Chapter-II
Review of Literature
Introduction

All available literature concerning the problem must necessarily be surveyed and examined. A researcher must be well-conversant with relevant studies in the field, reports and records and also all other relevant literature. A researcher must devote sufficient time in reviewing of research already undertaken on related problems. This is done to find out what data and other materials are available for operational purposes. "Knowing what data are available often serves to narrow the problem itself as well as the technique that might be used". This would also help a researcher to know if there are certain gaps in the theories, whether the existing theories applicable to the problem under study are inconsistent with each other, or whether the findings of the different studies do not follow a pattern consistent with the theoretical expectations and so on. All this enables a researcher to the new strides in the field for furtherance of knowledge, he can move up. Studies on related problem are useful for indicating the type of difficulties that may be encountered in the present study as also the possible analytical shortcomings. At times such studies may also suggest useful and even new lines of approach to the present problem. While reviewing studies on old age, a practical difficulty faced is the lack of gerontological literature in India. This is because the research interest in the subject has gained importance only very recently. Since last three decades, the
explicit interest in human ageing and in the aged has increased markedly among social scientists but still there are not enough studies to cover all the dimensions of ageing. The related literature of present study is classified into three broad groups which are as follows:

a) Studies on adjustment in old age.

b) Studies on values in old age.

c) General studies on old age.

a) Studies on Adjustment in Old Age

Mohan and Sajjan (2005) studied social and health problems of aged people. A sample of 450 subjects above 60 years of age was selected from Kannada district in Karnataka. A pre-tested and pre-determined questionnaire was used to collect information. Statistical tests were done to analyze data and it was observed that about 78.4 percent of elderly, suffer from health problems and females suffer most and in great number. The study has further revealed that mental depression was at higher side among old age subjects.

Panda (2005) studied relation between age, marital status, educational attainment, health, social adjustment and life satisfaction among the aged women and the study was conducted in ‘Pushap Vihar, of South Delhi. A simple random sample of 350 aged women was selected. For data collection, a structured interview schedule and “life Satisfaction Index” (developed by Neugarten, Havighust and Tobin (1961) and social adjustment scale were used for data collection. The study revealed that life satisfaction does not depend on advancing age, religion, caste, educational and occupational status. Added to this, married aged women are more satisfied with life than the widows. The reason may be attributed to cultural conditioning of elderly women that they are dependent socially, emotionally and financially on their husbands. There is a strong inter-linkage between physical health, mental health and social relation. Healthy aged women are more satisfied with life than those who are weak. The
elderly women, who rarely feel lonely, have fewer worries and tensions and those who are optimistic often have greater satisfaction with life. Present and past occupational status, possession of immovable property, ownership of jewellery have no significant relation with the life satisfaction. However, aged women who have a sense of security that their kith and kin would stand by them when ever the need arises are often satisfied with life.

*Sharma (2005)* studied social and psychological problem of old age people. The study was conducted in Bhopal and about 200 elderly people were selected randomly from four areas of Bhopal city. The elderly people belonged to the age group of 60 to 80 years. Study revealed that about 95 percent males and 98 percent females were not physically fit. Those who were single felt more insecure. It was found that about 70 percent of males and 75 percent of females were facing economic problem, they were dependent on other family members. It was further observed that about 60 percent males and 78 percent females were maladjusted and only 40 percent males and 22 percent females were well adjusted and enjoying the old age.

*Singh (2005)* studied various adjustment problems and health status among landless elderly people in Haryana. A sample of 300 aged people (150 male and 150 female) were selected on the basis of stratified random sampling. The information regarding socio-economic and health aspects of respondents were collected with the help of an interview schedule prepared for the study. Some aspects of personal and family life such as family relation, personal satisfaction and general awareness of the aged were assessed by observation, group discussion and unstructured interview. The study revealed that the health problems tend to increase with advancing age and very often the problem aggravated due to neglect, poor economic status, social deprivation and inappropriate dietary intake. Hence, a large majority of landless rural aged were suffering from one or the other health problem and physical disabilities. The most important reason for high incidence of physical disability was non-
availability of specialized care, lack of awareness or lack of facilities for timely diagnosis and treatment. A very large majority of landless rural aged did not have any secure source of livelihood. Majority of them were dependent on family income and ‘old age pension’. A good number of landless rural aged was dependent on daily labour. In spite of their poor health and disabilities they had to go for daily labour which included hard physical work. This added to their health problems. Hence, Health is the important determinant of the attitude, outlook, life style, capacities, economic and social potential of the old aged person.

Jose, Alex and George (2004) stated that ageing is a progressive decline in the function and performance that accompanies advancing years. It is a process of growing old, resulting from the failure of body cells to replace those that are dead or malfunctioning. The phenomenon of having larger number of older persons in the population is to be placed in the context of the changes happening in the family system. The family, as social institutions, is undergoing many changes. Practically every change in the socio-economic life of the population effects family. In the developing world the family is losing ground as a social institution, and in underdeveloped world, the extended family is giving way to the nuclear families and even to single parent families. With these changes in the family system, care of sick, disabled and aged members had become difficult; the plight of this segment of the population is becoming increasingly pathetic. The older persons suffer from various problems, especially health problems. Practically every system in the body shows signs of wear and tear resulting in the need for well-planned care programme. In addition to physical problems, older persons often face mental health problems.

Prakash (2004) stated that the old age poses several health problems, the major ones are: probability of chronic illness and disability with ageing, increasing health costs and the fear of outliving ones, resources or savings, problems of long term care in the absence of family support. These are concerns
that are shared both by men and women. But, they appear more common in case of Indian women for several reasons. Most women in traditional society spend their adult years in home-making and non-remunerative work. They tend to be dependent on family for their survival and well-being. Cultural and social factors lead to a neglect of personal health in adult years. The socio-cultural environment in which they are socialized does not reinforce independence. In old age there is an accumulation of disadvantages that reduce quality of life and which lead to adjustment problems in old age.

**Sandhu & Bakshi (2004)** studied the impact of changing social system on the mental well-being and financial status of elderly women in urban Punjab. A sample of 120 elderly women (60 years and above) was selected on random basis. A pre-tested interview schedule was used to get relevant information. Study revealed that about 29.16 percent respondents had no income at all. For other 43.33 percent biggest source of income was pension. It was observed that changing society had an overall negative impact on mental well-being of the elderly. The strongest feeling was increasing loneliness and alienation in lives of elderly due to changing ethos of society, elderly are more sad and depressed in the materialistic world and feeling of mental insecurity is due to lack of moral support from adult children due to emotional and physical distances from them. However, there was some evidence of positive impact on economic well-being of elderly with changing times because of useful impact of some financial advantages bestowed by the government to the elderly women and men.

**Sinha (2004)** stated that in India a vast majority of women are housewives and as such “invisible workers”, depend on their families, women work is hardly quantified and monetized. In India, marital status of women rarely changes after being widowed. According to NSS 42nd round, there were 654 widows and 238 widowers per 1,000 old persons in rural areas. The respective figures were 687 and 200 for urban areas. More than 65 percent of Indian women live without spouse as compared to 29 percent of older men.
Widowhood often lowers the socio-economic level of women. Their work as homemaker and caress is never monetized, urban widow sometimes get the pension and life insurance money of their deceased spouse. Rural women rarely have this advantage. These factors increase dependency of women on others in old age. All this contributes to women’s maladjustment and dependency on the family for mere survival.

Chadha (2003) stated that one of the most important problems in old age is retirement which is generally mandatory rather than voluntary. On retirement there is the potential for decreased psychological well-being. The loss of job due to retirement results in the loss of self-esteem and self-worth. Moreover, adjustment to retirement may often be difficult since it requires adjustment to new life style, characterized by decreased income and activity and increased free time. Several surveys have been conducted among older people to identify the changes for retired people in urban India. It was detected a feeling of loneliness, the perception of a void in life, financial problems and loss of status accompanied by a sense of alienation and hopelessness. It was found that older widowed females are usually high on the hopelessness factor and less satisfied from life as compared to males. Where as, older people with living spouses are likely to be low on hopelessness and high on life satisfaction scale.

Ramamurti (2003) stated that the process of ageing brings about a series of post-maturational biological changes that characterize a gradual decline of the physiological system resulting in a reduction of vital functions. A number of degenerative diseases in various organ systems set in with decline in immunity, older subjects are susceptible to a wide range of infectious diseases. As a consequence, the elderly may become frail or disabled, adding to the overall burden to the family. Generally speaking the health of older people has been found to be poor (particularly among rural women) as compared to their urban counterparts and younger people. Since women marry men who are older
than themselves, and since women live longer, many elderly women are widowed. As women in India identify themselves fully with their husbands and depend on them economically and for most social functions, the loss of husband makes their life miserable.

Venkateswarlu (2003) studied health status of aged people in Andhra Pradesh. The sample constituted 300 elderly men and women of age 60 years and above and was selected by random sampling technique and chi-square statistical technique was employed to study the association between respective variables. Study revealed that the health problems tend to increase with advancing age and very often the problems aggravate due to neglect, poor economic status, social deprivation and inappropriate dietary intake. The health problem can be regarded as major problem for old. The health status of the poverty stricken rural aged is unquestionably the worst. The declining health status of the aged gradually pushes older persons to relatively insignificant social position in the family and society.

Ramamurti (2003) highlighted that the status of the older person in the country rests on the level of the manipulating power of the person. In India older persons do not enjoy a decent status in society. Due to socio-technological changes, loss of joint family, changing values, dual career families etc, and the position of the elderly has become deplorable. In a youth based culture, there is a strong stereotype towards the aged resulting in society looking down on older people. There is a negative age discrimination against the elders. These elderly consequently suffer from marginalization, alienation and poor living arrangement. It results in the poor status of the elderly contributing to loss of personal and social power.

Bhaswati & Sen (2002) studied problems of personal adjustment of aged in family situations, about 150 elderly persons aged 60 years and above, of both sexes were selected from Calcutta corporation ward by random sampling
techniques and a semi-structured questionnaire was used for collecting information. Study revealed that majority of respondents suffered from major illness and very high proportion of respondents were economically dependent and faced financial difficulty which led to stress, adverse health conditions, and consequently in adjustment problem.

Sheoron & Vermani (2002) found psychological problem of rural aged widows in Hisar district of Haryana state, about 150 aged widows were surveyed and data was collected by a pre-tested interview schedule. Chi-square and co-efficient of contingency (COC) were applied to see the association between variables. Findings depicted that majority of aged widows had psychological problems like tension, anxiety, isolation, lack of emotional attachment, neglect by the family members, aggression, fear, and fear of death. Study revealed that nearly 1/4th of aged widows had the problems of adjustment. Besides above-mentioned problems, arrival of daughter-in-law diverts the attention of son towards his own family; death of husband further aggravates the adjustment problems of aged widows. A non-significant association was found between adjustment problems and occupation of aged widows. Only aged widows from labour class and those who were not contributing remuneratively in family had adjustment problems. The problem of adjustment was also non-significantly related with land holding of aged widows, age at widowhood and present age of widows.

Chopra & Anand (2001) studied the quality of life of older women suffering from Osteoarthritis staying in old age homes and with families. A sample of 50 elderly women were selected from 2 old age homes and from out patients department of physical medicine and rehabilitation of the Delhi hospital. Study revealed that the quality of life was found to be better among the people living in families as compared to those staying in old age homes. The quality of life was specifically better from psychological and social aspects. Regarding physical aspects it was observed that respondents from families had
higher severity and felt pain while indulging in the physical activities, but due to family support and assistance at home, they did not suffer to a larger extent.

