ABSTRACT

Ageing is a universal phenomenon. At the global level, the phenomenon of ageing was first highlighted in 1982 when the United Nations organized the first World Assembly on Ageing in Vienna. The assembly highlighted two striking aspects of ageing: rapid speed and high magnitude. These aspects along with the provision of access to health care services, formal care giving, social security, and experience of delayed and healthy ageing to all its citizens has made ageing a critical policy issue in both the developed and developing nations.

There is no escape to ageing; however, different countries are facing its impact differently based on their socio-cultural and economic characteristics. The Projections of the United Nations Population Division showed a massive demographic shift being taking place in both developed and developing countries. For instance, the population aged sixty and above in the developed countries will projected to see the percentage of the old people in their population rise from an average of seven percent to over eleven percent by the year 2015. Similarly, in developing countries, China and India, alone accounts for over fifty percent of the elderly population.

In India, the population of older persons ranked fourth highest in the World and by the end of present century it will expected to become second only to China. The U.N has also declared India to be an “ageing society”. Presently, there are around 76 million aged persons in India (Census data, 2001); which can not only boast India of being the highly populous country, but also claim a place among the “Ageing nations”.

Population of elderly is growing everywhere. Region-wise distribution of elderly in India figured South India as the region with having highest number of elderly persons followed by Central India, East India & North-East India. Further among the regions; ‘Kerala’ was found to be a State with having highest proportion of elderly and the lowest was observed in Andaman and Nicobar Island. Trends in the absolute number of elderly (60+) in India and major states figured Uttar Pradesh as the State with highest number of elderly population (9 million) followed by Maharashtra (5.5 million) and Madhya Pradesh (4.3 Million). Thus every state, irrespective of its present stage of demographic transition, is following and is projected to follow the course of transition in their age structure.
These projections are responsible for drawing the attention of policy makers and planners towards the need of developing programmes for the aged both at micro and macro level. It further requires deeper understanding of the ageing issues and phenomenon. Keeping this in mind, the present research is designed to get some familiarity with the ageing phenomenon.

The present study aims to identify the socio-economic problems of senior citizens in an urban context. It further outlines the coping practices adopted by the senior citizens in dealing with these problems and suggest the possible interventions accordingly. Hence, the basic purpose of present research is not merely problem identification, but prediction and control of the problem which further put this study under the domain of Social Work. In this light, the present study was a modest attempt to understand socio-economic problems among the elderly along with their possible interventions. The study in hand is therefore entitled as ‘A study on identification of socio-economic problems, coping practices and possible interventions for senior citizens of Aligarh (U.P.)’ Keeping this in mind, the study was launched to obtain the following objectives:

• To study the socio-economic profile of senior citizens of Aligarh city.
• To identify the socio-economic & health problems observed by the senior citizens of Aligarh city.
• To analyze the coping practices adopted by the senior citizens in coping with the socio-economic & health problems.
• To suggest interventions in dealing with the problems as identified in the present study.

In order to achieve the above mentioned objectives; Aligarh city of U.P. was selected. Aligarh city is located in the Lodha Block of Koil Tehsil and it lies almost in the centre of Aligarh District. According to 2001 Census; the total population of Aligarh District was twenty nine lakh and ninety two thousand, whereas population of senior citizens was reported as two lakh six thousand, seven hundred and fifty three. Out of these; the population of senior citizens in Aligarh city was reported as forty nine thousand, two hundred and eighteen. Aligarh city has been selected because of its manageable size,
homogeneous population and researcher’s familiarity with the area. In addition, Aligarh
city is an example of Modern Township with having a good mix of elderly population
belonging to all socio-economic strata. Besides, the city has been observing rapid
pace of urbanization and fast changing socio-economic conditions which is bringing
many changes in the life styles of elderly and needs examination.

For the purpose of research, Aligarh city was divided into five zones using Burgess
Model and from each zone one ward is selected. The five wards thus selected include
Hamdardnagar, Kishanpur, Shahjamal, Pala Sahibabad and Sir-Syed Nagar. All these
localities are densely populated and people are sharing common social, economic and
cultural characteristics. Out of all these wards, a sample of 500 senior citizens was
drawn using ‘Stratified Proportionate Random Sampling’ technique. The study was
made ‘diagnostic cum descriptive’ in nature and information was collected by the help
of pre-tested interview schedule and case study method. The variables were identified
and accordingly information was collected. The data thus collected have been analyzed,
interpreted and inferences drawn accordingly.

The inferences by this study have been drawn as under:

First is regarding the age and gender-wise share of respondents in the present sample.
The findings reveal that majority of respondents (54 percent) falls within the age group
of young-old (60-69 years) followed by the old-old (70-79 years) 32.8 percent and the
oldest-old respondents (80+) respectively i.e. 13.2 percent. This shows that the sample
covers senior citizens of almost all age groups falling within the different age
categories. In addition, the composition of male and female respondents was found to
be almost similar consisting of 50.6 percentage males and 49.6 percentage females.

In order to study the age-specific gender differences, the gender-wise composition of
respondents within the three age categories, namely, young-old, old-old and the oldest-
old has been determined. The findings reveal that females outnumber males in the
oldest-old age group which in turn indicates the vulnerability of ‘oldest-old’ female
elderly because of higher chances of widowhood and financial dependence.

