psychological frustration among the elders.

Here, are some literature review related to psychological aspects of elderly population:

Phelps H A., Henderson .D (1952) stated that old age is considered as a natural process. But the problems such as physical illness, family disorganisation, migration of the children, unemployability, reduced income and dependency results the various psycho – social problems such as depression, anxiety, less social support, lack of care, loneliness, stress, low self – esteem etc., in the last period of the human life span. Goleman, Daniel (1995) noticed that common symptoms of depression among the elders are empty feeling, sadness, tiredness, lack of energy, loss of interest in pleasurable activities, sleep problems, weight gain and loss and crying, gloomy, feeling of guilt, worthlessness and irritability, thoughts of death and suicide attempts.
Loneliness in old age and fear of death are two main important factors for the psychological deterioration. A survey was conducted by Sharma in 1971 about the happiness and unhappiness in old age. He stated that happiness in old age depends to a greater extent on good health, sufficient income to lead a peaceful life, spouse and good social contact. Anxiety is reported to be at a higher level among the elderly which results from the feeling of loneliness, emptiness, economic uncertainty, unhappiness or distress are experienced during old age and considered as major causes of anxiety feeling (Soodan, Singh K., 1972).

Cutrona, C., Russell, D., Rose, J. (1986) examined that stress in the old age due to faster phase of development in modern period and lack of social support system impact on physical health and also on psychological health of elderly to a greater extent in the present day phenomenon. Mercedes (1986) stated that the problems of ageing in Asian countries are increasing as there population is increasing. He also argued that Asian counties begin planning early for changes due to modernisation, industrialisation, urbanisation etc.,

Cowgill and Holmes (1987) observed that the care-giving role of the family is affected mainly because of younger generation aspiration and intergenerational value changes. In such a situation, social and economic security for the elderly person is shifted from family to government.

Hale, W. D., Cochran, C. D (1987) stated that physical health is also considered to be the very important cause for psychological adjustment. Physical illness or loss of health is associated various psychological problems resulted in higher level of depression, anxiety, and result in various types of psychological distresses. Majority of the elders in India are suffering from the various types of diseases such as chronic bronchitis, anaemia, hypertension, digestive troubles, rheumatism, scabies and fever (Raju, S., 2000). Thus, physical well-being is considered as important cause for the psychological well-being in India. The physical fitness is important for leading a comfortable life during old age.

Liang., Law white (1987) suggested that physical health can be measured in three ways: (a) medically, through the presence of disease or impairments (b) functionally, through the ability to perform various activities of daily living and (c)
subjectively, through self-assessments of health or ability to function. Mental health can be measured in terms of (a) cognitive functioning, i.e., the presence of psychiatric symptoms; and (b) positive well – being, i.e., general happiness and satisfaction.

Factors that were found to influence the adjustment problems among elders were lack of rigidity, flexibility, lack of role availability and role involvement, unsatisfactory physical and mental health, non-availability of family members in modern phenomenon etc., (Ramamurti, P. V., & Jamuna, D. 1993). Banerjee, S.K. (1996) stated that developing country like India, the capacity of the government to invest in well – being of the elders is not sufficient substitute to the primacy of the family.

Banerjee S.K. (1996) studied the issues of ageing in selected Asian countries viz., China, India, Malaysia, Philippines, Sri Lanka, and Thailand. He stated that in these late initiation countries (World Bank Report, 1994), fertility transition stated in the 1950’s and 60’s. The cut-off point of 60 years has been taken considering the low life expectancy, poor health and early age of retirement in developing countries, as compared to 65 years in developed countries. While suggesting what could be done to address the problems of the ever increasing elder population, it was suggested that the role of government assumes importance. The government can divert the fruits of modernisation to strengthen the family management by restricting (i) the unwanted rural urban migration (ii) giving more attention to health services of the aged population (iii) ensuring social security and (iv) encouraging the adult working generation to take care of the elderly within the family.

Old age is mainly characterised by the diminished participation in productive and economically gainful work. Lack of reduced income after retirement, lack of family support and failing health results in psychological illness in old age. Studies conducted by Delhi School of Social Work, 1977 (D'Souza, Alfred, 1982; Nair Sukumaran K, 1972) have found that a majority of the elders were leading a poor or very poor economic life. Study reveals that majority of elderly population had received help from their children and a few of them did not receive any help from their children because they are not earning enough to help their parent or they themselves were dependent on their parents. Hence, economic hardship, lack of family care and support, diminishing size of the family, various health problems etc.,
are considered as some of the major causes for the psychological distress in the modern world.

Economic resources play an important role in the psycho-sociological well-being of elderly population to a greater extent. As age increases, economic interdependence also increased among the elders. Economic problems are more common problems among elders. This is considered as the main source of stress and insecurity feeling among them. (Bangari, Shanta Y. and Tarase, Ganapati M. 2013). Thus, economic sources are basic need of life and lack of economic sources increases poverty and dependency among the elderly population. Hence, from above literature review by various authors it is found that elders having poor psychological well-being in modern period.