Mehta & Mallya (2001) studied health, psychosocial aspects, old age problem, role, support system and status of the aged people. The sample consisted of 3709 elderly ranging from 60-100 years of age from 15 different slums in the city of Vododra and data was collected by semi structured interview schedule. Quantitative analysis was used to calculate frequencies within each domain. The study revealed that majority of the respondents suffered from general weakness, lack of appetite, aches and pains in the joints, cataracts. Often the health problems aggravates due to neglect, poor economic status, social deprivation and in-appropriate dietary intake, which often results in multiple nutritional deficiencies. The majority of the respondents considered their family as the major support system, because, they preferred to approach the family in case of any problem, and only in absence of the family they sought help from neighbors. In this study about 67 percent of the respondents were involved in the decision making process and 40 percent of them were the sole decision makers. This was because most of them lived in nuclear families and were contributing to the family income, 36 percent faced many problems in their life and $\frac{3}{4}$ were women. The main reasons of women’s problems were husbands’ death, and about $\frac{1}{3^{rd}}$ reported that they had spent a peaceful life, though they had to work hard to earn living. Five of them had a smooth life because they have not faced any unusual problems. There was only one man whose life was worthless, his wife was earning 2 thousand rupees per month and there of she was a major decision maker in the family. About 56 percent of the elderly felt that they were respected by others and consulted for advice. They were playing the role of extending the knowledge to the community at large.

Rao (2001) studied socio-economic, and health status of elderly. A semi-structured schedule was used for collecting information from 100 respondents
from 20 institutions. Findings revealed that there were extreme economic diversities among the inmates that they were extremely well-off or very poor, about 50 percent of the inmates of either sex had poor health status and most of the female respondents were widows. More than half of the inmates, especially females felt that they were not given due respect by their children, they were considered as a burden by the family, they are not consulted for major decisions.

Sobha (2001) studied experiences, trails and tribulations faced by aged. Findings revealed that loneliness, dependence and need for emotional security is definitely a part of ageing. This is true to either sex, even though sometimes the projected writings indicate that women are able to accommodate and adjust to the changing life styles better than men. Advanced technologies, and improved medical and health care caused significant improvements in the life style of the aged and cutting across all social and economic barriers. A healthy attitude to life especially among the aged through comparisons with the previous generation is visible, possible because of advancement in science and technology.

Aujla, Dhillon & Sandhu (2000) studied life satisfaction among elderly and 120 respondents above 60 years of age were selected from 4 villages of Ludhiana district. The results revealed that more men than women played dominant role in planning of household matters as financial decisions maker, men had dominant participation. There was significant association between income and role in financial decision of family and about 36.67 percent males and 38.33 percent of females did not enjoy old age. The reasons for decline in life satisfaction of elderly were ill health, economic insecurity, being less useful, children neglecting them and settlement of children.

Kapoor & Kapoor (2000) found in India, the family has been a well-knit social institution that met the social, economic and emotional needs of its
members. Older people enjoyed a sense of honour and authority, had the responsibility of decision making in family and community. The joint family system in India helped to prevent some of the problems of the aged. The aged continued to enjoy their status because of ownership of property in their names. However, as a result of education, economic independence and changing value system that young people sometimes clash with the aged. Economic inadequacy, absence of social security for the aged and nuclear family further aggravates their social and economic status.

**Karkal (2000)** studied association between age, religion, educational qualification and post-retirement income on adjustment of elderly people. About 320 retirees were chosen by systematic random sampling from Kerala. It constituted equal number of men and women. The study indicated significant association between adjustment and chronological age, religion, educational qualification, post retirement income, pre retirement occupation, number of dependants, duration after retirement but no association with gender, successful retirement depends on person’s ability to carryover into retirement interests he or she has maintained throughout life.

**Nayar (2000)** studied the problems of ageing population in Kerala. An interview schedule was used to collect information from 1700 elderly persons of 60+years of age. Findings revealed that about 60 percent of sample had some health problems associated with rheumatic complaints, diabetes and hypertension and spouses were main source of interaction. Majority of elderly helped the family in domestic chores and in kitchen work and about 50 percent of elderly were consulted in family decision making. The reasons for coming to the institution the respondents showed that poverty accounted for 60 percent cases, quarrel in the family for 12 percent, loneliness 4 percent which forced them to come to an old age home.
Rajadurai & Indrani (2000) found that there are several factors which influence adjustment in old age like dependency, insecurity, fault finding, feeling of hopelessness, uselessness, low self esteem, higher expectations from family, loneliness, less interest in worldly activities, ego clashes, financial insecurity, constant worry, idleness, lack of drive etc.

Siva & Anand (2000) studied physical health of 300 elderly people from 13 localities of chembur in Mumbai with help of interview schedule and physical examination by doctor. Findings revealed that 60.3 percent elderly rated their health condition as good and 13.3 percent of them as excellent and about 7.3 percent among total sample were sick/disabled. The males have outnumbered females in perceiving their health as excellent. Among total elderly who responded to medical survey, indicated that health status of 45.5 percent were fair, and of 25 percent as poor.

Chakravarthy & Tyagi (1999) observed socio-economic background of elderly with their health and working status in organized and unorganized sector of Calcutta. A questionnaire was used to collect information from 222 males and 78 females from organized sector. Most of the male respondents drew their pensions in public and private sector. Majority of male respondents were drawing the pension ranging from Rs.2000/- to 6000/- per month where as majority of females ranged from Rs.2000/- to 4000/- per month and were found to be working after retirement. The reasons cited for being employed were feeling of usefulness to society, productive work and keeping the mind and body fit. A high proportion of male respondents and females belonged to non-job seeking category the reason cited for no job seeking were no financial need, relaxation, health problems, unfavorable family conditions and approximately two third of male and one third of female respondents maintained a normal physical health. Rest of the subjects was not in good health. In unorganized sector senior citizens were extremely poor. They continued working even after 60 years of age. All the working female respondents earned less than Rs.500
per month. The satisfaction level among males and females in this sector was significantly lower. They had poor financial status, poor role and status in the family. A majority of males and females indicated poor health status. The common medical problems among respondents were cataract, hypertension, abdominal pain, heart disease, renal problem and arthritis.

**Dhar (1999)** studied requirements of elderly in regard to health, nutrition, income security and conditions of ageing women. A questionnaire was adopted and administered to obtain data in Rajasthan. Study revealed that the women are living longer than men and women continued to remain in the family even under adverse situations because of economic dependability and emotional factors while men manage to lead a life of their own even when they are deserted. Due to very poor economic condition, the elderly continued to suffer from conditions of ill health and malnutrition. The elders were respected and consulted for social and religious customs.

**Irudaya & Mishra (1999)** assessed the views of Indian elderly persons with regard to their needs, expectations from the family, the state and the society at large. The sample consisted of 5 different groups of elderly in Karnataka and Tamil Nadu. Each group consisted of 6 to 10 persons and group discussions for 60-120 minutes were conducted with a tea break. The participants were asked to discuss their views on old age, role and contribution of the elderly in society, their living arrangements, family life, government assistance etc. The results indeed were in tune with their characteristics like sex, educational level, occupation, and residential background. The rural elderly held contrasting views on their social role compared to their urban counterparts. Different concerns regarding old age, between the sexes were observed. The rural elderly stressed the criteria of self-dependence in the categorization of old age, while the urban elderly emphasized the productivity criteria. Greater dissatisfaction was reported by the elderly in a nuclear family set-up and those
who were financially dependent. The urban elite did not approve old age homes as a substitute for the home environment unlike the rural elderly.

**Kumar (1999)** stated that during the modernization and urbanization process, norms of financial care for the elderly parents weakened. The traditional concept of joint/extended family is slowly weakening. The joint family system does not exist as it was in early Indian society. On one hand population explosion increases the pressure on limited resources and is causing younger generation to migrate. On the other hand the so-called pull factors such as wider economic opportunities, and modern communication created a room for migration, especially from rural to urban areas. With this and the reduced kin availability majority of the elderly population tend to live in empty nests with socio-psychological, economic and health problems.

**Kusuma & Reddy (1999)** discussed the multidimensional factors associated with old age. The authors argue that the old age is not exclusively a problem with social, cultural and economic ramifications but also includes health and medical problems. Different dimensions of ageing like social, biological, cognitive and effective are identified. Potential problems and developmental tasks of old age are enumerated. Major physical health problems of the elderly were hypertension, cancer, arthritis, sensory impairments, dental problems, drug use and abuse and nutritional problems. Mental illnesses like depression, confusional states which increase sharply after middle age.

**Puri & Khanna (1999)** studied physical health status of 100 women above 60 years of age living in New Delhi. An interview schedule was designed to collect information. The study revealed that about 72 percent of women rated their own health as fair to good in upper middle class and women from lower middle class rated their health status as poor. Upper middle class women had domestic help to do activities like laundry, house keeping etc. Lower middle class women were independently engaged in activities like shopping, food
preparation, housekeeping, laundry and even managing finances. The elderly suffered from several health problems in old age like impaired vision, hearing, and immobility, loss of memory and urinary incontinence, and hypertension.

**Rao & Parthasarathy (1999)** found that there are several factors which influence adjustment after retirement as: type of job, health condition, income, and emotional support of family, purpose in life, attitude towards work, social interaction, and activities undertaken during post-retirement phase. There are certain signs of stress manifested by considerable number of aged as feeling of tiredness, tension, worthlessness, loss of appetite and concentration, disturbed sleep, headache and pain in body and suggested eight essentials for good adjustment after retirement as purpose in life, living within physical limitations, adjust to a lower income level, achieving security in medical care without sacrificing economic security, expressing self creativity, extending family to love to brotherhood of man, retaining personal dignity in society, maintaining self interests, passing on torch to next generation.

**Singh (1999)** studied the incidences of psychological stress among aged males and females from Oraon tribe residing in Bihar state. About 200 old age subjects were studied with help of revised form of stress scale (developed by the department of psychology Allahabad University 1981) and mental health questionnaire (developed by Wig and Verma, 1982 at P.G.I. Chandigarh). It was found that the aged of urban tribal group experienced more psychological stress which leads to them more mental health problems as compared to the aged of remote rural villages. There were also significant differences between aged male and female stress scores. The psychological stress was more in case of female aged tribal people as compared to male aged tribal people.

**Soneja & Tyagi (1999)** found out the living conditions, role and status, economic, health and socio-psychological need and kind of support required by different categories of older people. A semi-structured interview schedule was
used to collect information from 1000 respondents belonging to different economic categories selected through stratified random sampling technique. The findings indicated that majority of the upper and upper middle class and middle class were financially satisfied but the lower class and the rural elderly found it increasingly difficult to meet their financial requirements. A small percentage of the total sample depended primarily on their sons and then on the spouses. Most of the elderly population in the sample was observed to be in the normal health and were physically fit, though a decline in percentage of physically healthy people was found as one went lower in the economic hierarchy. The higher percentage of physically fit was reported in urban areas as compared to rural area elderly.

The retirement greatly changes the life of an individual which has a bearing on his socio-psychological status. The upper class elderly spent their time in reading newspapers, watching TV and listening to music. Where as, the elderly in the rest of the groups spent their time in performing household chores or attending to their grand children. The psychological well being of the elderly was also affected by their role and status in the family. Most of the older person felt a change in attitude of younger generation towards them because of adoption of western culture, new life style and independent views and ideas etc. A decline in social interaction was reported because of enhanced immobility with increasing age, limited financial resources, poor health, and liabilities in the family etc.

Vasantha (1999) discussed how to age well. Ageing is a continuous biological process beginning from birth. The process of ageing is inevitable and irreversible and needs to be coped with effectively. Ageing, though mainly characterized by biological ageing, like destruction of billions of cells of the body and atrophy of various organs, is also accelerated by social, cultural and political factors. Successful adjustment to ageing has been explained in terms of the disengagement and activity theories.
Patel (1998) studied mental problems of aged and care of aged by their family. An interview schedule was used to collect information from 200 old people from Anand of Gujrat state. It was found that about 88 percent of old people were suffering from anxiety and mental tension because of ill health, conflicts with other members of family, contradictory life values, economic dependency, lack of adjustment and trouble in passing leisure time. About 60 percent old people were having feeling of helplessness and uselessness because of their weakness, bedridden state, continuous illness, not getting any income, no activity in retired life, and could not do any useful work for the family and for the society.