In order to check the impact of religion on the life style and coping practices of senior
citizens; religion as a variable has been introduced. The findings reveal that majority of
respondents were Muslims (280) followed by Hindus (220). There was no respondent
belonging to any other religious community. This shows the dominance of two
religions in the sample.

Education directly affects an individual’s source of earning and Quality of Life. Hence,
an attempt has been made to diagnose the educational status of the respondents. The
present study assumes that higher the level of education better will be the standard of
living. The findings clearly reflect the fact that although majority of respondents 327
(65.40 percent) were literate, but they were educated only up to primary or secondary
level (40.6 percentage). However, the percentage of respondents holding some higher
degree was also significant (i.e. 46.6 percent). This shows that the sample comprises of
a good mix of respondents holding both lower as well as higher education.

Along with education, imperative roles and responsibilities have been assigned to an
individual on the basis of his/her marital status. Marital status is also important in case
of determining the care giving and nature of social interaction experienced by the elder
generation. The present study reflects that majority of senior citizens (66.2 percent)
were married. This was followed by widow/widower (32.2 percent); unmarried and
divorcee (1.6 percentage) respectively. It was further observed that higher percentage
of married and living together respondents were from ‘young-old’ and ‘old-old’ age
groups, whereas, majority of widow / widower belongs to the ‘oldest-old’ age category
and were mostly females. This finding confirms the triple jeopardy of women i.e. of
being woman, of being elderly and being a widow.

In old age, care receiving and pattern of social interaction depends upon the type of
family in which the respondents are living. In the present study, the family has been
classified into two categories, namely, nuclear and joint. The present finding reveals
that overwhelming majority of respondents 280 (56 percent) were living in a joint
family system, whereas, remaining 280 (44 percent) respondents were living in nuclear
families. The prevalence of joint family over nuclear family reflects the fact that the
people of Aligarh are still carrying their values and social obligations. It further makes
care receiving easier for the senior citizens.

In old age, migration becomes a social threat as it affects the life of senior citizens in
many ways. For instance, it develops the feeling of isolation and boredom, put elderly
into stress, reduces their level of confidence, affects their eating habits, social and
psychological health etc. Present study reflects that senior citizens of Aligarh city are
least affected by the effect of migration as out of 500 respondents, only 63 respondents (12.6 percent) reported migration within the spell of last ten years, whereas, 435 (87.0 percent) respondents were either born in Aligarh or had shifted many years back.

Findings also indicate the problems associated with migration. Out of those who migrated (63 respondents); ‘adjustment’ was found to be the most common problem observed by the majority (44.46 percent) followed by the problem of loneliness (30.15 percent) and reduced social interaction (25.39 percent).

Out of those who migrated, the reasons for their migration were studied. The following reasons were reported: retirement from work, considering Aligarh as a cheaper place to live in, employment of children and their financial dependence on them, join children or relatives after the death of spouse, for treatment, in search of employment etc.

In order to determine the extent of care giving; the size of family was studied. The findings reveal that majority of respondents 197(39.4 percent) were living in a medium size family (having members between three to six) followed by 130 respondents (26 percent) residing in small family size (husband-wife only), 92 respondents (18.4 percent) belonging to larger family size (between seven to nine) and a significant number; 57 respondents (11.4 percent) belonging to ‘very large’ family size (i.e. above 10) respectively. However, there were only 24 (4.8 percent) respondents who were living alone. This shows the prevalence of small and medium size family in Aligarh.

The findings also reveal that overwhelming majority of respondents 403(80.6 percentage) had at least one of their children living near them or within the same city. Out of remaining; 46(9.2 percent) respondents had their children settled in different cities, 41(8.2 percent) had children settled abroad and only 10 respondents (2 percent) had no siblings. This clearly suggests that overwhelming majority of respondents 476(95.2 percent) had at least someone to look for. Hence, they do not need any type of formal care giving. Hence, the only need is to motivate the family as a caregiver.

In the present study, the variable ‘type of housing’ was introduced to know the financial and health status of the respondents. For the sake of simplicity, the housing has been classified into poor, average and good. The findings reveal that overwhelming majority of respondents (70.20 percent) were living in good housing conditions
followed by average (17.6 percent) and poor housing respectively (12.2 percent). In terms of financial status; it was found that generally the labour class is living in poor or average houses whereas the middle and high income groups enjoyed living in pucca houses equipped with all modern facilities.

Along with housing facility, elderly needs some privacy as well. They required privacy for doing their Activities of Daily Living like for doing prayers, taking rest or sleep, watching T.V. and for chatting with peers etc. The findings indicates that majority of respondents 313(62.6 percent) had got a separate room for performing their personal activities whereas, a significant number of respondents 187(37.4 percent) either shared their room with someone (other than spouse) or lives in Veranda or lobby. Further, it was found that those who are living in nuclear families and had a good source of income were all having privacy in their life whereas, those belonging to larger families and had lower income were all shifted to shared and congested places. Hence, in joint families the senior citizens get social security but their privacy reduces whereas, in nuclear families they face the problem of social isolation and loneliness without having the problem of space. Therefore, respondents belonging to any socio-economic class had their own merits and demerits.

Since the study aims at identifying the socio-economic problems of senior citizens, many problems were identified in this regard. Loneliness is found to be one such problem. The present finding indicates that almost all respondents felt loneliness in their present walk of life. However, the intensity and reasons of feeling lonely may varies. For example, there were 368 respondents (73.6 percent) experiencing loneliness sometimes, whereas, 132 respondents (26.4 percent) felt loneliness always. The reasons they cited for feeling loneliness were their spouse’s death, children’s indifferent attitude towards them and the poor health status.