**Social Aspects of the Ageing:**

Traditional Indian family system used to place a heavy emphasis on prestige associated with old age. Elders were considered as centres of authority and most respected members of the family. But as globe is moving towards modernisation, change is continuous factor which results in change in structure of family. Today, elderly person were not given the same care, attention and support by family members. This trend is fast emerging mainly partly due to the growth of ‘individualism’ in modern industrial life and materialistic thinking among younger generation. These changes lead to greater alienation and isolation among elders from their family members and society at large.

DSOUZA, V. S. (1971) opined that structure of society in past was such that process of ageing did not put any obstacle in the way of elders filling roles of enhanced status, but during the modern period structure of the society undergone a fundamental change in which elders are being dislodged from their roles and responsibilities and higher status. Due to changes in family structure, significant changes in education, economic mobility and contacts in urban areas and changes in value system like respect, honour, status and roles were enjoyed by the elders in earlier period were gradually decline in present modernised society.
In India, elder person was considered as the traditional responsibility of the children in agricultural societies. But, with impact of industrialisation, urbanisation, modernisation and multi-generational family has stated to diminish where children of elder persons often live separately with their wives and children. In the process, many elderly parents are forced to live by themselves mainly due to urban areas had more nuclear families mainly because of out–migration from rural areas and thus affecting care of them to a greater extent.

**Changes in the Family Environment:**

Family is considered as the basic and universal social unit which fulfils the human needs in society. It fulfil human needs as well as performs functions such as social, economic, religious and cultural. The forms and functions of family now undergone a change due to technological and economic superstructure of present society. (Bahadur, A., Dhawan, N. 2008). The ‘family’ is a unit of two or more persons united by ties of marriage, blood, adoption, or consensual union. It is considered as basic unit of society fulfilling all the needs and aspiration of the child, adult, women, men, working group, elders etc. it is a major source of nurturance, emotional bonding and socialization.

Family structure is conceptualized as the configuration of role, relationship, power and status in the family. In India, structure of family mainly of three types: Joint family system – traditional family where all the members are living at one roof, the second type is extended family where married sons and brothers live separately, but they continue to have joint property and share income. The third type is nuclear family system which consists of male, his wife and children. The structure of family is fast deteriorating from traditional joint family system to modern nuclear family system.

The environment of family is becoming nuclear with disappearance of emotional ethos has affected the socio-psychological environment of elders. The traditional family has disappeared; modern progress brings individual way of thinking results among the younger generation, employment of women on par with men, technological advancement etc., results to limit the size of the family also its function and responsibilities in modern period. The institution of family has become the
independent institutions and family environment has undergone tremendous changes by creating various types of physical, psychological, social, economic, cultural problems at present century.

**Changes in Social interactions and Relationship:**

During modern time, family environment and structure not only deteriorating but also diminishing interaction and widening relationship among the family members. Family is considered as a first and continues to be the immediate social setting for any individual. It increases social interaction and bond the relationship between members. It offer serves as a bio-psycho-social mode of the mental health, family becomes crucial in consideration of the social or environmental factors that play in maintaining mental health of the family members. But, rapid socio-cultural changes, especially industrialization and technology, have widened the gap between the family members and decreases social relationship and interaction level.

Kumar, A. (2011) said that to maintain good mental health, social interaction and holding good social relationship is considered as important for any man to survive, that too elders need more for psycho-social well-being. But, the present situation like nuclear family system, feeling of empty nest in modern nuclear family, migration of children, employment of women, busy work schedule in modern employment, traffic system, development of individualist attitude among younger generation, involvement of grand children in various activities etc, reduced the interaction of the family members with the elders has reduced in the recent day.

Friends of same age group, neighborhood, television, radio, and newspaper, religious and spiritual attitude offer serving a source of social interaction for elders in the recent years.

**Increase loneliness:**

Loneliness is considered as a feeling that emerges when social relationship are felt to be deficient and may arise from a perceived lack of companionship and experience a negative feeling (De Jong Gierveld, J., & Havens, B. 2004). Loneliness is considered as universal phenomenon embedded in human experience closely associated with changing life circumstances. Loneliness may be regarded as a ‘geriatric giants’, it looms large in old age.
Man is a social animal (Rao, C.N., 2012) but, lowered self-esteem among older persons has a complex etiology that includes isolation, neglect, reduced responsibilities and decrease in value or worth by one-self, family and or the society. Hence, elders are suffering from various social problems in the modern period. Emotional ups and downs among elderly is common problem because of lack of support of family members and community sometimes elders feels swearing, blaming, frightening, ignoring, humiliation and feeling of isolation. The problem of loneliness results in reduced social interaction with others and lack of family support. (Bangari, Shanta Y. and Tarase, Ganapati M. 2013)

According to Weiss. R S. (1973) loneliness can be divided into experience of emotional isolation or of social isolation. Emotional isolation represents the absence of closed and dear ones such as death of a spouse or loved ones. Social isolation is results of very lonely from the society including family, friends, social environment etc., physical illness, lack of social interaction and diminishing social relationship among the family members, increase level of independence attitude among the young age group, lack of recreational facility, and loss of loved ones influence a lot to loneliness of elders. Gender, social and cultural factors also influence the experience of loneliness among the elders. (Singh, K., Srivastava, S. K. 2014)