Prakash (1998) studied about 200 elderly above 60 years of age from rural and urban areas of Bangalore to investigate the competence of the older persons in activities of daily living and the relation of such competence to psychological well-being. A standardized questionnaire and an interview schedule were used to collect information and data was subjected to standard deviation, co-efficient of correlation and t-test. Finding indicated that about 60 percent of the people suffered from some long-term illnesses. Most of older persons did not have major difficulties with activities of daily living; urban men have least problems in (ADL) activities of daily living, while rural women are most likely to suffer from functional incompetence. Urban older man had greater sense of well being than women and urban women had the lowest score indicating greater distress. Elderly women reported less life satisfaction and more agitation than men. Poor economic situation is associated with greater ADL difficulties. People who rate their health as “poor” competence are also associated with being female.

Alam & Hussain (1997) studied adjustment among rural and urban aged. A sample of 160 retired public servants of central and state government were selected for study and old age adjustment inventory was used for data collection. Finding revealed that gender is significant factor behind adjustment
of aged people. Dominance of daughter-in-law in family affairs increases adjustment problem of aged women. Majority of aged women have problems regarding health and lack of involvement in family decision are major social problems. High caste persons were high on adjustment level.

Chadha (1997) highlighted that the Indian society has been undergoing rapid transformations under the impact of several forces like industrialization; urbanization and education, consequently the traditional system of values and institutions are changing. The nuclear family has come to stay, joint family is an exception. Economic independence of women together with that of man has perforce motivated the married couple to be on their own. The urbanization and industrialization of India has consequently led the aged population to encounter problems which were never heard of in the past. One of the most important problems is of retirement which is mostly mandatory. The loss of job due to retirement results in loss of self-esteem and self- worth. Moreover, adjustment to retirement may often be difficult since it requires adjustment to new life style characterized by decreased income and required activity and increased free time after retirement, there is a feeling of loneliness, perception of void in life, financial problem, and loss of status accompanied by a sense of helplessness. There is also a noticeable decrease in mental health among widows. Studies indicated that elderly widows are poorly adjusted when compared to the elderly who live with their spouses. This is very true in the Indian context where the loss of spouse for women results in loss of status, insecurity and they experience economic and health problems.

Kumar (1997) examined intensity of feeling of isolation and interpersonal relationship of aged person in family. Data was collected from 123 elderly persons above 60 years of age from Bengali community of Shillong by structured interview schedule. Findings revealed that aged females are more isolated in family and have more adjustment problems in terms of interpersonal
relationship as compared to male counterparts, most of the older persons prefer to stay in family environment rather than in old age home.

**Muttag (1997)** studied that old people respond to their old age differently, depending upon health, financial resources and relations with family members. For some, old age is a painful experience, but for others, it is time for findings new passions, or to return to the forgotten ones. Problems of the aged include loss of status and prestige, declining health and wealth and in some cases empty nest syndrome if the children have deserted them and settled abroad. There is a growing sense of loneliness and fear of dependence and death. Old age has different implications for men and women. Effect of the family cycle is more traumatic for women than for men because of their deeper involvement in female roles in the domestic sphere. The change of role induced by the marriage of the elder son implies a greater identity crisis for the women rather than men, widowhood has a much greater impact on women as it makes them totally dependent on their sons, involving not only emotional deprivation but also a loss of status within the family. A woman is likely to have more problems than her husband in making adjustment at home. The males can remain out of minor frictions at home by keeping himself or spending part of his time out of the house. The women may find the desire to continue to perform her usual housewife role interfering with or clashing with the preferred lifestyle of her daughter-in-law. She does not have the option of withdrawal from household responsibilities because that can also give rise to misunderstandings. The working woman on the whole adjusts better to retirement than men.

**Dharamvir and Mahajan (1996)** studied the health of retired & aged housewives. Sample consisted of 300 women (150 retired and 150 housewives) of 60 years and above, belonging to Meerut city and cantonment area selected through random sampling technique. Interview schedule, case studies and observation were used to collect data. Finding revealed that a large majority of
aged women in urban areas are facing health problems. Position seemed to be more acute among retired women than housewives. Their present state of health was not affected by such factors as age, place of birth, marital status, academic qualifications, type of family, family income and religion. Most of the aged women enjoyed married life with urban background, having high academic qualifications, living retired life in joint families, having good family income and those who were main decision makers were fully assisted during illness. The low income level of family leads to poor physical health of aged women. Majority of the aged women were looked after by their daughters or daughter-in-laws than their sons.

Hussain & Narain (1996) studied problems of aged related to adjustment. Sample consisted of 100 elderly male respondents of Patna. Shamshad-Jasbir Old Age Adjustment Inventory and Hindi Adaptation of Eysenck Personality Questionnaire, Dependence Proneness Scale III and Indian F-scale were used for data collection and data was analyzed by applying Pearson product moment correlation and multiple regression analysis. Findings indicated that neuroticism had significant negative correlation with adjustment where as other factors did not have significant negative correlation with health and overall adjustment. Findings further revealed that there is joint contribution of independent variables were 35 percent, 13 percent, 38 percent, 6 percent, 38 percent, 11 percent, and 36 percent respectively towards health, home, social, marital, emotional, financial and as well as overall adjustment.

Irant, Anita & Sharma (1996) examined health status of elderly. A sample of 136 respondents (68 males and 68 females) drawn from residential area of Delhi. Data was collected by UCLA loneliness Scale, life Satisfaction Schedule (Chandhi and Van Villingen 1990) and common ailment of old age checklist, and data was analyzed by descriptive inferential and correlation statistics. Finding revealed that there was a significant difference between males and females regarding life satisfaction, with females experiencing lower
life satisfaction than males and both males and females in the two age groups experienced the negative effect of isolation.

**Kohli (1996)** studied psychosocial problems of retired people in Bombay. Findings revealed that the elderly have to adjust with family members who may increasingly resent their presence and they have to adjust to a life devoid of much activity and adjust themselves to loss of spouse or loss of friends.

**Kumar (1996)** studied adjustment pattern of (pre-retired and retired) aged people from Delhi. Mohsin Shamshad Adaptation of Bell Adjustment Anventory was administered to respondents to collect information from 100 retired and 100 pre-retired people from high and middle socio-economic status from Delhi. Data was subjected to analysis of variance and t-test. Findings indicated that two groups i.e., pre-retired and retired did not differ significantly from each other on level of overall adjustment pattern. Retirement and socio-economic status showed significant difference on level of overall adjustment pattern. Study further revealed that pre-retired group from two different socio-economic status were significantly different from each other on level of home, health and social adjustment.

**Malhotra, Renu & Chadha (1996)** studied problems of old age people after retirement. A personal information schedule was used to collect information from 100 retired people above 58 years of age, who belonged to four different groups - pensioners, non-pensioners, married and widowers. Study revealed that the pensioners faced major problems regarding health, leisure, accommodation and adjustment with family. Non-pensioners faced problems regarding finance, family and feeling of isolation, married people experienced problem regarding health, social and familial conditions, leisure and fear of death, while widowers faced problems regarding finance, insecurity, adjustment and feelings of isolation.
Bakhru (1995) studied health problem and their adjustment among elderly people. The sample constituted 172 older men of 55-89 years of age were selected from Bangalore city. Life Satisfaction Index – A (Havighurst 1960) and Your Activities and Attitudes Inventory (Burgess 1949) were used for collecting information. Study revealed that those who do not have any physical problems are better in adjustment than those who had physical problems.

Hussain & Singh (1995) studied adjustment pattern of pre-retired and retired aged living in joint family and nuclear family in Delhi. Sample consisted of 100 pre-retired and 100 retired people each from joint and nuclear family system. Bells Adjustment Inventory was used to collect data and data was analyzed by analysis of variance and t-test. Findings indicated that pre-retired and retired people differed significantly on their home and emotional adjustment pattern. The health and social adjustment of two groups did not differ significantly. The two kinds of families also showed significant importance on their adjustment.

Shirolker et. al. (1995) determined the influence of age, sex and residence on different psychosocial dimensions among middle aged (40-59) and older people (60 years and above). Sample consisted of 184 middle aged people and 154 older people. Findings indicated that the age, sex and location of residence had an impact on the physical and mental health, life satisfaction and social activities of ageing persons.

Malhotra, Renu & Chadha (1994) determined physical activities of elderly after retirement. A sample of 100 aged respondents above 58 years of age was selected from west Delhi. Data was collected with help of health schedule. Results indicated that non-pensioners had longer history of ailments; also widowers reported difficulties in daily activities. It was further observed
that health problems may make adjustment to retirement difficult due to physical and mental limitations.

**Nanda (1994)** studied problems and religiosity of aged and attitude of young towards old people. Aged people from central district of Kerala, (41 home living old and 92 institutional old) were selected for study. A control sample of 225 young (20-50 years) was also selected for study. The results highlighted several physical, mental, economic, interpersonal, religious and occupational problems of old. However young hold positive attitude towards old.

**Srivastavn and Gupta (1994)** examined the impact of age on life stress and personality adjustment. A sample of 150 subjects above the age of 60 years was selected for study. The life Stress Scale and Personal Adjustment Inventory was used for data collection. Findings revealed significant difference between the two groups on life stress and personality adjustment and also indicated that highly stressed employees were highly maladjusted than less stressed employed in both the groups.

**Saxena (1994)** examined and compared the levels of adjustment of retired working and non-working women in area of physical, psychological and social aspects, family-life, economic needs, interest during old age, leisure time activities and institutional living, in joint as well as in nuclear families. Study was limited to women above 55 years of age and having minimum education as graduation and only to women living with their family. The sample consisted of 100 women, 50 retired workingwomen and 50 non-working women taken from Moradabad and Jaipur city. Data was collected through questionnaire and personal interviews. The results indicated that retired working women score significantly higher in their pattern of adjustment and vocational interest. No significant difference was observed in their adjustment, living in joint or nuclear families.
Chakravarty (1993) compared male and female aged in adjustment, for this purpose a sample of 80 aged (40 males and 40 females) individuals were selected from Pollachi taluk in Coimbatore district and were drawn randomly and life Satisfaction Index- Z (Having Hurst 1971) was used to collect data and data was analyzed by t-test for significance of mean difference. The results indicated that male aged are better adjusted than female aged. Financial problem are more and almost all individuals have experienced deprivation in their life.

Chakrabarty & Profulla (1993) studied old age problems in rural Nadia and data was collected from 61 respondents of 10 villages in Nadia of West Bengal. Findings revealed that majority of respondents suffer from one ailment or another. Poverty and under-nutrition have compelled them to suffer from illness helplessly and elderly living in joint family had no problem of adjustment. Nevertheless, more and more elderly are tending to became victims of changing social transformation.

Anuradha (1992) studied health and life satisfaction among older people and middle aged people in Bangalore. The sample consisted of 184 middle aged and 154 old men and women from urban and rural districts of Bangalore. Findings revealed that older group had more problems of health, loneliness, lower life satisfaction and higher psychological distress. Men and women differed, women had poor health, lower satisfaction in marriage and life and higher distress. Rural and urban subjects differed with rural people being more vulnerable to physical and psychological problems. Older rural female group was more distressed.

Dhillon and D’Souza (1992) studied the effect of age and sex on level of frustration, experienced mode of frustration and social adjustment among three age groups i.e., 30-40, 45-55 and 60 years and above. The sample consisted of 240 married men and women belonging to aforesaid three age
groups. The findings revealed that age significantly affects aggression, modes of coping with frustration, social maturity and emotional adjustment. Use of aggression as strategy of coping with frustration decreases with age and people above age of 60 years use resignation more as a way of coping with frustration than people of younger age group. Study further revealed that women irrespective of age, experience low level of frustration are better socially adjusted and more socially mature. It was found that people of younger age group (30-40) are more socially mature but are less emotionally adjusted than the people of age group 45-55 years and 60 years and above.