In old age, the senior citizens do have a plenty of spare time and spending that in a favourable manner is a serious challenge. The findings revealed that majority of respondents spend their leisure time in doing non-fruitful activities e.g. 323(64.6 percent) in gossiping, 275 (55.0 percent) in watching T.V and listening radio, 179 (35.8 percent) in pursuing religious cults, 166 (33.2 percent) in doing household jobs, and 108 respondents (21.6 percent) in doing grand parenting etc. However, a very few respondents showed their interest in fruitful activities including gardening 42 (8.4 percent).
percent), joining senior citizens club and participation in social and political events 56 respondents (11.2 percent) and visiting public places 124 (24.8 percent) respondents respectively. The findings further highlighted that the respondents belonging to middle and higher income group generally adopt for playing (68 respondents; 13.6 percent) and reading 82 respondents (16.4 percent) as their favourite time pass.

Moreover, the reasons behind the improper utilization of leisure time were identified. The respondents complaint of having lack of facilities, improper channels of communication, and physical and financial dependence as their basic causes behind the follow up of these activities. They further reported that Leisure activities in which they were involved were generally based on their forced choices and hence it leads to partial or total dissatisfaction.

Another significant variable linked to the socio-economic problems of senior citizens is the social status. The present study indicates that a large number of respondents (55.2 percent) shared the same position within their family as they earlier used to share. However, a very small number of respondents (10.2 percent) reported that their social status has enhanced. Those who reported enhancement were mostly belonging to higher income groups. However, almost one-third of the respondents (34.6 percent) reported decline in their social status. Decline was observed due to poor health status and financial dependency of respondents. Further they belong to oldest-old age category. This shows that with increase in age and with more financial dependence, social status generally declines.

Another component affecting the social position is the decision making power. The findings reveals that 47.2 percentage respondents had shifted their decision making power to someone else in old age. However, 264(52.8 percent) respondents are still in a position to take decisions. On getting specific into the area where they used to take decisions it was found that out of decision makers; 56 percent used to take decisions in financial matters, 71 percent in the matter of marriage and child’s education, 46 percent used to take decisions of household work and a large number of respondents were involved in doing religious activities (83 percent) etc. The majority showing its share in decision making is just because of the traditional practice of giving love and respect to their parents. This shows that although Aligarh is in a rapid pace of urbanization but its’ cultural practices are still pertinent. The present study also determines the reasons
behind the lost in decision making power of senior citizens. The findings suggest that those who lost their share in decision making were either belonging to oldest-old age group or were financially dependent on their family members for their daily expenses. However, those who are living in nuclear families and belong to higher income group are the decision makers of their own affairs. Hence financial security in old age is a must.

Problems of senior citizens are interconnected. For instance, the problem of elder abuse is also related to decline in social status. Elderly people considered abuse as a sign of disrespect and decline in social status and hence they hesitate in reporting the cases of abuse. The more severe the form of abuse, the least reported the case would be. Similarly in the present study as well majority of respondents 350 (70 percent) totally denied of experiencing any form of abuse. Out of remaining, 17.2 percent reported verbal abuse, 7.6 percent reported emotional abuse and 26 respondents (5.2 percent) reported the cases of physical abuse. In case of reporting of the cases of abuse it was found that 28 respondents (5.6 percent) used to discuss it with their friends, 5.0 percent discussed with spouse, 3.0 percent with neighbours, 1.8 percent with other family members and 0.6 percent with their relatives only. There is found no single case of formal reporting (to police or NGO) of elder abuse. In case of abusers, primary abuser was reported as their son (56 percent) followed by daughter-in-law (29.34 percent), spouse (7.34 percent) and daughter (0.66 percent).

Elder abuse brings with it the feeling of disrespect, isolation and loss of self esteem. Thus identification of the ways of coping against these problems is a much needed intervention. In this regard, an attempt has been made to identify the coping practices adopted by the senior citizens. For the sake of simplicity, these practices have been classified into two Emotion Focused Coping and Problem Focused Coping. The findings revealed that majority of respondents 379 (75.8 percent) adopted Emotion focused coping in case of disrespect and abuse. However, the problem focused coping was adopted by only one-fourth of the respondents (24.2 percent). The findings also revealed that the respondents in the age group of old-old (70 to 80 years) and oldest-old (80 and above) mostly followed emotion focused coping whereas problem focused coping was adopted by the Young-olds (60 to 70 years) only. This pattern clearly shows that with advancement of age the capacity to deal any problem decreases and
hence increases the adoption of easier ways to solve their problems e.g. emotion
focused coping.

Religion is also playing an effective role in coping with the old age problems and especially against psychological and emotional problems. Out of 500 respondents; almost half of the respondents 229 (45.8 percent) were frequently using religion as a means of coping against their psychological and emotional problems, whereas 144 (28.8 percent) respondents practiced it sometimes. Remaining one-fourth of the (127) respondents denied for practicing such act although they too believe in god. They opined that “religion only guides a man and if one really wants to get out of his/her problem than he has to find solutions”.