Social circumstances can have a significant impact on physical and mental health of elders. Some of the important social and psychological problems for elders may stem from:

- Loneliness due to losing a spouse and long term friends
- Taking care of an ill spouse
- Difficulty with independently managing regular activities of living
- Adjusting and accepting physical changes of ageing
- Coping with ongoing medical problems
- Increasing number of daily medications
- Feeling isolated and less important as adult children are engaged in their own lives
- Sense of inadequacy from inability to work
• Lack of routine daily activities
• Financial constraints from having less income

Isolation or a deep sense of loneliness is a common complaint of many elderly. It is the feeling of being isolated. While there are a few who impose it on themselves, isolation is most often imposed purposefully or inadvertently by the families and/or communities where the elderly live. Isolation is a terrible feeling that, if not addressed, leads to tragic deterioration of the quality of life. Thus, isolation is considered as major social problems facing the majority of elderly mainly due to long working hours, employment of women on par with the men, feeling of empty nest in modern families, migration, lack of time by family members to spend time with their elders and urban traffic also play an important role where working age group unable to reach the destination on time. Many such factors contribute to social problems which results in various psychological problems among the elders to a greater extent.

The elderly, especially those who are weak and or dependent, require physical, mental and emotional care and support. When this is not provided, they suffer from neglect, a problem that occurs when a person is left uncared for and that is often linked with isolation. Changing lifestyles and values, demanding jobs, distractions such as television, a shift to nuclear family structures and redefined priorities have led to increased neglect of the elderly by families and communities. This is worsened as the elderly are less likely to demand attention than those of other age groups.

Boredom is a result of being poorly motivated to be useful or productive and occurs when a person is unwilling or unable to do something meaningful with his/her time. The problem occurs due to forced inactivity, withdrawal from responsibilities and lack of personal goals. A person who is not usefully occupied tends to physically and mentally decline and this in turn has a negative emotional impact. Lack of motivation, resources, lack of opportunity to exhibit the skills, lack of proper platform to exhibit the talents etc., these are the various factors responsible for the isolation and loneliness among elderly population.
C. Socio – Cultural issues:

Ageing is not only physiological or chronological but also a social and cultural phenomenon. Culture is a cumulative creation of the man. Culture includes all our walks of life, our modes of behaviour, our philosophies and ethics, our morals and manners, our customs and traditions, our religious, political, economic, and other types of activities. Man is a cultural being. (Rao, C.N. 2012). Limited studies are done relating to the cultural issues of the elderly.

The honour attached to the elders, the importance of their advice, and respect for their judgement over the family dispute was the things of the past traditional society of India. But, these things are redundant in the modern context. The disappearance of these privileges as a result of the emergence of new values norms caused a lot of despair and anguish to the elderly. (Raju, S. 2000).

Changes in the Traditional Support Base

The traditional Indian norms and values of our society laid stress on showing respect and providing care and support for the elders. Normally, elders were taken care of the family members and major decision was taken by him as such younger generation usually obeying without fail. The family, commonly the joint family type and social networks provided an appropriate environment in which the elderly spent their lives engaging themselves in religious activities, rearing grandchildren and following other activities. Thus, family as major social institution fulfilling all the needs and requirement of the elderly in the traditional period such as social, physiological, psychological, economic, religious, emotional, cultural needs to a greater extent.

Family place an important role in taking care of physical, social and psychological well-being of the elders. Traditional joint family system, elders play a vital role in dispensing the acquired wisdom and prudence, distributing their wealth belongings and keeping the members of the family in union. By this way the relationship and bondage had been one of symbiosis and reciprocity. But, in the modern industrial society, system of mutual support is not found between family members in separated family system.
In modern contemporary society, the individual emerges as the focal unit (D’Souza, Alfred, 1982). In such society, elders have to depend on their own resources rather than on group resources to fulfil their needs. With the advent of industrialisation, urbanisation, westernisation, secularisation, occupational differentiation, educational development and growth of individualisation have eroded the traditional values that vested authority with elderly. These have led to the decline of respect for elders among members of younger generation. (Nayar, P K B. 1985).

Further, assessing the impact of forthcoming social change on the status of elderly, D’Souza, Alfred (1982) said that transition from agrarian to urbanised and industrialised society; joint family type to unitary family type; and increasing emphasis on the individual as a unit would certainly deteriorate the position of the elderly.

According to an ESCAP Report, 1991 said that family care and support for the elders is slowly disappearing in the near future, family care and support for elderly seems likely to decrease as the countries of Asia develop economically and modernised. According to this report, there are four ways in which industrialisation and urbanisation tend changes in the family care of the elderly population more problematic as follows:

a. As economic production shifts from institutions like family to the factories, the elders often lose control over the younger generation. But, this control was traditionally maintained by main productive resources like land. Thus, the ability of younger generation to earn a living for themselves no longer depends on the land mainly due to low production, less income, sub-division and fragmentation of land holdings etc., so, working age group stared to move from traditional occupation agricultural to modern occupation such as industrialisation usually which leads high income.

b. Industrialisation further increases the job opportunities to women on par with the men, where women are primary responsible for the caring of elders in the family.

c. Declining fertility that is gradual slowing down of the number of children to a couple were stared slowing down mainly due to the impact of education, awareness, employment of women etc., results in fewer adult children to share in the care of older family members.
d. Migration is considered as another important factor for separation of families, rural to urban migration or urban to urban or from urban to international borders in search of employment and education leads to break up of the generations separately physically.