Basu (1991) studied physical, economic, social, and psychological problems of old people, for this purpose a sample of 100 respondents 50 from city and 50 from village were selected and study indicated that rural aged people place physical problems on top of other problems. Other problems economic, social and psychological are felt but not as adequately as physical problems. It was observed that urban aged have less problems as compared to rural aged. Urban aged are physically better off, have less problems as compared to rural aged.

Chakravarty (1991) studied the health status of elderly living in rural areas of Andhra Pradesh. An interview schedule was used to collect information from 200 randomly selected (Aged 60+) respondents of rural sectors in Chittoor district of Andhra Pradesh. The findings indicated that 90 percent of respondents were suffering from one or more chronic illnesses. 50 percent of aged is not getting even minimum care and personal help from their family members and 60 percent of respondents expressed that they are not satisfied with personal and financial help extended by their family members.

Easwarmoorthy (1991) compared life satisfaction of aged persons who lived with their spouses. A sample of 21 widows and 16 widowers aged 58 to 70 years, 19 females and 24 male living with their spouse from Coimbatore
district was selected for study. The life Satisfaction Index-Z (Havighust 1971) was administered individually. The results indicated that aged who live with their spouses are better adjusted and adjustment scores of female subjects did not differ significantly depending on their marital status.

**Joseph (1991)** studied the problems of aged in Kerala, about 207 males and 204 females above the age of 60 years were selected for study. A checklist was used for collection of information and data was analyzed with help of t-test. The findings revealed that respondents who were economically dependent had more physical problems as compared to young people. The old males and females had more mental problems than young males and females and prevalence of mental problem was very high among economically dependent respondents. It was observed that age as well as economic status seem to affect the peace of mind of people and old people have less religious and occupational problem as compared to young people.

**Asha & Subrahmanian (1990)** studied problems of adjustment among elderly women. About 206 elderly women (rural = 124, urban = 82) and a matched sample of 348 elderly men were selected for comparison purpose and adjustment inventory was administered to respondents for collection of data and findings showed that elderly women have more problems of adjustment than elderly men. Rural women do not differ significantly from urban women in home, health, emotions, self and general adjustment but significantly differ in social adjustment.

**Biswaas & Tripathi (1990)** studied adjustment problems among elderly in urban and rural areas. For this purpose respondents were selected from metropolitan (urban) and Bihar (rural). The study revealed that about 27 percent of the urban aged faced no problem, 23 percent reported economic problem and only 28 percent reported economic, health, and leisure problems. Family
adjustment problem was reported by less than one percent none of the males but
1.6 percent of the females reported family adjustment as a problem.

Jayashree & Rao (1990) analyzed relationship of marital status to
adjustment and life satisfaction in old age people and about 260 urban aged
literate men in age group of 55 years to 85 years from Mysore city were
selected for study. Your activities inventory, questionnaire and life satisfaction
index was used for collection of information. The results revealed that no
significant difference exists between mean scores of personal adjustment and
life satisfaction of aged persons with living or dead spouse.

Natesan & Hemalatha (1990) studied problems of aged people and
about 50 male and 30 females above age of 60 years were selected from
Coimbatore to serve as sample. A checklist for aged by (Natesan 1990) was
administered to subjects to collect information. It was observed lack of respect,
loneliness, financial difficulties and inabilities to find suitable job are some of
the problems of economically dependent aged. There is no true difference in
mean number of problems experienced by aged males and females. It was
found that economically dependent aged have significantly greater number of
problems than economically independent.

Singh (1989) studied relationship between rigidity and adjustment in old
age. The sample of study consisted of 186 males of age group 61 to 75 years
living in different towns of Bihar state. The Gough-Sanford Rigidity Scale,
Bells Adjustment Inventory, Indian Adaptation by Shamsad (1968) and Singh
(1983) for aged was used for the study and data was analyzed by the analysis of
variance, mean, S.D and t-test. The findings revealed that high, middle and low
rigid groups did not differ significantly on health and emotional areas, low rigid
old showed superior home adjustment, high and low rigid groups had similar
level of superior social adjustment, low rigid groups also showed superior total
adjustment.
Bose and Gangrade (1988) stated that aged people are not a homogeneous group. Their problems and needs vary and can be considered under three headings-financial, health and socio-psychological. These problems are interdependent. In Indian two fifths of the population is below the poverty line, a large number of persons in old age are left with very in-adequate income. There are number of women, who have only been house wives and have never been workers. Elderly who are financially dependent face number of problems. Elderly people face health problems because of decline in health and vigor. Some individuals continue to enjoy good health even in old age where as other have poor health even in their forties and fifties. Studies have shown that there are some ailments which are more common among elderly people. In old age difficulties are experience in carrying out day-to-day activities. In the past the elderly were respected for their sagacity and wisdom. Now the situation has changed in many ways, and the elderly do not get the respect they deserve. In a large number of cases their presence is tolerated, they are often not treated well. The psychological problems faced by the elderly can be a matter of great concern. Failing health, continuing ailments, poor financial situation and humiliation in the family can all add up to feelings of helplessness, hopelessness, depression and anxiety.

Reddy and Ramamurti (1988) studied correlation between attitude towards aged and adjustment pattern among aged people. The sample consisted of 100 (men and women) belonging to age group of 55 to 75 years drawn by multistage random sampling. The results showed significant correlation between attitudes towards aged and problems of adjustment among aged.

Bhatnagar & Radhawa (1987) studied social adjustment of retired person and 87 respondents from Patiala city of Punjab were interviewed and a Social Adjustment Scale (by Havighurst 1963) was used for collecting information. It was observed that better educated, economically well-off and persons with urban back ground have higher level of social adjustment.
Mishra (1987) studied the impact of religious beliefs on adjustment in old age. The findings revealed that quite a few of those having a low strength of religious beliefs have achieved the average level of adjustment. A comparatively larger proportion of both were having moderate as well as high strength of religious beliefs have achieved a good level of adjustment. The value of the test of association between these two variables also showed that no association exists between these variables, indicating that both of them are independent of each other. This finding showed that religion has no role to play in adjustment in old age.

Singh (1987) studied adjustment patterns among pre and postmenopausal rural women and 300 rural women from Chittoor district were selected for study. The results indicated that menopausal (50-59 years) and postmenopausal (60-69 years) had higher maladjustment scores than pre-menopausal (40-49 years) magnitude of worsening maladjustment was greater from pre to menopausal group then from menopausal to postmenopausal group.

Bhatia (1983) studied economic needs and adjustment pattern of the retirees. The sample consisted of 200 retired persons (gazetted and non-gazetted retires) who were selected by random sampling technique. Data was collected by interview schedules and group discussion and analyzed with simple statistical method. It was found that retirees are left with no choice except to adjust within the limits of whatever income they had after their retirement. The way the retirees have been regulating their needs to suit their financial resources is therefore an important aspect of their total adjustment in old age. The most commonly found mode of adjustment to income has been the reduction in wants and needs by the retirees. Reduction in needs automatically resulted into lowering down of the standard of living and imposed many restrictions on the social participation of the retirees. It was observed that people retired from high public positions are well adjusted. The economic life of this group of retires is hardly disturbed by their retirement. The retired people from typical middle
class are poorly adjusted they take up job to supplement their meager pensions or depend on the assistance from sons and other relatives. They are prone to experience anxiety, loss in social status and personal pride and tend to count time when they would have their economic problems completely solved. Findings further revealed that there are unadjusted retires who face substantial financial crisis. For this majority of the aged in this category financial maladjustment is not something new as they had acute income problems even when they were employed.

Singh et. al. (1983) studied problem of adjustment among old age people. The sample under study consisted of 50 old people and 50 young adults taken from residential colony of south Delhi. Bell Adjustment Inventory was used to collect information. The results revealed that old individuals in comparison to young adults had significantly more adjustment problems in areas of emotional, social, health and have in same order. The non-working subjects demonstrated more adjustment problems than working subjects on home dimension. Findings indicated that apart from multifarious affects of old age, engagement in some purposeful and productive tasks contributed significantly to old people in adjustment.

Srivastava (1976) studied social adjustment, security, economic status and interpersonal relationship of retirees in family. For this purpose 200 retired civil servants settled in Udaipur were selected for study. Data was collected by interview and group discussion with respondents and study revealed that retirees feel that their age of retirement is quite early which compelled them to accept low paid jobs after retirement. The financial problems lead to maladjustment and problems in intra-family relation and inadequate care of sick and social isolation.
b) Studies on Values

Chris & Harahousou (2001) studied aesthetic value and functional fitness and attitude towards physical fitness of Greek elderly people. The sample consisted of 100 men and women of age 60 to 82 years. A battery of test and a standardized questionnaire was used for collection of information and data was analyzed by application of t-test. It was found that Canadian men and women value aesthetic experience highest followed by health and physical fitness.

Gil (2001) studied political attitudes/values and political participation of elderly people. It has been observed that elders are not currently politically active. Studies have shown that elderly are more likely to face inadequate transportation, low income, insufficient education, poor health and substandard housing. The level of political activity and sense of political efficacy was found to be generally low. The factors adversely affecting participation included fear, lack of communication and low socio-economic status. However and importantly, the potential for involvement was present. Many of the elder persons surveyed has been involved in political activities during their younger years as participants in strikes, protests etc. They were no longer involved in party because they had not been encouraged to remain involved politically.

Chakrovarty (2000) studied that when a person gradually grows old; his inclination towards religion and religious oriented activities finds an outlet. It has been felt that an aged person likes to spend his time in browsing through religious texts or participating in religious programmes and meetings. To justify this statement a study was carried out which revealed that 48.89 percent have expressed their view that there is an existing relation between old age and religion, 44.44 percent have denied
about the existence of such relation, the remaining 6.67 percent chose not to make any comment.

**Nanda (2000)** investigated religiosity and feeling of insecurity among senior citizens in relation to their widowhood. About 117 subjects of age group 60-72 years were selected on availability basis. Among them, there were widows and widowers (27 widows and 30 widowers) 60 subjects (30 males and 30 females) who spouses were alive. They were administered Bhushan’s Religiosity Scale and short form of Maslow’s Security–Insecurity Inventory developed by Srivastava. T-test revealed that there was significantly greater religiosity and insecurity feeling for subjects whose spouse is dead than for those subjects with their spouses alive. Widows are significantly more religious than widowers. Widows and widowers also differ significantly on insecurity feeling and mean insecurity feeling of widowers was higher than widows.

**Patel et. al. (2000)** analyzed the perception of loneliness and the activities they engage to resolve it among elderly people. The sample comprised of 30 men and 30 women in the age group of 50-82 years. The data was collected by an interview schedule and findings revealed that majority of the elderly perceived loneliness as a feeling of being unwanted. The religious and social activities and hobbies were the major activities pursued by the elderly to cope with feelings of loneliness.

**Ushasree (2000)** examined the perception of social support available in a sample of 600 middle aged, old and old-old women from various social and economic groups. The results indicated that favorable perceptions of social support decreased with increase in age and poorer perceptions of socially disadvantaged aged people. The need for enhancing social support for elderly women was emphasized.
Husain, Akabar and Suri (1997) studied value pattern of elderly people. A sample of 200 males and females above 60 years of age, residing in different localities, rural and urban areas of Patna and belonging to different communities, Hindus, Muslims and Sikhs etc. The study revealed that majority of elderly had higher religious values followed by theoretical and economic values. Aesthetic values were ranked lowest, study further revealed that neither sex nor culture contributes to preferential beliefs rather it is growing age which matters in preferences of values.

Ramamurti & Jamuna (1994) examined the way in which religiosity and externality are related to adjustment in old age. A group of 120 English speaking urban elderly men (aged 60 years and above) were selected for study. An adjustment inventory for older people (Ramamurti, 1969) Rotter’s locus of Control Scale (1966) and Religiosity Scale (Rajmanickam 1976) were used for collection of information. The findings indicated that religiosity and externality were positively associated with good adjustment.