Media can also be used as an effective strategy for improving the quality of life of elderly. Keeping this in mind, the opinion of senior citizens regarding the role of media in reducing the intergenerational gap between them and the younger generation was determined. The findings revealed that majority of respondents 179 (35.8 percent) believed that media is very much responsible for enhancing the intergenerational gap. However, 100 (20.0 percent) respondents opined that it all depends on an individual that how he/she take the things. On the other hand, there were 35 (7.0 percent) respondents who believed that media has no role in the enhancement or reduction of intergenerational gap. For remaining 142 (28.4 percent) respondents, the question has no significance as they don’t have regular access to media.

Next alternative in providing effective life styles to the aged is the provision of Old Age Homes equipped with all modern facilities. Government has already made many efforts in this regard. But the problem lies in the psyche of individuals as they consider Old Age Home as a symbol of isolation, neglect, and deprivation. In the present study, an attempt has been made to understand the perception of respondents regarding their self preference to old age home and that of the dependent elderly. The findings revealed that a large number of respondents 413(82.60 percent) considered old age home as the right place for needy and dependent elderly. However, 85 respondents (17 percent) marked it as wrong because nobody wants to get separated from their family. However, a very small percentage (0.40 percent) did not respond. In contrast, a large majority, 469 respondents (93.80 percent) totally denied for living in old age homes, whereas, 29 respondents showed their interest in shifting to any old age home. Those who said
‘Yes’ were generally belonging to low income group and were victims of physical and verbal abuse.

This shows that life is full of necessities. In old age when body shows decline in physical, mental and biological sphere; the life becomes difficult. In a situation like this, when deprivation to basic services was added, the life becomes totally miserable. Hence, the variable ‘availability of basic services’ has been introduced to diagnose the basic problems associated with old age. The findings clearly highlighted the deprivation of basic services in almost half of the respondents.

As regard the occupation of respondents, it was found that 27.2 percent belong to service class and were getting retirement pension, 18.4 percent were daily wagers, 10.6 percent belong to business class families, 3.4 percent were doing private jobs, 11.2 percent had agricultural land, 6 percent were receiving rent, 6.8 percent were getting monthly interest on fixed deposits and only one percent was receiving either Old Age Pension or Widow Pension. Besides, 15.4 percent of the respondents were dependent entirely on their family and friends.

The monthly income is also an important variable to determine one’s quality of life. The findings shows that the monthly income of 112 respondents (22.4 percentage) was below Rs.1000 followed by 82 respondents (16.4 percentage) getting monthly income ranging between Rs.1001 to Rs. 5,000; 106 respondents (21.2 percentage) getting income between Rs. 5,001 to 10,000; 161 respondents (32.2 percentage) getting between Rs.10,001 to 20,000 and the remaining 39 respondents (7.8 percent) were getting even more than Rs. 20,000 per month. Out of these; eleven reported that their monthly income was more than Rupees one lakh. They had their own business, properties, pension and savings.

The monthly income is directly associated with the extent of saving. In old age, saving becomes even more significant as it reflects the senior citizen’s access to basic services. Those who had enough savings will be capable of utilizing best practices of health, food and housing etc. In the present study an overwhelming majority of respondents, 206 (41.2 percent) reported their earning as just equal to their expenditure and hence they had nothing to save for old age. Further, they informed that whatever savings they
had was all utilized in the upbringing, education and marriage of their children. Hence, financial stability is missing.

In the present study, the financial asset signifies the ownership of property, household, jewelry (silver, gold or diamond), vehicles (four wheeler etc.), savings (F.D, Bonds and Insurance) and animal resources etc. The findings reveals that a very small percentage (27.2 percent) of respondents kept two or three financial assets of good value with them, whereas, a large majority (38.6 percent) had either transferred it to someone else or left with single household in which they were living presently. However, a significant number of respondents 171(34.2 percent) did not hold any such asset and they were either females or males belonging to lower income groups.

The study diagnoses a significant relationship in between ownership of financial assets and gender. The present finding indicates that majority of females (106) do not have any financial asset on their name, and if so, it was only their parental home which they couldn’t utilize. In contrast, a small number of male (65) respondents reported the possession of low or nil financial assets. However, a large majority of respondents (193) reported of possessing moderate level of financial assets (one or two assets), whereas, 136 respondents had financial assets of very good value including 93 males and 43 females. This shows the vulnerability of elderly females as compared to males in terms of ownership of financial assets.

Along with gender, a significant relationship is also observed in between ownership of financial assets and education. The findings reveals that out of 500 respondents; 155 respondents were not holding any financial asset, and if so, it was their ancestral home only and they all belongs to lower education group. However, only ten respondents from moderately educated group were having ownership of such possession. Similar is the case of highly educated group in which only 6 respondents were not holding any such asset. In addition, majority of respondents (53) from highly educated group reported that they owe financial asset of high value. Therefore, the present finding clearly reflects that with increase in education, the ownership of financial asset increases.

Economic hardship is a cause behind many socio-emotional problems. Although the Government has launched various schemes and policies meant to promote the well-being of senior citizens. In order to check the proper usage of these schemes; the
variables ‘awareness of welfare schemes’ and ‘their extent of utilization’ have been introduced. For the sake of simplicity, focus was given on those schemes which are commonly used by the respondents. First is the Old Age Pension Scheme (OAPS). It was found that majority of respondents (78.8 percent) were aware of the benefit of OAPS, whereas a significant number of respondents, 106 (21.2 percent) were unaware of the procedure of filing an application.

