INTRODUCTION

The present chapter gives a brief introduction of the research problem. Population ageing is one of the most distinctive demographic events in the World today. The present chapter highlighted the current scenario of population ageing in India, Asia, and across the World. It is an attempt to outcast the recent trends of population ageing. To get a clear vision of the problem, both micro and macro perspective has been covered. Chapter’s main aim is to focus on the rationale behind the study and explain the relevance of present work.

Senior citizens are generally considered as ‘forgotten generation’ associated with various stereotypes like that of being senile, sick, unattractive, incapable and rigid etc. The chapter therefore clarified the myths associated with ageing. This can be done in the light of scientific facts. Chapter deals with the various perspectives of ageing and evaluate various theories, suppositions and beliefs. It explains the concept of population ageing along with its indicators. It also focuses on demographic transition and tries to make an interface between population and demographic ageing. Since population ageing and individual ageing shares a ‘cause-effect’ relationship; the chapter therefore focuses on the concept and dimensions of individual ageing. In addition, the chapter has an extensive coverage of literature being reviewed from various secondary sources.

Hence, the present chapter not only guides the researcher about the basic concepts of ageing, but also highlights the future directions of ageing research in India. Demographic transition and population ageing are few such directions. In a nutshell, the chapter provides a complete understanding of the ageing phenomenon.

1.01: Emergence of research problem:

Population ageing, the process by which older individuals come to form a proportionately larger share of the total population, is one of the most distinctive demographic events in the World today. It is becoming one of the single most important long run fiscal challenges. The proportions of people aged sixty years and above are rising and are expected to grow further rapidly over the next fifty years.
This was like a ‘demographic time bomb’ or an ‘age quake’ which will nearly show its consequences in every nation.¹

Ageing has become a universal phenomenon. Ageing population is not only the sole concern of developed countries, it is also becoming a critical policy issue in many of the developing world. There is no escape to ageing; however, different countries are facing or may face its impact differently based on their socio-cultural and economic characteristics. The Projections of the United Nations Population Division² showed a massive demographic shift being taking place in both the 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. However, in the less developed regions, China and India alone accounts for over fifty percent of the World’s elderly population³.

Presently, the developing countries are not emphasizing much on ageing and related issues as compared to the developed World. This is because the problem is not seen as serious in developing countries as compared to the developed nations. But in years to come, it will definitely throw some serious challenges to developing nations and especially to India as because of having the larger share of younger generation at present. Thus to understand the severity of the problem, the scenario of population ageing needs to be identified.

1.02: Population Ageing:

Population ageing or Demographic ageing refers to the changes in the age structure of a population. It is defined as the increase in the percentage of a population aged sixty years and older in a particular society⁴. This is associated with decrease in fertility and mortality. Population ageing has shown a significant impact on every society. Its’ accelerating pace and ramifications to society termed this to be a phenomenon of

It is long established in developed countries and is now occurring in many poorer parts of the World.

Unlike biological ageing which is specific to each individual, Population ageing is a collective phenomenon. It results from a decrease in fertility and from a lengthening of the average length of life. On considering its impact on the age pyramid, it was noticed that the former causes “top-down” ageing i.e. the pyramid grows longer and wider and the later causes “bottom-up” ageing i.e. the base of the age pyramid grows narrower.

Population ageing is caused due to migration, longer life expectancy and decreased birth rate. It is both part of and influenced by wider processes of development and transformation like better health services, accessibility of advanced technologies etc.6

On looking into its impact, it was found that the rise of ageing population affects the demography of the labour market, patterns of consumption and production, trends of savings and investments, priorities in public spending, and delivery of social services. It is also responsible for the major changes in role, status, health and personal independence7. Thus it is essential to determine its policy implications which require a prior knowledge of the indicators of population ageing.