Mishra, S (1987) said that changing social structure, preponderance of individualisation and materialistic values, negative values of the younger generation towards the elderly and compulsory retirement of the elderly from the economic activities will contribute a great deal in the emergence of old age as a social problem to a great extent.

Gore, M.S. (1996) opined that in developed countries population ageing has resulted in a substantial shift in emphasis between social programmes causing a significant change in the share of social programmes going to older age group. But in developing countries, these transfers will take place informally and will be accompanied by high social and psychological costs by way of intra-familial misunderstandings and strife. For a developing country like India, the rapid growth in the number of older population presents a treat to social and economic development to a greater extent.

Mainly due to demographic changes in society and changing family atmosphere, no longer assumed that elderly person live comfortably at family to care and support from members. Hence ageing of population in India, elderly people are facing a number of problems such as absence and insufficient income to support themselves, ill-health, and absence of social security, loss of social roles and recognition and non-availability of opportunities for creative use of free time.

❖ Cultural Aspects of Ageing:

In India, Hindu Joint Family system provide social security for elders and considered as heads of the family and played a dominant role in decision-making. They controlled the budget of family and were not only consulted with the family matters but also in village affairs in community by virtue of their being the light-house of knowledge, wisdom, sagacity and experience. Here, are some review of literature relating to cultural issues of elderly population in modern period:
Chowdhery (1982) said that most common reason given by elderly person was their children not properly taken care once they become inactive, other concerns were the reduction or withdrawal of children’s monetary support and loss of respect and power in family decision making.

Bhatia, H. S. (1983) said that, India is country is fast developing into an industrialized, modernized, with increase in urbanisation, migration, improving in standard of living and also medical facilities. The gradual disintegration of traditional joint family system and weakling of families bonds and ties leads to social and economic responsibility of elders has been shifted from family to state.

Ramamurti, P. V., & Jamuna, D. (1984) noticed that elder persons adjust to the changing environment if they lived in joint family system shows better adjustment capacity than in nuclear family system. Yojana (1988) stated that in traditional period, the elder persons are given respect in Indian society. But in modern period, weakening of psychological bonds between young persons and old person is mainly due to various advancements in society. Therefore, it is suggested that elders should be rehabilitated before situation worsens.

The field focuses on the nature of relationship that is taking shape between the social institutions of family and political institutions of the state vis-a-vis the issue of caring for the elderly population. Historically, the family is the main source of the care for them. But, in the industrial and post-industrial developed capitalist societies the values, character and composition of family have changed so much that elders somewhat tend to get neglected. Yet, it is firmly established that there is no adequate and comprehensive substitute to family as far as elderly care is concerned. In India, institutional support for the elderly is of western concept. Indian culture not agree that old persons living in old age homes. (Dandekar K, 1996) societal attitudes towards elders are changing and elders are given lack of respect in modern world.

During recent days the situation underwent a big change. The institution of joint family has started disintegrating rapidly due to changes in social values, social structure and economy mainly resulting from industrialisation, urbanisation and consequent mobility. The generation gap is widening to a greater extent. The attitude of young population is becoming more individualistic and unquestioned regard for
authority, care and respect to the elders is vanishing. In the present situation, elders are facing difficulties to adjust with their own sons and daughters due to generation gap and their varying perceptions. The attitude of the youngsters are not matching with the attitude, interests, opinion, thoughts, feelings, social norms, values, responsibilities and spiritual aspects of elders.

Rajan S., Liebig (2005) says that traditional value system is undergoing change along with changes taking place with family structure. Now-a-days, elders are not given the same respect as they used to get before. They are not shown adequate care and attention by their family members partly due to limited resources and growth of ‘individualism’ in modern life.

Patel, S., Gandotra, V. (2011) commented that, the situation is fast changing because of effects of rapid industrialisation, urbanisation and population pressure in the family. As a result of modernisation, family pattern is undergone a change from joint family to extended family and resulting in nuclear family. This has increased problems of aged because of prevailing family responsibilities and sometimes having no one to look after them due to migration of their grown up children.

In traditional Indian culture, old age is considered as a stage of human development wherein person attains wisdom, maturity, social and economic stability with social recognition and emotional fulfilment leading to the last phase of life which considered as spiritual salvation. Further, elderly were given respect in traditional Indian families and considered as centre of authority. All important decisions pertaining to the family were mostly taken by elderly and thus enjoying the good respect in the traditional Indian societies. (Patel, S., Gandotra, V. 2011).