On further examining the reasons as to why the senior citizens are not utilizing the benefits of Old Age Pension, it was found that 291 (58.2 percent) respondents were not in a need of such help, whereas 130 (23.0 percent) respondents had never tried it. However, 56 (11.2 percent) respondents found the procedure for application as difficult. Out of those who had already applied for OAP; 23(4.6 percent) would not receive it just due to corruption. They reported that those who had to verify the application either demand something in return or leave application unattended for months. Similarly, in case of Widow Pension (WP), a large number of respondents, 421 (84.2 percent) were found to be aware of the procedure of filing application whereas, a small number 79 (15.8 percent) shows their unawareness towards the scheme.

Further on checking the awareness to other benefits, it was found that only educated respondents 182 (36.2 percent) were aware of the benefits related to tax reductions and high interest rates on fixed deposits followed by 177 (35.4 percent) respondents knowing the provisions of Maintenance and Welfare of Parents and Senior Citizens Act, 2007. The findings therefore suggest that majority of older people were not aware of the schemes meant for their welfare and hence the need is to make the procedure simpler and easily accessible.

The study was also focusing on the identification of coping mechanisms hence the question related to the perception of respondents regarding the best coping practices against financial hardship was asked. The findings indicates that more than half of the respondents 325(65 percent) were in favour of saving something for the old age. However, 73 respondents (14.6 percent) hold the view that one should try to get engaged in some work till his health permits. In addition, 41 respondents (8.2 percent) were in favour of keeping immovable assets whereas, 55 respondents (11 percent) gave priority to socialization of children. Six respondents did not reply. The findings
therefore suggest that senior citizens do believe in having some savings but the circumstances did not permit them to save.

The study also highlighted the actual practices adopted by senior citizens in coping with the financial crisis. The findings revealed that a large number of respondents 137(27.4 percent) were depending entirely on their children for financial support. However, 96 respondents (19.2 percent) used to cut down their expenses and managed within the available limits. If further needed, they ask their children for help and if the crisis still persists they left everything on god. Out of remaining, five percent reported that they sold out their assets, whereas, others are in a habit of borrowing money from someone e.g. 77(15.4 percent) borrowed money from their friends, 28(5.6 percent) from relatives and 43(8.6 percent) from money lenders etc. In addition, five respondents (1 percent) reported of taking loan on their pension and other assets whereas, only one respondent used to search for some better employment. In contrast, only 88 respondents never experienced financial crisis because of good earning and some earlier savings. Hence, from above findings it can be concluded that in old age the expectations to receive help increases.

Socio-economic problems had no significance without the health. Hence after diagnosing socio-economic problems, attempt has been made to diagnose the health problems. In this regard, first the perception of their present health status has been determined.

A large number of respondents (40.4 percentage) either belonging to the oldest-old age group or to the labour class reported their health status as ‘poor’ followed by 27.2 percent respondents considering their health status as ‘average’ and 25.2 percent respondents considering them as ‘good’. However, 36 respondents (7.2 percent) considered them as bearing ‘very good’ health status. They were mostly belonging to the ‘young-old’ age group. This shows that the ‘age’ as a variable has significant impact on the health of senior citizens and with increase in age; the health problems generally increases.

Sleep is the basic requirement of healthy body. In old age, the body gets tired very frequently and requires more time for rest. The findings shows that majority of respondents 317(63.4 percent) were in a habit of sleeping for more than eight hours a day. They mostly belong to the young-old age group. In addition, there were only 19
(3.8 percent) respondents who used to take a sleep of around five to eight hours. In total, 164 (32.8 percent) respondents had expressed this kind of behaviour. They opted for excessive sleep just because they thought that it was a nice time pass which also saves them from getting involved in any kind of troublesome activities.

In addition to sleep, eating habits do have an impact on the health of senior citizens. A healthy eating practice makes one feel energetic. For instance, the American Psychological Association, highlighted that the diet rich in folate can help mitigate the feelings of depression, Dementia and mental impairment in senior citizens. The present study revealed that almost two-third of the respondents 385 (77 percent) were taking their meals thrice a day and were filled with all essential nutrients including green vegetables, milk, curd, egg or/and meat and seasonal fruits. However, 86 respondents (17.2 percent) reported that they used to take some light snacks and fruits in the evening along with three times meals. In addition, they take some energy giving health drinks and dry fruits. The findings also suggest that a very small percentage used to take meal twice; 24 respondents (4.8 percent) and once; 10 respondents (5 percent) in a day. They were generally belonging to lower income group and were not having access to nutritional meals. Whatever they had is to just fulfill their hunger.

Further it was found that gender plays no significant role in the intake of food habits as the chi value comes out to be 4.054 which is lesser than the expected value (5.991) at 0.05 level of significance. The findings reveal that only a small number of respondents (11) were in a habit of taking ‘below average’ diet i.e. meals once in a day. The habit was almost similar in both the genders, whereas a large majority of respondents (297), irrespective of gender (152 females and 145 males) used to take meals thrice a day.

Activities of Daily Living determine the individual’s status and role within the family. The present findings clearly reveals that a large majority of respondents 434 (86.8 percent) were doing their ADL by their own. They all belongs to the young-old and the old-old age group, whereas, sixty-six respondents (13.2 percent) either falling in the oldest-old age group or were severely ill depends on others for doing their ADL. This clearly shows that lower the age of the respondents, higher will be the ability to perform ADL. This is simply due to the decline in health of senior citizens with advancement of age.
The study also outlines the number of ailments found among the senior citizens and reported that majority of respondents 353 (70.6 percent) were suffering from major health problems whereas, 92 (18.4 percent) respondents undergo some minor illnesses. However, 55 (11.0 percent) respondents were not facing any kind of serious health issue.