1.04: Indicators of Population Ageing:

Indicators of Population Ageing8 are used to determine the extent and nature of population ageing in a country. Generally, the following indicators have been used to determine its trends:

1. Head Count Ratios
2. Statistical measures of Location
3. Percentiles or Population Pyramids

6 Ibid
8 www.wikipedia.org
1. Head Count Ratios: It includes the following ratios under its gambit:

a) Elderly Dependency Ratio:

It is the ratio of the elderly dependent population to the economically active population. It is also known as the old-age dependency ratio or age-dependency ratio. It can be classified as the number of individuals of retirement ages (65 and over) compared to the number of those of working ages. For convenience, working ages may be assumed to start at age fifteen, although increasing proportions of individuals pursue their education beyond that age and remain, meanwhile, financially dependent, either on the State or on their parents. This ratio is used to assess intergenerational transfers, taxation policies, and saving behaviours.

b) Elder-Child Ratio:

Another indicator of the age structure is the ageing index or the elder-child ratio. It is defined as the number of people aged 60 and over per hundred youths under age of fifteen. Important to note here is the fact that in 2000, only a few countries including Germany, Greece, Italy, Bulgaria, and Japan had more elderly than youth (i.e. ageing index is above 100), whereas by 2030, the ageing index is projected to exceed 100 in all developed countries and even expected to exceed 200 in several European countries and Japan.

Hence, all these indicators of population ageing are simply relating the number of individuals; whereas, they fail to take into account the age-distribution within the large categories among the elderly i.e. the young-old, old-old and the oldest-old age group. Further health, financial situation, and consumption patterns may vary greatly between a person aged sixty five years and eighty years. Hence, simple ratios conceal important heterogeneity in the elderly population. In order to combat this difficulty the other measures of locating population ageing were considered which are discussed as follows:

2. The Statistical Measures of Location:

It includes the median and mean age of a population.
a) **Median age:**

It is defined as the age at which exactly half of the population is older and another half is younger. It is one of the most widely used indicators of Population ageing.

b) **Mean age:**

It is simply the average of old age population of a country and is very sensitive to changes in the age distribution. Because of this advantage, it is always preferred over the median age in studying the dynamics of population ageing.

3. **The Percentiles or graphs:** It includes the population pyramids.

a) **Population pyramids:**

The most adequate approach to study population ageing is demographic determinants i.e. population pyramid. Population pyramid is named for the pyramidal shape of its graph. A population pyramid also called age-sex pyramid and age-structure diagram. It is a graphical illustration that shows the distribution of various age groups in a population (typically of a country or region of the world), which normally forms the shape of a pyramid. Demographers commonly use population pyramids to describe both age and sex distribution of populations. Youthful populations are represented by pyramids with a broad base of young children and a narrow apex of older people, while older populations are characterized by more uniform numbers of people in the age categories.

1.03: **Demographic Transition:**

Demographic transition began about two decades ago as a scapegoat for changes in society and the economy that have non demographic causes. Thompson was the first person to talk about demographic transition and now it becomes so much crucial that even the United Nations Demographic year book of 1993 puts the ‘demographic transition’ at the centre stage. In actual, demographic transition is a shift from one stage to another where each stage represents a pattern of population growth.

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9 www.galegroup.com  
Demographic transition is based on the birth and death rate of a nation and thus it determines the population structure.

Demographic Transition is associated with broader processes of modernization and development. It is a positive expression of human development and progress. This happens in two ways. First, elderly people themselves tend to live longer as a result of the curbing of wide scale fatal diseases and illnesses. Second, is the fall in fertility because with fewer younger people the average of population rises and society ages\(^\text{12}\). Modern day transition theory classified the following stages of demographic transition (table 1.01):

**Table 1.01: Stages of demographic transition**

<table>
<thead>
<tr>
<th>Stage of Transition</th>
<th>Life Expectancy at Birth (In Years)</th>
<th>Total Fertility Rate(TFR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage I</td>
<td>&lt; 45 yrs</td>
<td>&gt; 6.0</td>
</tr>
<tr>
<td>Stage II</td>
<td>45 to 55 yrs</td>
<td>4.5 to 6.0</td>
</tr>
<tr>
<td>Stage III</td>
<td>55 to 65 yrs</td>
<td>3.0 to 4.5</td>
</tr>
<tr>
<td>Stage IV</td>
<td>65 yrs</td>
<td>&lt; 3.0</td>
</tr>
</tbody>
</table>

Source\(^\text{13}\)

**Stage I** of demographic transition signifies a stage of little or no population growth. In this stage both the birth and death rates are high. This stage was more prevalent in the pre-industrial society i.e. before seventeenth century.