**Role of family in Elder care:**

In agricultural economy, patriarchal joint family system and traditional values such as reverence for age that bound parents and their adult children are considered as the distinguish characteristics of the ancient Indian culture. In such a family, elders are disabled are easily taken care of by family members. Elders care was not a problem.
A series of development such as industrialisation, urbanisation, and migration and a growing sense of materialism and individualistic orientations have threatened the culture. Strong obligation and mutual ties are considered as the hallmarks of the traditional family, are now becoming weakened. As a result of these developments, care of the elders by the family is becoming problematic. (Ramamurti, P. V., & Jamuna, D. 1984, 1997, 1999).

Ramamurti, P. V., & Jamuna, D (1997) rightly commented that traditionally parents care is the duty and obligation of adult children. The elderly, too, expect that their children are their old-age security. As such in study of attitudes towards regarding elders care and living arrangements carried out in 1984, 91% of adult children surveyed said it was their duty to care for their elderly parents. But, a repeat survey in 1994 showed that only 77% of adult children held the same view, suggesting a shift in attitudes. Also in 1984 study, the younger age group stated that it is not our culture to send the elderly person to old age homes. But, in 1994 study, a substantial number of the younger generation (23%) felt that more homes for the elderly might be needed in future, as many are unable to keep their elderly at home, for various reasons.

**Changes in the traditional values:**

Vijaya Kumar S (2003) says before, the later part of 20th century, the traditional support systems of joint family, kin and community provided economic security for elders in India. The primary responsibility of family system of multi-generational co-residence has been to protect it dependent members. This system has provided income, health care and personal, physical, and emotional security for all family members, including elderly. Old age was viewed as a stage of wisdom, maturity, prestige and power with respect accorded to elderly persons. In traditional period, India family structure holds a scared values system, customs and bonds which hold the members of the family as a single unit.

Dubey, A., Bhasin, S., Gupta, N., & Sharma, N. (2011) commented that like other many developing countries, India is also witnessing rapid ageing of its population. Urbanisation, modernisation and globalisation have led to change in the social and economic structure of the society leads in erosion of societal values,
weakening of social values and social institutions such as traditional joint family system. In the modern period, the scared value of family, family sentiments, relationship and interaction is diminishing to a greater extent due to various advancement in the society. In India family provides an individual with emotional, social, physical, psychological and economic support. The ability of elder person to cope with the changes in health, income, social activities etc., depends to a great extent on the support of family and its members, where elders were treated with great ‘honor and respect’. But, Indian traditional value system underwent a big change, where elders were not given same respect and honor by the younger generation to a greater extent.

**Ethical/Legal responsibilities:**

The traditional joint family system, ethical/legal responsibilities relating to family and its members were usually undertaken by the elders of the family and he is holding a highest position in family and called as ‘Kartha’ performing all the duties and obligation for well-being of family and its members. But, traditional sense of duty and obligation of younger generation towards old generation is being eroded. Elders are caught between the decline in traditional values on one hand and the absence of adequate social security on other.

Rao, C.N. (2012) said ethical responsibilities of elders in traditional period such as carrying out family religious customs, traditions, practices, selection of right partner for marriage of sons and daughters, advising, taking the family in a right path. Legal responsibilities such as holding property rights and enjoying political rights in naya panchayat at village level by guiding the village in direction. Elder persons of village acts as a heads of naya panchayat and solving various issues relating to family and community welfare. But, traditional naya panchayat system was dominated by modern local self-government which provide limited scope for elders in affairs of the community. Thus in industrialized society, ethical and legal responsibilities of them is diminishing and suffering from social isolation from the society at large.
Death and Bereavement:

In biological point of view, death is considered as permanent cessation of all vital functions. From psychological, society and cultural perceptive, death is much more than the end stage of a biological process. According to Erikson, the eighth and final stage in the life cycle brings a sense of integrity or despair. Marital status is an important determinant of humans and that too spouse plays a vital role in last span of human lifespan to enjoy the higher levels of survival, better mental health and maintain good physical health, social participation and have better life satisfaction for elders than those who were without partner.

Dak. T.M and Sharma. M.L (1987) observe, ‘the death of the spouse will bring serious consequences among elders because spouse care and support is important for a man than family members in last years of life. Spouse death renders position and life becomes more vulnerable.

Muthaya, B.C. & M. Aneesuddin (1995) observes, ‘elders reaction to death of the spouse was mostly in terms of a sense of loss or feeling of deterioration in their livelihood and status, neglect by the family, loneliness, loss of respect, feeling of added responsibilities and burden’. Loss of spouse, migration of children, empty nest in family, lack of care and support. Hence, the situation still worsen and life becomes more vulnerable, grief and bereavement continues till the death of an elders. The socio-economic conditions of the elders will reduce and life becomes boredom and social, emotional isolation will increase to a greater extent.

Ramamurti, P. V., & Jamuna, D. (1995) says that ‘lack of financial control, emotional problems, negative self-concept, feeling of abnormally and powerlessness, high intensity of survival needs, moderate to high physical and psychological distress were significant of elders who loss spouse.