Among the major health problems, more than half of the respondents (56.8 percent) were facing the problem of arthritis/joint pain followed by T.B (21 percent), Cancer (27 percent) and Asthma (23.8 percent). In addition, Osteoporosis was reported by 84 (16.8 percent) respondents followed by Kidney failure and Paralysis; 78 respondents (15.6 percent), Diabetes; 68 respondents (13.6 percent), heart & lung disorders; 45 (9 percent) respondents and severe memory loss; 6 respondents (1.2 percent) respectively.

Among the minor health problems; the problem of high/low B.P. was reported by 356 (71.2 percent) respondents followed by the problem of lower vision / hearing; 312 (62.4 percent) respondents and cataract; 225 (45 percent) respondents respectively. Therefore, the above findings reveal that with increase in age, the severity towards health problem increases.

On looking into the gender differences, it was found that females were suffering more from major diseases; 193 respondents as compared to minor; 33 respondents and no health problems; 34 respondents. Similar pattern was observed in the male respondents with having 160 affected by major health problems, 59 from minor and remaining 34 were having no health issues. The reason why the majority of females undergo severe health problems is their careless attitude towards self.

Ignorance is generally the cause behind many health problems of senior citizens in India. In many cases, ignorance even leads to death. The present findings indicates that a large majority of respondents 402 (80.4 percent) were in a habit of ignoring their health problems; whereas, only 98 (19.6 percent) respondents had shown their concern towards the treatment and care of their health as they never forget to take treatment in case of any illness (either minor or major). Further, there is found no significant relationship in between the increasing age (young-old, old-old and oldest-old) and the ignorance of health problems as chi value comes to be 3.225 which is lower than the expected value (5.991) at 0.05 level of significance. This shows that ignorance of health problem is a common characteristic of old age.
Along with self ignorance, the senior citizens experience the problem of ignorance by their family members and the problem of 'grand dumping'. 'Grand dumping' signifies the ignorance of parent’s or grandparent’s health by their children and finally dumping them into old-age homes or somewhere else. The findings reveal that a significant percentage (27 percent) were facing the problem of ignorance of health by their children, whereas a large majority of respondents 365 (73 percent) had never been ignored by their family in terms of health and other related matters. The basic reason behind the concern of family was the prevalence of joint family system and social obligation of giving love and respect to their parents.

In urban areas, care receiving at the time of poor health is also a challenge. In the present study the informal care giving has been considered where caregivers include son, daughter, spouse, relatives, friends or someone who help them in doing their activities of daily living. About half of the respondents 269 (53.8 percent) reported the primary caregiver as their spouse. However, many reported their son; 91 respondents (18.2 percent) and daughter; 41 (8.2 percent) respondents as their primary caregiver. The other caregivers were identified as daughter-in-law; 62 respondents (12.4 percent), neighbours and friends; 12 respondents (2.4 percent) and relatives; 9 (1.8 percent) respondents respectively. The findings further revealed that the senior citizens who are living alone have been cared of by their servants; 5 (1.0 percent). There were very few respondents (2.2 percent) who reported no caregiver. Hence, in most of the cases, the primary caregiver was spouse and other family members.

On looking into the impact of gender on care giving it was found that females play the role of care giving more as compared to the males (286 females over 214 males). Further, the study highlighted no significant relationship in between the number of siblings and the amount of care giving provided by them as out of those who had been cared by their servants, relatives and friends do reported the presence of two or more siblings. Hence, the presence of children does not guarantee care in old age.

Intake of unhealthy substances; like alcohol, drugs, Cigarette, Bidi, tobacco etc. may also affect the health of senior citizens. Although the intake of unhealthy substances is less prevalent in elderly age group, but its usage brings significant health hazards. The findings suggest that a very large number of respondents; 302(60.4 percent) were not in a habit of taking any unhealthy substances but a significant number of respondents;
198 (39.6 percent) still consume unhealthy substances. Out of them, 56 respondents (11.2 percent) were addicted to cigarette followed by bidi; 41 (8.20 percent) respondents, pan with tobacco 28 (5.6 percent) respondents, gutka 23 (4.6 percent) respondents and alcohol 15 (3 percent) respondents respectively. Remaining thirty five respondents (7 percent) used to take two or more substances together like bidi and alcohol, cigarette and alcohol, bidi and tobacco etc. This shows that elderly people do search for unfair means in order to get relief from their problems.

In India, we had many healthcare systems consisting of Ayurveda, Yoga, Siddha, Unani, Homoeopath, Allopath, and Naturopath. In this regard, it was found that majority (73 percent) of respondents were in a habit of utilizing Allopath as a means of healthcare followed by Homeopath; 62 (12.4 percent) respondents, Ayurveda; 50 (10 percent) respondents and Unani; 23 (4.6 percent) respondents. However, none of the respondent follows Yoga, Naturopathy and Acupuncture. This shows that ‘Allopath’ is the most frequent choice of medicine among the senior citizens. This is due to its easy access and faster healing ability.