**Stage II** of demographic transition is the stage of rapid population growth where death rate is low while birth rate continues to remain high. This stage is the result of modernization and it was observed that countries can’t remain in this stage for a longer duration.

**Stage III** of demographic transition is further subjected to modernization and development. In this stage, fertility is subjected to deliberate control whereas the birth rate starts to decline. At this stage, the growth rate is somewhat controlled.

**Stage IV** is a stage of zero growth rate of population. This is an ideal stage because population size stabilizes. Hence, this stage is difficult to attain. Generally, countries


with growth rate below 0.4 can be considered to have attained a stable population growth.

India is presently having life expectancy at birth as 64.8 years (census, 2001) increased to 66 years in 2010 (Global age watch data, help age)\(^{14}\) and TFR as 3.2 (census, 2001) which further reduces to 2.6 during 2009\(^{15}\) (office of registrar general, 2011 data) and hence it is in stage III of demographic transition. But sooner it will enter into the stage IV which is already experienced by many of the developed nations.

At this stage the following features of demographic transition have been observed:

- Growth rate of elderly is higher than the general population.
- Number of female elderly is more than males.
- Life span after retirement is five times more than what it was at independence.
- At age sixty and over, proportion of widows are more than widowers.

Hence, from above it looks that in years to come this demographic transition along with increase in longevity would generate enormous challenges for ageing in India.

### 1.05: Interface between Demographic Transition and Population Ageing:

Population ageing is one of the significant by-products of Demographic transition. Population ageing is a phenomenon characterized by decline in fertility levels and continued increase in the levels of life expectancy. These two variables are producing fundamental changes in the age structure of the population and hence mark the “demographic transition”. After reaching low levels of both mortality and fertility; population ageing typically occurs\(^{16}\). Thus population ageing is a stage or rapidity of demographic transition that determines the population ageing process.

\(^{14}\) www.helpage.org/global-agewatch/population-ageing-data

\(^{15}\) www.censusindia.gov.in

In simple terms, population ageing is usually associated with the final stage of demographic transition which involves sustained falls in fertility and smaller numbers of younger age groups\textsuperscript{17}.

Further, with the advent of demographic transition, population ageing is becoming a serious problem in almost all societies. It is irreversible unless the old demographic situation of high fertility and high mortality is achieved. It will affect all the World’s countries in future, and will be faster in the countries of the South as compared to the North\textsuperscript{18}. It is even more prevalent in developing countries. Therefore, it becomes imperative to understand the scenario of population ageing in detail so that the coming generations would not consider it as a catastrophe.

1.06: Scenario of Population Ageing: Global to Local Perspective

A. Global Scenario:

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\textsuperscript{19}. The assembly highlighted two striking aspects of global ageing: rapid speed and high magnitude.

The ‘rapid speed’ with which ageing is occurring in both developed and developing nations can be analyzed by the fact that while in developed nations, like France, it took 115 years to increase the percentage of aged from seven to fourteen percent (i.e. b/w 1865-1980); in Japan, it has taken twenty six years (i.e. b/w 1970-1996); whereas, in many of the developing countries like Jamaica, only 18 years (i.e. b/w 2015-2033) are expected as sufficient to double the ageing population from seven to fourteen percent. However, in Tunisia, the same will be expected to accomplish in just fifteen years\textsuperscript{20}(i.e. b/w 2020-2035). Hence, speed with which the ageing population is increasing is definitely a serious concern for all nations.


\textsuperscript{18} www.citesciences.fr


Further, the ‘magnitude of ageing’ can be analyzed simply by looking into the fact that in 1950, only three countries had more than one million aged Population, namely, China, India and U.S.A. In 2000, Japan and Russian Federation joined the list. By 2050, thirty-three countries are expected to be on the list of ageing nations. In addition, many national and international bodies working continuously for identifying the magnitude and consequences of population ageing highlighted the increase in ageing population in the overall share of the World’s population e.g. The U.N. Population Division projected the following trends in population growth of the World.