The loss of spouse, close friends and family member is the challenging and life changing events, but the situation is still worsen among the elders, whether the spouse dies expectedly or unexpectedly, loneliness among the elders whose social network has reduced, affects quality of life and become vulnerable to loneliness. Death and bereavement bring various social and psychological such as depression, insomnia, hallucinations of the dead, lowers social support, isolated from main stream
of the society. The present social development make elderly population fear and worry about the death and bereavement.

**Spirituality and Religious collectivism:**

People at all ages, believe and practice in more or less spiritual and religious aspects in life but, elders are more prone to spirituality and religious collectivism due to maintain their mental health status. Expressions of spirituality through religious practices or compassion, service to others or passing on wisdom to succeeding generations often bring personal satisfaction, comfort and peace.

Spiritual well-being is considered as important in influencing the physical and mental health. WHO defines health is a complete state of physical, psychological and social well-being of an individual not merely an absence of diseases or infirmity. Further, WHO have included the fourth dimension called spiritual well-being in its definition.

The elderly level of religious participation is greater than any other age group. Most the elderly, both for the institution and non-institution, religious community is the largest source of social support out the family. Kaplan ,B.D., Barbara J B. (2016) says that religious devotion may promote excessive guilt, narrow-mindedness, inflexibility and anxiety. Greater spiritual and religious thoughts results in various types of the mental disorders such as obsessive compulsive disorder, bipolar disorder, schizophrenia or psychoses, reduced social contacts and isolation from the larger population.

**Living arrangement among Elderly Population:**

In Indian believe in strong bonding between the family, home, family members and children who take care after the completion of middle age. Our traditional joint family system emerges and provides care and support for the elders till the death. But, in the changing lifestyle, factors such as urbanization, higher cost of living in urban life, stress due to competition, changes in the moral values etc., elders are finds difficult to adjust with the children. Indian culture, believe that it is the duty of children or sons to respect and care their parents till the death. Parents were honored as gods in India. Living arrangements in India are of four types: elderly
living with sons, elderly living with in rural areas alone, living with relatives and living at old age homes.

Pattern of living arrangements are changing with the diminishing of joint family system. In 1986/1987 according to National Sample Survey (NSS) reported that 8% of urban and 5.9% of rural elderly lived alone is due to widowhood, childlessness, or migration of children, unable to adjust to urban lifestyle etc., In developed countries, maintain independent lifestyle, but living alone is more associated with disadvantages in the developing countries. The living arrangement in developed countries such as America, Europe research has found evidence of a trend towards separate residence of older person or with spouse. But, living arrangement is simple in India that is parents are living with children or sons and other living alone. Sometimes situations are posing the elders to live alone in modern times.

The fading joint family system in India and other innumerable factors have given rise to west inspired phenomenon of old age homes. Many factors have contributed to alienation of the elders such as migration of young couples from rural areas to cities in search of better employment opportunities, change of attitudes towards their parents by youngsters, separation of families, small family structure in urban area unable to accommodate parents etc.,

According to National Sample Survey Organization (NSSO) in Karnataka 2004, 5.3% of elders are living alone, 9.2% are living with spouse, 45.4% are living with spouse and other members, 34.5% are living with children and 5.0% are living with other relations and non-relations. But, in modern period, people are moving towards digital revolution, at the same time they are not finding time to communicate with the family. Gap is being developed within the family members. Though, physically in family, they are mentally miles far away. Family members are reluctant to accept their old age people and living in old age homes.

Report of Age well Foundation (2015) conducted a study at New Delhi about the “Indian Senior Citizen Rights: Social Development Critique” where five thousand elders living in India were considered for study to assess their problems and status in the modern period. Based on the study, 65% of the elders are expressed the feeling of neglected attitudes from the cared ones, 54% of the elders suffering from various types
of abuse from family and society and 25% (once in four) of elders are expressed that they are abused by the family and its members. Further, 89.7% of the elders are interviewed, majority of them said that due to economic hardship, working group shows neglected attitude and suffering from social isolation and 25% also expressed their elders are treated as a burden to family by the younger generation. Thus, living arrangement of the elders is getting a big change both at family as well as society.

**Institutional Care Services:**

Traditionally, most elderly persons live with their children or live by themselves. Due to these support or arrangement, there has been no need of reasonable magnitude for the community to step in and organize homes for the elderly. In recent years, there has been a greater demand and growing tendency for voluntary organization will be starting homes for the needy elderly. According to a survey carried out to evaluate old-age homes (Ramamurti, P. V., & Jamuna, D. 1997), the elderly who are destitute, childless, uneducated, and who have less desire to live with their children mainly choose for institutional care services.

Central Government Welfare Department’s survey and the Help Age India, the persons who seek institutional care may classified in the following manner:

a. The most first category of elders who prefer institutional service are those who live alone; widow or widower; and couples who are financially sound and have regular income, are either childless, or their children have migrated to other places. Also, feeling of loneliness and frustration, longing for company, health problems, and lack of security in their living environment cause some elderly to seek institutional care.

b. Elderly couples without children who are not in a position to live by themselves due to insufficient income make up the second category.

c. The third category includes persons who are unable to bear the mistreatment in the family of their children.