Further an attempt was made to diagnose the source of treatment adopted by the senior citizens. The findings revealed that more than half of the respondents 279 (55.8 percent) were taking the help of private doctors, whereas, government hospitals were approached by only 104 (20.8 percent) respondents. The findings also suggests that mostly upper and middle income group were utilizing the services of public hospitals whereas those who had lower income followed the treatment from Quacks; 42 respondents (8.4 percent), Chemist shop; 38 respondents (7.6 percent), Vaid /Hakim; 27 respondents (5.4 percent) and free health camps; 4 (0.8 percent) respondents respectively. Private and expensive services were used by only (1.2 percent) respondents. This shows that the government health services are still serving as a lifeline to many senior citizens.

In order to check the reason behind the utilization of specific system; the question as to what extent they are utilizing and why has been asked. In response to this, the majority of respondents 249 (49.6 percent) reported the reason for utilization of such system as the availability of good services and effective results followed by lower cost 194 (38.8 percent) and easy access (10 percent). However, a very small number of respondents (1.6 percent) had no other choice except to use the available system. This shows that
older people are not utilizing health care services as per their need rather they make forced choices.

The study also highlighted the reason behind the non utilization of government services. The findings reveal that more than half of the respondents 289 (57.8 percent) were not utilizing government services because of overcrowding. This was followed by negligence of staff 77 (14.4 percent), transport problems 50 (10.0 percent) and financial shortages 45 (9.0 percent) respondents respectively. However, 44 (8.8 percent) respondents did not face any problem in utilizing the government hospitals.

Healthy life styles also help an individual to age successfully. Majority of respondents; 207(41.40 percent) were in a habit of following one or two healthy life styles, followed by 201(40.20 percent) respondents following between three to five, and 70 respondents (14 percent) following between six to eight life-styles on a regular bases. However, a very small number of respondents 22(4.4 percent) denied to follow any such activity. It was also found that those who were not following any healthy life styles were either bed ridden or belongs to oldest-old age group (80+ yrs).

Further, the nature of individual life styles were studied and it was found that 226 (45.2 percent) respondents used to go for a morning walk, 45 (9.0 percent) respondents does yoga or exercise, 125 (25.0 percent) visit their near ones and 32 (6.4 percent) respondents went on tours respectively. However, a very few respondents were in habit of having their regular health checkups 27 (5.4 percent), taking balanced diet 80 (16.0 percent) respondents and gaining knowledge on old age issues 49 (9.8 percent) respondents respectively. Moreover, a significant number of respondents (37.2 percent) spend their leisure time in participation of social and political events. Keeping pets, cycling and swimming etc. was also reported by 55 (11 percent) respondents. The above findings therefore highlighted that majority of respondents were not in a habit of following healthy life styles.

The findings further assess the impact of education on the living standard of an individual as majority of respondents (190) having lower education were in a habit of following only one or two healthy life styles followed by the highly educated group (10 respondents) and moderately educated group(7 respondents) respectively. However, 123 respondents from the lower educated group follows between three to five healthy life styles followed by highly educated (41) and moderately educated (37) respondents.
Similar is the case for more than six healthy practices. This shows that higher the education; healthier will be the life styles and better will be their health.

In addition to healthy life styles, use of helping aid can also make the life of senior citizens simpler. The present study indicates that out of the total of 500 respondents, majority of respondents 324 (64.8 percent) were using one or the other helping aid. The most common aid used by the respondents was spectacles and walker.

The study also highlighted that ‘age’ has a significant relationship with the ‘use of helping aid’ as amongst the users; 54.07 percent are from 60 to 70 age group, 73.17 percent are from 70 to 80 age group and remaining 87.87 percent respondents belong to the age group of 80 years and above. This show that in old age, people generally depend upon helping aid as a means of coping against their health problems and this dependency increases from young-old to old-old and to the oldest-old age group.

Health Insurance can also be used as an effective tool in meeting the health expenses of senior citizens. In this regard it was found that majority of senior citizens 381(76.2 percent) were not covered under any insurance cover. However, the remaining 119 (23.8 percent) respondents having health insurance are either from higher income group or belong to public sector undertakings.

While checking the impact of age on the use of health insurance; it was found that 75 respondents (26.78 percent) from 60 to 70 age group, 32 respondents from 70 to 80 age group and remaining 61 respondents in the age group of 80 years and above were having health insurance making the total of 23.8 percent. This clearly shows that with increase in age; the utilization of health insurance as a means of coping against the health problem decreases.

On looking into their own choice of utilizing health insurance as a means of coping; it was found that 102 (20.4 percent) respondents denied for having such access. The reasons they cited for their denial includes: first, insurance is against the Shariat (Muslim law) and second is their belief that insurance is wastage of both time and money. However, a large majority of respondents 389 (77.8 percent) opined that health insurance is a good thing and every one must try to have it for once. However, the remaining respondents, 9(1.8 percent) did not replied as they were totally unaware of the concept of health insurance.
In the final analysis; the respondent’s own perception of their old age has been considered. The findings indicate that 210 respondents were considering their old age as a normal experience, whereas, 206 (41.2 percent) respondents considered it as a ‘curse’. However, a handful of respondents 55 (11.0 percent) evaluated their old age as a ‘period of freedom from responsibilities’ and only 29 (5.8 percent) respondents considered it as an ‘achievement’. Those who considered it as a ‘curse’ were either belonging to lower income group or were physically dependent, whereas, those who considered it as a ‘period of freedom from responsibilities’ were having sufficient income and proper caregivers. Similarly, that who earns very good income and share high social status considers their old age as an ‘achievement’.