Rao (1993) examined religiosity differentials across three generation for both sexes. The sample consisted of 210 university college students of Tirupati. The male students appeared more likely to be slightly less religious than female students. Grandfathers of the respondents were most religious. The fathers were comparatively less religious and college students the least. It was observed that people seem to become more and more religious with age, irrespective of sex.

Kanwar, Neeru & Bhardwaj (1991) examined generation gap as reflected in attitude and values of parents and adolescents. A group of 71 adolescents and 59 parents of upper and middle class were selected for sample. Hindu version of Allport-Vernon-Lindzeys scale for study of values and SES scales were used for data collection. The findings indicated
significant generational differences in attitudes towards dowry and religion and theoretical and religious domains of values. Difference between mean of parents, actual attitude to dowry and that perceived to be held by parents was found to be non-significant.

Johnson & Mullins (1989) studied religiosity and loneliness among the elderly. The study was carried out in southern Florida and sample constituted 131 respondents of average age of 76 years and sample constituted about 76 percent of females and 24 percent of males. The tool used for measuring loneliness was 5 item revised UCLA loneliness Scale (1980) and 6 item Religious Importance Scale (Putney and Middleton 1961). The findings revealed that greater involvement in the social aspects of religion was significantly related to less loneliness and more consistently than involvement in the various family and friendship relations.

Kunda, Ramanath & Sanyal (1989) stated that values indicate a person’s direction of preference for things to be evaluated. A value is an enduring belief that is a specific mode of conducts or end state of existence in personality or society preferable to an opposite or converse mode of conduct. Values can thus be viewed as guides that determine action, attitude towards objects and situation, presentation of self, evaluation, judgments, comparison of self with others and also attempts to influence others. Values are direction of adjustment of organism to the environment. Age certainly plays an important role in the value pattern of an individual. The change in role, status etc. at old age may have some effect on the value pattern of the individual. They studied values among aged and young people. The study revealed that the religious values are very high among aged people because religious thoughts and beliefs comfort old people when sick, unfit, suffering, etc. It was further observed that about 90 to 92 percent aged people engage themselves in religious activities especially belonging to middle and high class.
Pati & Jena (1989) studied whether or not there has been any change in the value pattern of the elderly in comparison with the age they have already passed. The Allport-Vernon-Lindzey’s scale of values (1951) (the Indian version of the scale adopted by Roy Choudhury in 1958) was selected as the main tool to locate six values of the two groups (young and old) namely theoretical, economic, aesthetic, social, political and religious. The sample consisted of thirty older male subjects whose age ranged between 60-70 years (mean age = 65 years). They were selected randomly from different houses of south Calcutta through the voters list. The group included respondents whose educational level ranged between graduation and higher qualification. They were either married or single and all retired from their respective occupations. All of them came from the middle socio-economic group and all of them lived with their families. It was seen that the aged individuals have shown a higher preference for the religious values. The older adults seemed to pay the least preference to the aesthetic value. The economic value has been found to occupy the second highest place in value preferences. Social values indicated that old people enjoy social interaction and regarding the political value pattern of the aged and the young, both the groups seemed to show almost the same kind of political preferences. The theoretical value was least preferred for elderly.

Karna & Panjiar (1987) studied religious value among old people. For this purpose 300 respondents were drawn from cross section of society of district Madhubani. The tool used was Religiosity Scale (L.I. Bhurhan 1970) and data was analyzed by calculation of percentiles and application of t-test. The study revealed that females are more religious than males. The older people are more religious than young ones and rural people are more religious than their urban counterparts.

Bhatia (1983) studied ambitions/values of old age subjects. The study was carried out on 200 retired persons above 60 years of age. The
sample constituted both gazetted and non-gazetted retired people. The data was analyzed by chi-square test and study revealed that nearly one third of the retired people indicated that they had ambition relating to the welfare of their children. Many among them were keen to see that their children got settled in life, or completed their education or got married. About 10 percent of retired expressed ambitions for doing some intellectual work such as research and writing or pursuing their ambitions of doing social work among the poor and the weak people and about 4.5 percent of retires had ambition of keeping themselves physically and mentally healthy. The ambition relating to economic improvements and gains have been mentioned by 8 percent of respondents. A considerable number of retires have also indicated religious pursuits, peaceful death and other ambitions pertaining to other worldliness, visiting religious places, pilgrimages and Hajj etc have been mentioned by 6.5 percent retires as ambitions of their life. Some of the respondents in this group have pointed out that they had already visited some religious places but were looking forward to opportunities to see other places also. Some of them, who were financially weak, were found to be conscious that they would never be able to fulfill their ambitions, as they had no money to finance their visits.

David (1983) revealed that the economic resources influence the social world of older people and as well as the kinds of activities performed. Most of the older people live on fixed income or meager pensions that help them to cover only basic necessities. It was observed that older people were more susceptible to certain conditions, and that the retarded healing process brought about through advancing age made life problematic.

Bulman & Marshall (1982) studied religiousness among elderly people residing in western Massachusetts. The sample constituted about 60 percent females and 40 percent males from average age of 75 years. The information was collected by a 6 Item Well-Being Scale. The data was
analyzed by using discriminant analysis and t-test. The findings indicated that elderly people are more religious which helps elderly to accept old age and death.

**Richard (1980)** studied impact of religious beliefs and thoughts in old age. It was observed that in old age religious beliefs and thoughts can comport old people when they are sick, unfit, suffering or dying.

**Palmore et. al. (1979)** studied the role of religion in old age and its impact on attitude towards death. It was observed that religious beliefs, prayer and faith in god, all help aged to overcome many of the common problems of old age such as loneliness, grief or unhappiness. Religion is multifunctional or purposive giving human being at every age, particularly in old age. It was found that happiness and sense of usefulness and personal adjustment are significantly related to religious activities. Religion also helps aged people in meeting some of the social needs in the form of providing companionship and by giving a sense of usefulness that has been lost.

**Dressel, Paula and Avant (1978)** found that old people have placed sufficient importance on the social values. Human behavior in primarily social in nature and it does not only mean interaction with others but also the love of others and love for social communication on the part of the individual. It has been found that interaction with both family and friends is maintained in old age. This has been found in study that the old people have sufficient importance for social values.

**Reley & Fower (1968)** studied role of religion in the lives of aged people. It was found that religious value renders high morale, lessened death anxiety and helps in better adjustment when age advances one may find comfort and satisfaction in their lives through religion.
Pappathi & Sudhir (2005) studied the socio-economic conditions and psychosocial problems of the rural aged females. The study has been carried out in Dindigul district of Tamil Nadu state. The study was carried out in three block of district and 325 elderly female respondents above 60 years of age were selected by following multistage random sampling method. A structured interview schedule, focused group discussion, field observation were the methods employed for data collection. The data collected for the study were both quantitative and qualitative in nature. The statistical package for social science (SPSS) was used for the analysis of the data. The study revealed that about 80 percent of respondents were illiterate 49.5 percent of respondents were found to be engaged in agricultural work and about 45.2 percent had no income less than Rs.500 per month. The aged females possessed skills in family management (56 percent) and were mostly engaged in domestic work. A majority of the aged 86.5 percent was worried about their future and about 56 percent of aged females were involved in decision making in the family. For happy ageing the respondents reported that they require better health, basic needs like food, clothing and shelter, love and affection and economic security. Physical disabilities like impairment of vision, hearing and loco motor ability were found common among rural aged, but they could not afford to get medical care due to poor economic condition and lack of facilities in villages.

Voluntary Health Association of India (2005) depicted the economic dependence picture of elderly in Indian which is as follows: among elderly rural males, 48.5 percent claimed that they
are not dependent on others, 18 percent were partially dependent and 31.3 percent were fully dependent on others. In case of elderly rural females, 70.6 percent were fully dependent on others. 14.6 percent were partially dependent and 12.1 percent said that they were not dependent on others at all. The urban scenario has been slightly different from the rural scenario. Here 51.5 percent of the males were not dependent on others, 29.7 percent were fully dependent and 16.9 percent were partially dependent. In case of urban females, 75.75 percent were fully dependent on others.

Himabindu (2004) stated that emergence of individualism and materialism due to factors, such as industrialization, urbanization and the consequent changes in value system are drastically affecting the increasing number of the aged even in the traditional societies. This is in contrast to their pre-existing status where they were traditionally revered and honored for their knowledge, wisdom and experience. Consequently, problems of biological and socio-economic dependence, psychological alienation etc is on the increase for this economically dependent population. The situation warrants a deeper understanding of the process and the problems of ageing in terms of the biological, socio-cultural and psychological dimensions, and its impact on the individuals, the family and the society at large. It was observed that aged women contributed to the family economy, by attending little children thereby allowing their parents to take up economic tasks, keeping the house and attending domestic tasks. Religiosity, among the rural women is observed to reflect the general trend in peasant communities. As economic positions are directly linked with decision making in financial matters, aged women seem to play lesser role in this sphere. One of the important sources of psychological and material support in old age is through, interaction
with close-kin, especially with the offspring’s and siblings. With the declining health, aged women tend to lose their independence and social interaction, along with the health problems, a complex set of other problems faced by rural aged women are found to have social and psychological factor, it incapacitates the individual physically, and enhances one’s dependency upon others even for fulfilling daily activities. This sort of physical condition has been the base for a variety of social and psychological consequences upon the aged when health deteriorates and becomes burden to the family and his social significance also decreases. The physiological condition compiled with loss of social significance creates in the aged a number of psychological problems and fear, increased dependency upon others leads to depression, and the improper treatment of the family members enhances loss of courage and develops feeble mind. One of the important problems, faced by the aged women is loneliness when they are deserted by their children.

**Ladusingh & Bijaya (2004)** studied loneliness among aged people and about 800 persons of 60 year of age were selected for study. Data was analyzed by multiple classification analysis (MCA). It was observed that old people spend leisure time by watching TV/listening to radio, reading books / playing cards, attending domestic chores, involved in community services, are members of religious/social bodies, and visiting friends / relatives frequently and all have negative effect on loneliness. On the other hand it was observed that old people sitting alone in leisure time or spending time in meditation, not involving in community, social and religious activities, male members with hardly visiting friends and relatives have positive association with loneliness. It was quite disheartening
to note that among the aged respondents about 94.2 percent of respondents were suffering from psychological illness of loneliness.

Sobha (2004) identified the psychosocial requirements of elderly for active ageing of people. A sample of 150 men and women were selected from Chittor district of Andhra Pradesh using random sampling method. The age group ranged between 60 to 75 years and above. The all belonged to the middle socio-economic group. It was observed that decision-making is an important indicator of self-esteem. Elderly individuals who are consulted in the process of decision making is an important matter related to socio-economic issues, for example, marriage, education of the siblings, house building, purchase of property and goods and so on, at home always enjoy the feeling of playing on important roles in the decision making process. In this study majority of male respondents enjoyed the status of the role as head of the family even though they were economically dependent, while women did not enjoy such status even in families where there are no elderly males.

Gowri, Reddy & Usha (2003) studied that among the elderly, the tendency to rate one’s health status as poor was observed to increase with advancement in their old age. Nearly three-fourths of the elderly females in their 80’s and above and about seven-tenths in their 70’s rated their health status as poor and very poor as against only a half of the elderly in their late 60’s and less than a half in early 60’s. A sharp decline perceived in health status was noted from age 70 onwards. Majority of the elderly were reported to suffering from one ailment or other. Visual problems were greater in the sample of elderly as compared to hearing and dental problems. Among the psychological problems of elderly, feeling loneliness was observed to be widely prevalent among the elderly.
Sandhu & Tripathi (2003) studied the socio-economic background and personal characteristics of the old age respondents and the reasons for shifting to old age home. The sample constituted 133 respondents (both men and women) more than 60 years of age from Punjab. An interview schedule was used for collection of information from respondents and study revealed that the respondents hailed from both rural and urban areas. A majority of them were from upper caste. About half of them had some property or economic assets which had been snatched by their children. The study revealed that majority of respondents had estranged relations with their children. The study further revealed that shifting to old age home was conflict with their sons and daughters-in-laws. Inmates who belonged to the well-to-do sections of the society stated that they came to old age home to lead an independent and peaceful life without any interference. All the inmates expressed satisfaction with institutional care.