Hence, old age homes providing valuable services for elders in difficult condition. But, in our traditional culture, elders living at old age homes or voluntary organization was not accepted mainly due to parents were cared and supported by the family until the death. Though, situation has undergone a rapid change because of
various developments where family lack in providing valuable care and support to elders in the modern day context.

Institutions care are care offered by the formal agencies such as old age homes, day care centers, shelter homes, trusts etc... According to a regional survey, 71% of the elderly are living with their children (family care), 26.3% are living by themselves, including spouse care or self-care, and only 2.73% are in institutions (Jamuna.D., 2000).

Mainly there are two types of old age homes: one is free which cares for the destitute elders who have no one to care for them, these type of old age homes provides food, shelter, clothing, and medical care and second type is pay and stay or retirement homes becoming popular in India.

Role of Government in Welfare of Elderly Population in India

Shettar. S, (2013) says that on one hand, population of the elderly is increasing at a faster phase in recent years but, on other side disintegration of joint family system, influence of modernization with new life style pose problems for care of elders. Providing care and support to elders is not a problem in India until value based joint family system was dominant. But, growing trends towards nuclear family system, increasing education, urbanization and industrialization, care and support by family and its members were diminishing in the recent years.

Since independence, the government of India has been committed to supporting the old people in our society by providing various welfare methods. As such the year 1999 was declared by United Nation as the International Year of Older persons followed on 13th January 1999, by the government of India approving the National Policy for Older Persons mainly to accelerate welfare measures and empowering the elderly in ways beneficial to them. Maintenance and Welfare of Parents and Senior Citizens Act, 2007 provides legal sanctions to the rights of the elderly.

The constitution of India ensures that every person in independent India has the right to live. It provides some meaningful duties to the state governments to safeguard the basic interests of the senior citizens of our nation. Article 41 of the
constitution that “enjoins on the State to make effective provisions within the limits of its economic capacity and development for public assistance in case of unemployment, old age, sickness and disablement and in other cases of undeserved want”.

The government of India announced the National Policy of Older Persons (NPOP) in January 1999 by recognizing the need for promoting productive ageing, the policy also emphasized the important role of family in providing vital non-formal social security for the elderly (NPOP, 1999). In view of the changing trends in demographic, socio-economic, technological and other relevant spheres in the country, a committee was constituted for formulating a new draft National Policy for Senior Citizens (NPSC, 2011) to increase the quality of the elderly population.

**Ministry of Social Justice and Empowerment:**

Ministry of Social Justice & Empowerment is the nodal Ministry responsible for welfare of the Senior Citizens. It has announced the National Policy on Older Persons covering all concerns pertaining to the welfare of older persons and recognizes a person aged 60 years and above as a senior citizen.

The Ministry is also implementing following schemes for welfare of Senior Citizens:

**An Integrated Programme for Older Persons (Plan Scheme)** - This Scheme has been formulated by revising the earlier scheme of "Assistance to Voluntary Organisations for Programmes relating to the Welfare of the elders". Under this Scheme, financial assistance up to 90% of the project cost is provided to NGOs for establishing and maintaining Old Age Homes, Day Care Centres, and Mobile Medicare Units and to provide non-institutional services to older persons.

The Scheme of Assistance to Panchayat Raj Institutions / Voluntary Organizations / Self Help Groups for Construction of Old Age Homes / Multi-Service Centres for older persons (Non Plan Scheme) - Under this Scheme, one time construction grant for Old Age Homes/ Multi-Service Centre is provided to nongovernmental organizations on the recommendation of the State Governments / UT Administrations.
Indira Gandhi National Old age pension Scheme (IGNOAPS) in a National Old age Pension scheme (NOAPS) in India was launched by the ministry of rural development. Elders above 65 years and above (revised in 2011) who comes under poverty line are comes under the beneficiary of the scheme.

Under the Antyodaya scheme, the Below Poverty line (BPL) families which also include elders are provided food grains at the rate of 35 kgs, per family per month. The food grains are issued @ Rs. 3/- per kg, for rice and Rs. 2/-, per kg, for wheat. The elders who come under BPL are eligible to scheme. Various facilities, concession were offered by the government of India for the elders, where limited scope is provided by the government relating the psychological well-being. Mental health is considered as a most neglected aspect of the health in India, now is growing at infancy. Thus, government of India has to implement scheme, policy and programmes relating to the psychological health to channel the needs of the elders in the present day phenomenon where psychological, social, emotional, cultural issues are becoming paramount in recent years.

Role of NGO’s in Welfare of Elderly Population in India

While the Government has continued its efforts to introduce programs for the welfare of the elderly, NGOs have played a key role in bringing to the forefront the problems of India’s older people in the society at large, and they have also provided some solutions. Through various activities and services, NGOs have established a forum whereby the voices and concerns of the elderly can be addressed.

Sivamurthy M and Wadakannavar, A. R. (2001) in their paper entitled ‘Care and Support for the Elderly Population an India’ have indicated the importance of NGOs in taking care of the elders. According to the authors, NGO sectors play an important institutional mechanism to provide user friendly, affordable services to the elderly persons. However, they regret that important role played by the NGOs for elderly has not been taken seriously in India. They have suggested that, the government should have a dialogue with the NGOs in taking care of the elders.