In addition to above findings; the case studies were also conducted. The case studies reflected few interesting findings: First, senior citizens belonging to lower income group or are totally dependent considers their old age as a ‘curse’, whereas, those belonging to higher income group or are able to do their activities of daily living are still enjoying their old age. For them, old age is a period of freedom from responsibilities, whereas, others consider it as a period of struggle. Second; senior citizens, irrespective of their income, preferred living in their own home and with their close ones rather than living in any old age home. Third, health is the most common sector which affects almost every senior citizen and hence needs special concern and focused interventions.

In the light of above findings, certain intervention strategies emerge that are as follows:

The senior citizens belonging to various localities (e.g. rural, urban and tribal) had different socio-economic needs. What is applicable in urban areas is having no significance for rural people. Hence, need is to take individual differences into consideration while planning any development programme. Emphasis should be given on need based interventions rather than on making policy document attractive.

Geographical Information System (G.I.S) should be implemented for generating aged data base. Courses on ageing and related issues should be included in the University, college and school level focusing on the importance of aged persons in the society.

Emphasis should be on making the ‘Grey Power’ visible and effective so that they can easily build pressure on policy makers for developing effective programmes. For this,
the government must initiate formation of some associations for senior citizens both at State and National level. These associations should also be given some financial assistance to make their work effective.

The elderly generation needs to learn that retirement from job does not signify the end of an active life. They had many more years to stay and remain active. The only thing needed is their positive thinking in the direction of beginning new interests and avenues. They may even think of work participation as it would bring not only the financial stability, but also reduces their stress of being socially isolated and lonely.

Out of different old age problems, ‘Health’ needs special concern as majority of old age problems begin with poor health. In this regard, Mobile Elder Care units should be provided in every district along with the provision of special geriatric wards in every hospital.

An effective health insurance system with having transparency and easy affordability is required. There must be a provision on behalf of every State to fund for those elderly which are frail and had no caregiver.

The availability of limited funds at national and state level demanded us to promote the traditional family support system. Living in family not only saves national income but also provides proper care, protection and emotional support to senior citizens.

Emphasis should be on the reduction of intergenerational gap. For this, the youth need to teach healthy and encouraging attitudes towards aged. Simple gestures of sharing a cup of tea, passing a smile, offering love and respect are enough to change the life of senior citizens.

In addition, the elderly needs to be educated regarding their changing roles rather than sticking on the traditional role of care receiver. This requires the opening up of counselling and welfare centers in every district.

In this regard; the role of media is equally important as media has all the power to change the mindset of individuals. Media, either printed or electronic, can be used as a medium for spreading positive messages like ageing is a natural phenomenon, we must give love, care and support to our elderly generation, aged people are equally valuable
as other age groups etc. Hence, media can be used as an effective tool for strengthening intergenerational bonds.

Finally, elderly facing humiliation within their families must be offered chance to live in old age homes, whereas, those who are self sufficient and are capable of buying their own flats should be offered old age apartments equipped with all modern facilities.

Hence from the above findings some pertinent conclusions emerge which are as follows:

Senior citizens in India are having multifarious needs which require an interdisciplinary and holistic approach. The efforts should always be directed in improving the overall quality of life. In this regard, the government must commit some qualitative and need based research along with the provision of free services. The Government should ensure free legal aid to all its senior citizens so that they can feel secure and practice healthy ageing.

Aged women living in both economically urban areas and staying in nuclear families are facing enormous socio-economic and health problems. Ageing for women bring with it dependence, insecurity, poor health and declining care during illness. In an inadequate social security system in India, where abuse of the elderly women, financial hardship , economic independence are quite rampant; aged women constitute a vulnerable group which is often subjected to insult, injury, exploitation , inequality and injustice. Majority of elderly women are less educated, their public participation is strictly limited. Therefore, it is of urgent need to make an intervention plan for the aged women which incorporates all the disadvantageous conditions of women and promotes the social upliftment along with generating some financial security.

The senior citizens must also change their mind sets regarding the new values imbibed by the younger generation. They should learn adjustment with new roles and focus on the limitations of old age, whereas, the younger generation could learn the lesson of love, respect and care towards the elder generation. They should recognize their elders as heir of experience and a valuable resource rather than being a burden of responsibilities.

Joint efforts of all the stakeholders including politicians, policy makers, youth, aged and other government departments is required for making the life of senior citizens
healthy. All these stakeholders must look for the possible ways through which the position of aged will be improved.

Moreover, the government must promote qualitative, need based and policy oriented research following which the policy makers would develop some effective programmes. This requires the extensive participation of young minds in identifying the ageing issues. Need is to open some apex institutes like National Centre for Ageing Research etc. For this, the government as well as donor agencies must release funds.

In a nutshell, it can be concluded that unless old age problems are understood in totality, clearer picture of those problems is unlikely to emerge. Better comprehension of socio-economic, health and psychological problems along with appropriate and timely measures will go long way in ensuring active and healthy ageing for senior citizens. One must not forget that older people are the reservoir of our wisdom and traditional values. So must be given full care and respect. It is the responsibility of everyone to make senior citizens realize that becoming “old” is an achievement of life and a blessing of god rather than a curse or a burden. For the overall ‘well being’ of senior citizens, a multi-pronged approach is thus required.