Siva & Prakash (2003) studied the prevalent patterns of elder abuse in terms of verbal assaults, threats and fear of isolation, physical violence and financial exploitation. The study was conducted in three metropolitan cities in the country viz. Bangalore, Mumbai and Delhi, several focus group discussions were held in order to get information about elder abuse. Study revealed that there were no specific categories of abuse. Specific instances of abuse referred varied from disappointment from family to ignorance of need, lack of freedom and being regarded as useless. The abuse of the elderly was seen very much to be a health issue as it disturbed the whole family and affected the physical and mental health of elderly. The disrespect and lack of dignified living were other acknowledged forms of maltreatment meted to the older persons. Verbal abuse
seemed to exist. Economic abuse was acknowledged, especially by way of dispossession of property. This seemed also to be linked to neglect. Women perceived financial dependency and no access to money whenever required, especially for health problems and buying of medicines as a form of maltreatment.

**Benerjee (2002)** stated that the problems of the aged people are of three types, socio-cultural, emotional/ psychological problems, economic problem and health problems. The socio-cultural, emotional / psychological problems arise due to loss of role in decision making, fear of loneliness, sense of helplessness and uselessness to family or society. The economic insecurity is the main economic problem of the old persons. Nearly one quarter of the aged are suffering from financial worries. The feeling of economic insecurity is highest in the old women. The transfer of old property in the name of children may lead to economic and other problems to aged people. As for as health problem are concerned every part of the body begins to wear-out to some degree as one grows old. In India poverty and malnutrition plays a vital role in precipitating many diseases. Majority of people suffer from common health problems. About 52.4 percent of the respondents are getting occasional medical treatment when the disease is a serious one.

**Saroff & Mohanta (2002)** studied the socio-economic, demographic characteristics of the aged and the adjustment patterns of the elderly with respect to their economic needs, living arrangements, social life, leisure and recreational activities. The study has been carried out in the Deonar Area of the Mumbai. The data was collected with help of an interview, case study and observation method. The sample consisted of persons aged sixty years and above. The study revealed that the respondents do not
believe that they should depend on their children in old age. Most of the respondents do not like to interfere with the household decisions. The respondents had arranged for shelter before their retirement and live in houses owned by them. The respondents regularly go for morning and evening walk and keep themselves physically fit. It was found that they were contented with their life.

Subrahmanya (2002) stated that the elderly people are apt to develop health problems, as they grow older. The national policy for older persons recognized that with advancing age, old persons have to cope with health and associated problems, some of which may be chronic and of multiple nature, requiring constant attention and carry the risk of disability and consequent loss of autonomy. Several studies have pointed out varying percentages of morbidity among the elderly on account of visual hearing, mental disabilities, diabetes, cancer, hypertension and coronary heart disease.

Barnabas (2001) mentioned that too often, the reference to the aged is in terms of their pathology as a social problem, a burden or in need of adjustment. Ageing has multiple dimensions usually chronological and physiological aspects are referred to. The other dimensions that need to be considered are psychological, social, cultural and economic. It has been suggested that the emotional and spiritual aspects should not be neglected. Ageing is a natural and irreversible process of human life. It is not a disease, nor a disintegrative force. It is this assumption that enables us to consider the idea of active ageing.

Chadha & Easwaramoorthy (2001) discussed issues related to leisure time activities (LTAS) and quality of life of the elderly. The conception of leisure and coping with leisure are described as
important contributors to life satisfaction. An increasing number of retired people today have drawn attention to the issue of leisure. The study provided a list of 24 LTAS classified under 4 major categories of cultural, physical, social and solitary activities. On the basis of the findings of these studies, it has been concluded that LTAS are strongly and positively related to the general well-being of the elderly. LTAS vary with gender, mental status, rural-urban, residence, occupation and pre and postretirement periods. The implications of their findings for policy makers have been discussed. The need for organizing LTAS in accordance with the emerging requirements of the elderly has been emphasized.

Kirubhavathy (2001) mentioned that the ageing is viewed as a problem because of its interrelationship with social, cultural, economic and environmental factors. The problems of the aged are mainly physical, economic and social. Physical disability and ailments are inevitable for the aged. The disabled aged need proper and regular medical care. Even more important than this, is the attention and affection of the family members which is lacking today in majority of the cases. Decline in mental functioning is also a sign that is typically associated with the ageing process. In majority of the families, the old dependent parents are not considered fit for any advice on family matters. They are considered as drag and most aged feel as if they are burden to their families. The recent change in our value system has brought about insensible attitude towards the aged. Some of the psychosomatic complaints of the aged are insomnia, reduced appetite, gradual loss of interest in life, negative attitude towards self, family, and society, insecurity, anxiety, depression, inferiority complex, irritable personality, reduction in tolerance and emotional instability. It doesn’t mean that all these problems could be
found in all the aged. But they may vary according to time, place and the mental health of each individual.

**Khan et. al. (2001)** focused on the psychophysical effects associated with psychotropic drugs among the elderly. The sample consisted of 75 male and 75 female senescent (age 65 – 95 years) majority of them had been taking psychotropic drugs like anxiolytics, antidepressants, for over 3 years. A 20 item checklist prepared by the investigator was used to assess psychophysical effects like anxiety, depression, nervousness, weakness and loss of weight, female manifested more symptoms of illness than males and made greater use of health services. Drug therapy had been effective in alleviating the disorders of senescent, but they produced side effects or adverse reactions particularly among older senescent. In general, the degree of unwanted psychophysical effects of drugs depended on dosage errors and non-compliance to the prescribed usage of drugs.

**Sudhir (2001)** stated that the ageing is not only physiological or chronological but also a social and cultural phenomenon. It is frequently assumed that ageing is more a passive and positive experience in rural cultures based on agriculture, rearing animals etc. Although several cultures have extremely harsh attitudes towards the old and the aged were killed or allowed to die when they were no longer productive, most of the rural cultures resorted a reverent attitude and held the aged with high esteem, prestige and privileges. The variations are marked even in rural India until recently. In rural India, the traditional joint family system and the closely-knit community structure maintained mutual harmony, between the young and old. But with the drastic changes in the family structure and functioning of the communities, the elders are left with multifaceted problems. They suffer from loss of status and authority, lack of
attention, insecurity and the old are alienated with an undignified existence.

Sreevals & Nair (2001) studied socio-demographic characteristics of the inmates of old age home and studied reasons for joining old age home and the level of satisfaction among aged people. For this purpose 157 inmates from eight randomly selected old age homes from Thiruvananthapuram district of Kerala were selected and a semi-structured interview schedule was used for collecting data and the data collected was analyzed by using various bi-variate and multivariate statistical techniques including logistic regression. Findings revealed that a majority of the inmates were females, 66 percent inmates had joined the old age home voluntarily, and 30 percent were brought in by their children. 41 percent of inmates were illiterates and those having less than 5 years of schooling. Only 20 percent of female had more than 10 years of schooling. 43 percent were never married, while 8.8 percent had their partners with them. Majority of the respondents were not inclined to do any job even if one small portion was still working. About 36 percent of the inmates had clashes with their son or daughter before reaching the old age homes. In the absence of joint family system, nuclearisation of families with one or two children, the old parents are left with no alternative than joining the old age homes. About 63 percent of the inmates were found to be satisfied with their life in the old age homes. The majority joined the old age homes due to family problems. Absence of caregivers emerged only as the second most important reason for moving to old age homes.

Dhar (2000) discussed the role of exercise in maximizing the functional capacity of various organs in old age. Old age is associated with inactivity. Physical inactivity is a risk factor for many
conditions like coronary heart disease, osteoporosis, obesity, and metabolism, negative nitrogen balance, calcium extraction, muscular and skeletal system are associated with inactivity. It is argued that a well-designed exercise programme of low to moderate intensity is the most cost effective means of maintaining their functions. The ultimate goal of any exercise regime is improved quality of life. Keeping in view the risks associated with exercise, a simple walking programme has been recommended as the safest and most effective form of activity.

**Kar et. al. (2000)** analyzed the nature and frequency of different types of bio-psycho-socio and behavioural problem in a sample of 39 inpatients with dementia (mean age 59.8 years), which were faced by their caregivers while taking care of them at home. The behavioural problem like aggression, verbal abuse, socially inappropriate behaviour, decreased verbal interaction, and disturbed sleep and mood disturbances in the form of persecution, death wishes and suicidal ideas were also observed. According to the authors, management of these behavioural problems could improve the bio-psycho-social functions of patients suffering from dementia.

**Patnaik (2000)** discussed the ways to improve quality of life (QOL) in middle aged people. The period between retirement from active working life and the onset of old age and infirmities is referred to as “middle” age. Disciplined daily living activities (DLA) during the working years can slow down the onset of old age and improves quality of life in the middle age. Holistic care for the ailing elderly is needed for regaining and maintaining a good quality of life. Studies conducted in the middle age group with infirmity revealed that disciplined daily living activities during working years slow down the onset of old age process.
Thiruvengadan (2000) studied family background, physical, psychosocial and economic problems of aged people. The sample consisted of 30 elderly of 55 years of age and above residing in T.V.S. Nagar, Madurai. The data was collected by an interview schedule and findings highlighted that some of the major problems faced by elderly like sense of helplessness, sense of being lost, loneliness, feeling of insecurity and poor economic conditions.

Kalyan (1997) studied some social aspects of elderly females in India and found that women are subjected to discrimination, oppression, exploitation and deprivation of various kinds. Their position in family as caregivers ends up without care in old age. Empty-nest syndrome brings depression to them. In old age females are subjected to social and economic marginalization. Well being of elderly females is dependent on social, economic, psychological and health factors and more importantly feelings of being wanted, useful and respected which they should get in society.

Rathi, Lata & Mrinal (1996) studied loneliness among aged people. For this purpose a sample of 80 subjects (40 males and 40 females) were selected for study from age group of 55 to 79 years. For collection of information loneliness scale by Russel, Peplar and Cutrona (1980) was used. Study revealed that higher degree of loneliness was found among the spouseless elderly people.

Sandhi (1995) examined the differences in need satisfaction among the aged living with their families and those living alone. A sample of 100 male aged (60-70 years) were selected for study. The data was collected by Socio-genic Need Satisfaction Scale (Chouhan, et. al.) and for the analysis of data “t” test was used to estimate the difference between two groups. Findings revealed that the
respondents living with their families were noticeably different from those living alone, and scored higher on acceptance and cooperation. Feelings of isolation and rejection were more among the aged living alone as compared to those living with their families.

**Chadha (1994)** examined the impact of institutionalization on psychological well being and depression among older people. A sample of 100 respondents (50 men 50 women) were selected for study above age group of 60 years. The data was collected by Beck Depression Inventory and findings revealed that the older non-institutionalized persons scored higher on psychological well-being and had a low depression level compared to institutionalized respondents. Family support was observed to be an important factor for psychological well-being of older people.

**Shabeen Ara (1994)** studied self-perception of aged people. A questionnaire was used for data collection and study revealed that about 98.4 percent of respondents considered themselves old and about 56 percent of the respondents were not interested in work and 44 percent of the respondents were still interested in work. It was observed that about 10.4 percent of the respondents were taking more interest in religious activities since they have become old. It was evident from the study that 80.8 percent of the respondents do not consider themselves a burden upon others. Since most of them have a source of income and they have always been helpful to their family members and friends, they feel no hesitation in accepting help from them when they themselves are in trouble and in need. About 84 percent of the respondents have positive view towards aging, even though they are well advanced in age, they feel that they are still helpful to their group. They earn a living, enjoy status as heads of their families and are being loved and respected by the members of
their neighborhood. The study further revealed that about 77.6 percent of the respondents do not suffer from psychological and emotional problems. They do not feel lonely or being isolated from the group. They actively participate in the family and community life and consider themselves as integral part of the group. Only 22.4 percent of the respondents expressed that they are subjected to isolation due to old age.