Rajan S., Liebig (2005) in his article ‘Old- Age Homes and Services: Old and New Approaches to Aged Care’ has studied 48 old-age homes in different parts of India- including the more traditional free homes for the elder poor who have no family
to take care of them and the recent ‘pay homes’ for the middle classes. He also has investigated a small number of day-care centers. Almost all the Old Age homes are run and manage by the Non-Governmental Organizations (NGOs), where only few were under the government assistance. Pay homes have more privacy and western-style amenities. The government grants for homes and day-care centers are limited in this case.

This scenario has led to the mushrooming of various NGOs working on the concerns of the elderly, especially in urban areas. For instance, the Rotary clubs, which helped improve services for the elderly by supplementing existing services at governmental primary health-care centers and by contributing to or sponsoring old-age homes, and the Aged Care India, which has provided residential and institutional services to people aged 50 and older, created social, cultural, educational, recreational, and spiritual programs, and has arranged for medical check-ups and part-time employment to supplement incomes of older people.

Presently, there are many National and International NGOs working for cause of India’s elders. Most have concentrated their work among lower-income groups and the disadvantaged and underprivileged sections of the society. This is mainly because one-third of these sections are identified as “capability poor,” which means they do not have access to minimum levels of health care and education for earning a decent living. Because the government is unable to deal with such a huge dependent population, it is non-profit, non-governmental sector also known as the third sector (Stoesz, D., Guzzetta, C., and Lusk, M. 1999) that has for the last few decades, begun to work actively for the welfare of the lower-income and dependent strata of Indian society, including the elderly.

Stoesz, D., Guzzetta, C., and Lusk, M (1999) opines that after many years of debate, Government finally declared the National Policy on Older Persons in January 1999, the same year as UN-designated International Year of the Older Person. The policy highlights the rising elderly population and urgent need to understand and deal with medical, psychological, and socio-economic problems faced by elderly population. In particular, the policy emphasized the dominant role NGOs should play to assist the Government in bringing forth the society where needs and priorities of India’s elderly are taken into account. Hence, NGOs are expected to play a crucial
role in welfare for India’s elders as in many parts of Asia, the United States, and other developed nations.

Government of India has launched various schemes and activities for the welfare of elderly population in India. But, in Eighth Five-Year Plan the Government sought to encourage Non-Governmental Organizations (NGOs) to provide Old age homes. NGO’s today working for elders for their overall well-being through old age homes, day care centers, shelter homes etc. Various welfare schemes/programmes mainly run by the voluntary organizations with formal financial assistance for the respective governments such as:

**National Social Assistance Programme (NSAP):**

According to Government of India (1995 census), this programme is in operation in the country with effect from 15th August, 1995. National Old-Age Pension scheme (NOAPS): As per the guidelines of the National Social Assistance Programme (NSAP) of Government of India, under National Old-Age scheme (NOAS).

**Foster care/adoption services for the elders:**

Under this programme, various social services are provided to the homeless and lonely old people who lead a pitiable life because of utter poverty and helplessness.

**Mobile Medicare services for the elders:**

Under this programme, medical consultation and treatment facilities are rendered to such people through mobile health camps by trained medical experts.

**Day Care Centres for the elders in need:**

Government of India provides financial assistance to voluntary organization to run day care centres for the elders in need of care and support.
Old-age homes:

Destitute and helpless elder persons belonging to lower middle income groups are also covered under the scheme provided that they meet the eligibility conditions.

An Integrated Programme for Older Persons:

An Integrated Programme for Older Persons has been formulated by revising the earlier scheme of assistance to Voluntary Organisations for Programmes relating to the welfare of the elders. Under this Scheme, financial assistance up to 90% of the project cost is provided to NGOs for establishing and maintaining old age homes, day care centres, and mobile care units and to provide non-institutional services to older persons.

Hence, role of NGO’s play a vital part in welfare of the elders by implementation of various welfare programmes, policies, schemes through action for mainstreaming elders in modern phenomenon.

Research Lacunae

The detailed review of literature has enabled the researcher to conceptualize the research problem and understand the status of elderly population in present phenomenon. This chapter helps to found that many literature have identify the emerging scenario of the ageing of population. It is to be noted that, a good number of studies are made on issues related to elderly population, in general. There are studies on ageing of population in developed and developing countries of the world, also studies carried out relating to demographic transition and physical, psychological, social and economic issues of elderly issues. But, there are very few studies on comparison of psychological, sociological and cultural issues in Karnataka. The in-depth study aims that social changes impact on the life conditions and life standards of elderly living in families and institutions. Further, it is also found that very limited studies have done on environment of modern family and institution in care and support. Hence, it is worthwhile to take up the study to focus on psycho-social problems and cultural issues of institutional as well as non-institutional settings to understand with holistic perspectives. The present study certainly enrich the existing of body of knowledge on issues related to elderly population and for development of community.