Chowdhry (1992) studied that there are various factors which create problems for the aged people. Physical problems such as disabilities and chronic illness coupled with lack of nursing and medical facilities. There are economic problems such as lack of resources, employment or income. Sometimes children refuse to maintain parents and are being forced to sell their property. The aforesaid problems are often associated with psychological, emotional, and social problem which are caused by loneliness, feeling of being unwanted, sense of loss, loss of job, social status, spouse and even abuse and physical violence, depression and anxiety among old people.

Mishra (1992) explored the association between retired individuals’ engagements in various activities and their life satisfaction (LS). A sample of 720 retired men was interviewed for their involvement in various activities and their degree of life satisfaction. The findings revealed that there was a significant positive association between LS and involvement in activities connected with occupation, hobbies, and interaction with friends and members of voluntary organizations. However, the involvement in religion and household activities and interaction with family members, neighbors and relatives had no such impact on respondents’ happiness.
Ramamurti, Jamuna & Reddy (1992) studied the needs of elderly population that are likely to merge in the next two or three decades. A sample of 700 men above the age of 60 years was chosen for study. The findings revealed that several needs of the aged such as needs for supplementary income, improved health, knowledge and future psychological strategies of meeting situational emergencies as for as the elderly are concerned in the twenty first century.

Chadha et. al. (1991) studied how the retired elderly persons spend their leisure time. A sample of 60 males and 60 females (aged 50 years and above) were selected for study. The data on 25 leisure activities were grouped under cultural, physical, social and solitary activities and findings indicated that males from civilian background and female from both civilian background and military background engaged most frequently on family based activities after retirement, service males were most likely to be engaged in activities outside of the immediate family context.

Nagpal et. al. (1991) studied life satisfaction and social support network of institutionalized and non-institutionalized elderly people. For this purpose a sample of 60 institutionalized and 60 non-institutionalized subjects of age 58 years and above was selected. Study revealed that both quality and quantity of support are important for elderly people. It was found that life satisfaction among non-institutionalized elderly was higher as compared to the institutionalized elderly. Females expressed more life satisfaction than males and the social support has a more positive effect on life satisfaction of elderly people.
OVERVIEW

All the available literature concerning the present problem was surveyed and examined and about 126 studies were found related to the present problem. These 126 studies were classified into three broader groups as follows:

a) Studies on adjustment in old age
(b) Studies on values in old age
(c) General studies on old age.

The studies on adjustment in old age are about 74, studies on values are 22 and general studies are about 31. The review of the earlier studies conducted on the adjustment and values of the old age people clearly reveals that the adjustment problems associated with old age are multidimensional: social, emotional, financial, home, and marital along with health. From the review of these studies, it is clear that 39 researches were conducted on adjustment 21 on health and 9 on socio-economic adjustment and 5 on impact of industrialization and urbanization on adjustment of elderly.

Studies on adjustment

Mohan and Sajjan (2005) observed that majority of elderly people suffer from health problems and females suffer most and in great number. Mental depression was at higher side among the old age subjects. Panda (2005) found that there is a strong inter-linkage between physical health, mental health and social relation. Healthy aged women are more satisfied with life than those who are weak. The elderly women who rarely feel lonely, have fewer worries and tension and those who are optimistic often have greater satisfaction with life. The occupational status, possession of immovable property, ownership of jewellery has no significant relation with the life satisfaction of elderly people. Sharma (2005) found that a
majority of elderly people were not physically fit. Those who were single felt more insecure and a majority of elderly face economic problems, they are dependent on other family members and it was found that about 60 percent males and 78 percent females were maladjusted. Singh (2005) observed that the health problems tend to increase with advancing age and very often the problem aggravated due to neglect, poor economic status, social deprivation and inappropriate dietary intake. A very large majority of landless rural aged did not have any secure source of livelihood. A majority of them were dependent on family income and old age pension. A good number of aged was dependent on daily labour. In spite of their poor health and disabilities they had to go for daily labour which included hard physical work, this added to their health problems.

Jose, Alex and George (2004) stated that the family as a social institution is undergoing many changes. The extended family is losing ground as a social institution and in underdeveloped world, the extended family is giving way to the nuclear families, with these changes the care of sick, disabled and aged members had become difficult. The old people suffer from various problems, especially physical health and they often face mental health problems. Prakash (2004) revealed that most women in traditional society spend their adult years in home-making and non-remunerative work. They tend to be dependent on family for their survival and well-being. Cultural and social factors lead to neglect of personal health in adult years. The socio cultural environment in which they are socialized does not reinforce independence. In old age there is an accumulation of disadvantages that reduce quality of life and which lead to adjustment problems in old age. Sandhu & Bakshi (2004) found that the changing society had an overall negative impact on mental well-being of the elderly. The strongest feeling was increasing loneliness and alienation in lives of elderly due to changing ethos of society, elderly are more sad
and depressed in the materialistic world and feeling of mental insecurity is due to lack of moral support from adult children because of emotional and physical distances from them. However, there was some evidence of positive impact on economic well-being of elderly with changing times because of useful impact of some financial advantages bestowed by the government to elderly men and women. Sinha (2004) observed that more than 65 percent of Indian women live without a spouse as compared to older men. Widowhood often lowers the socio-economic level of women. Their work as home maker and caress in never monetized, urban widow sometimes get the pension and life insurance money of their deceased spouse. Rural women rarely have this advantage. These factors increase dependency of women on others in old age. All this contribute to women’s mal-adjustment and dependency on the family for mere survival.

Chadha (2003) found that the loss of job due to retirement results in the loss of self esteem and self worth. The adjustment to retirement may often be difficult since it requires adjustment to new life style. In old age a feeling of loneliness, the perception of void in life, financial problems and loss of status accompanied by a sense of alienation and hopelessness. It was found that elderly living with their spouses are well adjusted as compared to those who live without their spouse. Ramamurti (2003) stated that the health of older people has been found to be poor especially among rural women as compared to their urban counterparts. The Indian women identify themselves fully with their husbands and depend on them economically and for most social functioning, the loss of husband makes their life miserable. Venkateswarlu (2003) found that the health problems tend to increase with advancing age and very often the problems aggravate due to illiteracy, ignorance and poverty. The health problems can be regarded as major problem for old. The health status of poverty stricken rural aged is unquestionably the worst. The declining health status of the aged gradually
pushes older persons to relatively insignificant social position in the family and in society. Ramamurti (2003) stated that in a youth based culture; there is a strong stereotype towards the aged resulting in society looking down on older people. There is a negative age discrimination against the elders. These elderly consequently suffer from marginalization, alienation, poor living arrangement. It results in the poor status of the elderly contributing to loss of personal and social power.

Bhaswati and Sen (2002) studied that the majority of aged people suffered from major illness and a very high proportion of elderly were economically dependent and faced financial difficulty which led to stress, adverse health conditions and consequently in adjustment problems. Sheoron and Vermani (2002) revealed that the majority of aged widows had psychological problems; about 1/4th aged widows had the problems of adjustment. The arrival of daughter-in-law and death of husband further aggravates the adjustment problems of aged widows. The widows who were not contributing to family income had more adjustment problems. The problem of adjustment was also non-significantly related with land holdings of aged widows and age at widowhood.

Chopra & Anand (2001) found that the quality of life of elderly people was better who were living in families as compared to those who were staying in old age homes. The quality of life was specifically better from psychological and social aspects. Mehta and Mallya (2001) observed that a majority of elderly people suffer from several health problems. The majority of the aged considered their family as the major support system they preferred to approach the family in case of any problem and a majority of elderly were involved in decision making process. This was because most of them lived in nuclear families and were contributing to the family income. Rao (2001) observed that in old age people had poor health status. More than half of the aged people especially females felt that they were not
given due respect by their children, they were considered as a burden by the family and they were not consulted for major decisions. Sobha (2001) found that loneliness, dependence and need for emotional security are definitely a part of ageing. This is true to either sex, even though sometimes the projected writings indicate that women are able to accommodate and adjust to the changing life styles better than men.

Aujla, Dhillon & Sandhu (2000) found that men played dominant role in planning the household matters. There was significant association between income and role in financial decision of family. About 37 percent of elderly did not enjoy old age because of ill health, economic insecurity, being less useful and neglect by their children. Kapoor & Kapoor (2000) observed that the joint family system in India helped to prevent some of the problems of the aged. As result of education, economic independence, changing value system, absence of social security for the aged and nuclear family further aggravate their social and economic status. Karkal (2000) found a significant association between adjustment and chronological age, religion, educational qualification, postretirement income, pre-retirement occupation, number of dependents and duration after retirement. Nayar (2000) observed that about 60 percent of elderly people had some health problem and spouses are main source of interaction and a majority of elderly men were consulted for decision making. Rajadurai & Indrani (2000) found several factors which influence adjustment in old age like dependency, fault finding, feeling of hopelessness, and uselessness, and low self esteem, higher expectation from family, loneliness, ego clashes, financial insecurity and constant worry.

Chakravarthy & Tyagi (1999) found a majority of males and females indicated poor health status and majority of females were working after retirement. The satisfaction level among aged males and females was significantly lower. They had poor financial status, poor role and status in the family. Dhar (1999) observed that the elderly continued to suffer from
conditions of ill health and women continued to remain in the family even under adverse situations because of economic dependability and emotional factors while men manage to lead a life of their own even when they are deserted. Irudaya & Mishra (1999) found greater dissatisfaction among the elderly people in a nuclear family set-up and those who were financially dependent. The urban elite did not approve old age homes as a substitute for the home environment unlike the rural elderly. Kumar (1999) stated that with modernization and urbanization norms of financial care for the elderly parents weakened. It created a room for migration especially from rural to urban areas. With this majority of elderly population tend to live in empty nest with socio-psychological, economic and health problems. Kusuma & Reddy (1999) observed that the old age is not exclusively a problem with social, culture and economic ramification but also included health and medical problems. Puri & Khanna (1999) found poor health status of women belonging to lower middle class. They were independently engaged in activities like shopping, food preparation, housekeeping, laundry and even managing finances. Rao & Parthasarathy (1999) found several factors which influence adjustment after retirement as type of job, health condition, income, and emotional support of family, purpose in life, social interaction and activities undertaken during post-retirement phase. Singh (1999) observed that aged of urban tribal group, experienced more amount of psychological stress leads to them more mental health problems as compared to the aged of remote rural villages. The psychological stress was more in case of female aged tribals as compared to male aged. Soneja & Tyagi (1999) found that a majority of the upper and upper middle class and middle class elderly were financially satisfied but the lower class and the rural elderly found it increasingly difficult to meet their financial requirements. A small percentage depended on their sons and then on the spouses. A decline in health was found as one went lower in economic hierarchy. The higher percentage of physically fit was reported in urban
areas as compared to rural area elderly. A decline in social interaction was reported because of enhanced immobility with increasing age, limited financial resources, poor health and liabilities in the family. Vasantha (1999) observed ageing is inevitable and irreversible and needs to be coped with effectively. It involves destruction of billions of cells of the body; it is also accelerated by social, cultural and political factors.

Patel (1998) found about 88 percent of old people were suffering from anxiety and mental tension because of ill health, conflicts with other members of family, contradictory life values, economic dependency, lack of adjustment and trouble in passing leisure time. About 60 percent old people were having feeling of helplessness and uselessness. Alam & Hussain (1997) found that gender is significant factor behind adjustment of aged people. Dominance of daughter-in-law in family affairs increases adjustment problem of aged women. A majority of women had adjustment problems. High caste persons were high on adjustment level. Chadha (1997) observed that retirement is one of the most important problems. The loss of job due to retirement may often be difficult since it requires adjustment to new life style characterized by decreased income. There is a feeling of loneliness, perception of void in life, financial problem, and loss of status accompanied by a sense of helplessness. The elderly widows are poorly adjusted when compared to the elderly who live with their spouses. Kumar (1997) observed that aged females are more isolated in family and have more adjustment problems in terms of interpersonal relationship as compared to male counterparts. Muttag (1997) found problems of aged which include loss of status and prestige, declining health and wealth and in some cases empty-nest syndrome if the children have deserted them and settled abroad. There is a growing sense of loneliness and fear of dependence and death. A woman has more problems than her husband in
making adjustment at home. The working woman on the whole adjusts better to retirement than men.

Dharamvir and Mahajan (1996) observed that a large majority of aged women in urban areas are facing health problem. The position was acute among retired women than housewives. The low-income level of family leads to poor physical health of aged women. Hussain & Narain (1996) found that neuroticism had significant negative correlation with adjustment. There is joint contribution of independent variable towards health, home, social, marital, emotional, financial and as well as overall adjustment. Kohli (1996) revealed that the elderly have to adjust with family members who may increasingly resent their presence and they have to adjust to a life devoid of many activities and adjust themselves to loss of spouse or loss of friends. Kumar (1996) observed that pre-retired and retired did not differ significantly from each other on level of overall adjustment pattern. The pre-retired groups from two different socio-economic statuses were significantly different from each other on level of home, health and social adjustment. Malhotra, Renu & Chadha (1996) found that pensioners faced problems regarding health and adjustment with family, non-pensioners faced problems of finance, family and isolation, married people experienced problems regarding health, social, familial conditions, and fear of death while widowers faced problems of finance, insecurity, adjustment and feeling of isolation.

Bakhru (1995) observed that elderly who do not have any physical problems are better adjusted than those who had physical problems. Hussain & Singh (1995) found that pre-retired and retired people differed significantly on their home and emotional adjustment pattern. The health and social adjustment of two groups did not differ significantly. Shirolker et. al. (1995) indicated that the age, sex, location of residence had an impact on the
physical and mental health, life satisfaction and social activities of ageing persons.

Malhotra, Ranu & Chaha (1994) found that health problems may make adjustment to retirement difficult due to physical and mental limitations. Nanda (1994) found that old age is associated with several physical, mental, economic, interpersonal, religious and occupational problems. Srivastav and Gupta (1994) observed that highly stressed elderly employees were highly maladjusted than less stressed elderly employees. Saxena (1994) observed that the retired workingwomen score significantly higher in their pattern of adjustment and vocational interest. No significant difference was observed in their adjustment, living in joint or nuclear family.

Chakravarty (1993) observed that male aged are better adjusted than female aged and financial problems are more in old age. Chakrabarty & Profulla (1993) found that majority of elderly suffer from health problems and elderly living in joint family had no problems of adjustment. Anuradha (1992) observed that older group had more problems of health, loneliness, lower life satisfaction and higher psychological distress. The rural people were more Vulnerable to physical and psychological distress; older rural female group was more distressed. Dhillon & D'souza (1992) observed that age significantly effects aggression, mode of coping with frustration, social maturity and emotional adjustment, women irrespective of age, experience low level of frustration are better socially adjusted and more socially mature. Basu (1991) found that rural aged place physical problems on top of other problems. The urban aged have less problems of adjustment as compared to rural aged and urban aged are physically better-off. Easwarmoorthy (1991) found that aged who live with their spouses are better adjusted and adjustment scores of females did not differ significantly, depending on their marital status. Joseph (1991) revealed that elderly people
who are economically dependent had more physical problems and mental problems. The age and economic status affects the peace of mind of people.

Asha & Subrahmanian (1990) found that elderly women have more problems of adjustment than elderly men, and rural women do not differ significantly from urban women in home, health, emotions, self and general adjustment but differ in social adjustment.

Jayashreee (1990) observed that no significant difference exists between mean scores of personal adjustment and life satisfaction of aged persons with living or dead spouse. Natesan & Hemalatha (1990) found that economically dependent aged have greater number of problems than economically independent aged people. They face problems of loneliness, financial difficulties, and inabilities to find a suitable job.

Bose & Gangrade (1988) found that the elderly who are financially dependent face number of health and psychological problems. Failing health, continuing ailments, poor financial situation and humiliation in the family can all lead to maladjustment among elderly people. Bhatnagar & Radhawa (1987) observed that better educated, economically well-off and persons with urban background have higher level of social adjustment. Singh (1987) found maladjustment among women was greater from pre to menopausal group than from menopausal to post-menopausal group.

Bhatia (1983) observed that financial resources are important aspects of total adjustment in old age. The people retired from high public positions are well adjusted. The elderly who face financial crisis are unadjusted. Singh (1983) found that old people have more adjustment problems in areas of emotional, social and health. The engagement in some productive tasks contributed significantly to old people in adjustment.
Studies on Values

Much literature was not available on values. After survey of available literature only 21 studies were found relevant. Out of these 21 studies 13 studies were on religious values, 2 on aesthetic value, 2 on social value and three on all the six values and only one study was available on political value which one as follows:-

Gil (2001) observed that elderly are not currently politically active. They are more likely to face inadequate transportation, low income, insufficient education, poor health and substandard housing. The factors adversely affecting participation included fear, lack of communication and low socio-economic status. Chris & Harahousou (2001) found that Canadian men and women give highest preference to aesthetic value followed by health and physical fitness.

Nanda (2000), Patel et. al. (2000), Usharee (2000), Ramurti & Jamuna (1994), Rao et. al. (1993) found that old age and religion is related to each other. Widows are significantly more religious than widowers. The religious and social activities were the major activities pursued by the elderly to cope with feelings of loneliness. The religiosities of elderly people were positively associated with good adjustment. In old age religious beliefs and thoughts can comfort old people when they are sick, unfit, suffering or dying.

Hussain, Akbar and Suri (1997) found that majority of elderly had higher religious values followed by theoretical and economic values. Aesthetic value was ranked lowest and neither sex nor culture contributes to preferential beliefs rather it is growing age which matters in preferences of values.

Pati & Jena (1989) observed that the aged individuals have shown a higher preference for the religious value. The economic value has been found to occupy the second highest place in value preferences. Social value indicated that old people enjoy social interaction and regarding the political value aged people seemed to have some kind of political preferences. The theoretical value was least preferred for elderly. Dressel, Paula & Avant (1978) found that old people have placed sufficient importance on social values.
General Studies on Old Age

There are about 31 general studies on old age which highlight different aspects of old age raging from studies on leisure time, loneliness, psychological problems, elderly abuse in terms of verbal assaults, threats, physical violence and life satisfaction. The overview on general studies is mentioned below briefly:-

Pappathi & Sudhir (2005) observed that a majority of the aged people was worried about their future, physical disability was common among rural aged. The aged females possessed skills in family management and were engaged in domestic work. Himabindu (2004) stated industrialization and urbanization have changed the value system which drastically affects the aged people. The problems of biological, socio-economic dependence; psychological alienation is on the increase among elderly people. Ladusinh & Bijaya (2004) revealed that old people spend their leisure time by watching TV/listening to radio, reading books, playing cards, attending domestic chores, involved in community services and visiting friends and relatives frequently and all this have negative effect on loneliness. Sobha (2004) observed that a majority of male elderly enjoyed the status of the role of head of the family even though they were economically dependent, while women did not enjoy such status even in families where there are no elderly males.

Gowri, Reddy and Usha (2003) found that a majority of elderly were reported to suffer from one ailment or other. The feeling of loneliness was widely prevalent among elderly, among the psychological problems faced by elderly people. Sandhu & Tripati (2003) observed that majority of respondents had estranged relations with their children who made them to shift to old age home and they lead an independent and peaceful life without any interference in old age home. Siva & Prakash (2003) found that there were no specific categories of abuse. Specific instances of above referred varied from disappointment from family to ignorance of need, lack of freedom and being regarded as useless. The
disrespect and lack of dignified living were acknowledged forms of maltreatment meted to the elderly persons. Verbal abuse seemed to exist.

Banerjee (2002) stated that the problems of aged people are of three types, socio-cultural, emotional/psychological problems, economic and health problems. Saroff & Mohanta (2002) found that aged respondents do not believe that they should depend on their children in old age. The respondents had arranged for shelter before their retirement and they were contented with their life. Subrahmanya (2002) stated that elderly people are apt to develop health problems, as they grow old. The national policy for older persons recognized that with advancing age, old people have to cope with health and associated problems.

Chadha & Easwarmoorthy (2001) found an increasing number of retired people today have drawn attention to the issue of leisure. It was found that leisure time activities are strongly and positively related to the general well-being of elderly people. Kirubhavathy (2001) stated that the problems of the aged are mainly physical, economic and social. Physical disability and ailments are inevitable for the aged. In the majority of the families, the old dependent parents are not considered fit for any advice on family members. They are considered burden to their families, but these problems could not be found in all the aged. They may vary according to time, place and the mental health of each individual. Sudhir (2001) stated that the drastic changes in the family structure and functioning of the communities, the elders are left with multifaceted problems. They suffer from loss of status and authority, lack of attention, insecurity and the old are alienated with an undignified existence. Sreevals & Nair (2001) revealed reasons for joining old age home and found that maximum aged people had joined the old age home voluntarily and only a meager percentage were brought in by their children.
Dhar (2000) discussed the role of exercise in maximizing the functional capacity of various organs in old age. The exercise regime will improve quality of life. Keeping in view the risks associated with exercise, a simple walking programme has been recommended for elderly people. Kar et al. (2000) observed behavioural problems faced by their caregivers while taking care of elderly at home. The problems like aggression, verbal abuse, socially inappropriate behaviour, death wishes and suicidal ideas were observed. Thiruvengadan (2000) found loneliness, sense of helplessness, being lost, feeling of insecurity and poor economic condition were some of the major problems faced by elderly people.

Kalyan (1997) observed that elderly women are subjected to discrimination, oppression, exploitation. Their position in family as caregivers ends up without care in old age. Rath, lota & Mrinal (1996) found higher degree of loneliness among spouseless elderly people. Sandhi (1995) observed that the feelings of isolation and rejection were more among the aged living alone as compared to those who live with their families. Chadha (1994) observed family support an important factor for psychological well-being of older people. Shabeen Ara (1994) observed that a majority of elderly respondents do not consider themselves a burden upon others. Since most of them have a source of income and they have always been helpful to their family members and friends. About 77.6 percent of the respondents do not suffer from psychological and emotional problems.

Chowdhry (1992) found that old age is associated with physical, psychological, emotional and social problems which are caused by loneliness, feeling of being unwanted, loss of job etc. Mishra (1992) found that there is a positive association between life-satisfaction and involvement in activities connected with occupation, hobbies and interaction with friends. Ramamurti, Jamuna & Reddy (1992) observed several needs of aged such as supplementary
income, improved health, knowledge and future psychological strategies of meeting situational emergencies.

Chadha et al. (1991) found that elderly people involve themselves in family based activities after retirement. Nagpal et al. (1991) observed that both quality and quantity support are important for elderly people and life satisfaction was found more among non-institutionalized elderly as compared to the institutionalized elderly.

The studies of adjustment and values have not as yet been taken up in big way by the social scientists in India. Demographers and social scientists have started examining the social and economic implications of ageing population and the problems faced by the elderly since the 1970’s. Traditionally, the elderly in India were looked after reasonably well within the joint family. But with the gradual shift from agrarian society to a modern, urban and industrial one, the Indian society is experiencing lot of problems and in this process, one of the most affected section of the society are the elderly. “Although family support and care of the elderly are likely to disappear in near future, family care of the elderly seems to decrease as the countries of Asia develop economically and modernize in other aspects”. From the review of these studies, it is clear that the adjustment of the elderly is affected by many interwoven aspects of their social and physical environment. These range from their lifestyle and family structure to social and economic support systems, to the organization and provision of various facilities. Understanding the various factors that determine the adjustment of elderly is important as it helps to evolve suitable measures to improve the adjustment of elderly.