Table 1.02: Population Projection of aged in the World; 1995-2150

<table>
<thead>
<tr>
<th>Year</th>
<th>Total population (in billions)</th>
<th>Percentage of aged(60+)</th>
<th>Percentage of aged(65+)</th>
<th>Percentage of aged(80+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>5.68</td>
<td>9.5</td>
<td>6.1</td>
<td>1.1</td>
</tr>
<tr>
<td>2000</td>
<td>6.07</td>
<td>9.9</td>
<td>6.8</td>
<td>1.1</td>
</tr>
<tr>
<td>2025</td>
<td>8.03</td>
<td>14.6</td>
<td>10.8</td>
<td>1.7</td>
</tr>
<tr>
<td>2050</td>
<td>9.36</td>
<td>21.1</td>
<td>15.1</td>
<td>3.4</td>
</tr>
<tr>
<td>2075</td>
<td>10.06</td>
<td>24.8</td>
<td>19.1</td>
<td>5.3</td>
</tr>
<tr>
<td>2100</td>
<td>10.41</td>
<td>27.7</td>
<td>22.0</td>
<td>7.1</td>
</tr>
<tr>
<td>2150</td>
<td>10.80</td>
<td>30.5</td>
<td>24.9</td>
<td>9.8</td>
</tr>
</tbody>
</table>


The above table clearly signifies the fact that in decades to come, there will be more elderly persons as the aged population will show a significant rise by 2050 i.e. become ten percent of the World population. In fact, the population of elderly will outnumber the population of children.

It is therefore, predicted that in near future virtually all countries of the World will face the impact of population ageing. However, significant differences were observed between different regions and also between different countries. For instance, the United Nations Population Projections (Table 1.02) place the likely proportion of aged in the developed countries as twenty seven percent of total population by the year 2025 21 Chakroborthy, R. (2004). *The Greying of India: Population ageing in the context of Asia*. New Delhi: Sage Publication. p.13.

against 12.3 percent reported for developing countries. Europe was reported as the World’s oldest region followed by North America and Asia. Likewise, Africa was reported as the World’s youngest region.

**TABLE 1.03 – Population Ageing in the Major Regions of the World**

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage of aged 60 years and above in different time phases</th>
<th>1950</th>
<th>2000</th>
<th>2025</th>
<th>2050</th>
</tr>
</thead>
<tbody>
<tr>
<td>World</td>
<td></td>
<td>8.1</td>
<td>9.9</td>
<td>14.6</td>
<td>20.7</td>
</tr>
<tr>
<td>Most developed regions</td>
<td></td>
<td>11.7</td>
<td>19.3</td>
<td>27.0</td>
<td>31.2</td>
</tr>
<tr>
<td>Less developed regions</td>
<td></td>
<td>6.4</td>
<td>7.6</td>
<td>12.3</td>
<td>19.2</td>
</tr>
<tr>
<td>Least developed region</td>
<td></td>
<td>5.4</td>
<td>4.8</td>
<td>6.2</td>
<td>11.6</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td></td>
<td>5.0</td>
<td>4.7</td>
<td>5.8</td>
<td>10.6</td>
</tr>
<tr>
<td>Africa</td>
<td></td>
<td>5.1</td>
<td>5.0</td>
<td>6.5</td>
<td>11.8</td>
</tr>
<tr>
<td>Asia</td>
<td></td>
<td>6.7</td>
<td>8.7</td>
<td>14.4</td>
<td>21.9</td>
</tr>
<tr>
<td>Europe</td>
<td></td>
<td>12.1</td>
<td>20.1</td>
<td>27.3</td>
<td>32.8</td>
</tr>
<tr>
<td>Latin America</td>
<td></td>
<td>6.0</td>
<td>8.0</td>
<td>14.1</td>
<td>22.2</td>
</tr>
<tr>
<td>Northern America</td>
<td></td>
<td>12.4</td>
<td>16.4</td>
<td>25.0</td>
<td>27.4</td>
</tr>
</tbody>
</table>

Source:  

In another projection, UN reported that amongst the World’s oldest countries aged sixty five and over, top twenty are all European (except Japan). The proportion of elderly in Southern Europe is expected to reach 37.2 percent by 2050 as from 21.5 percent reported in 2001. Globally, Italy has the highest proportion of persons aged sixty five years and over (18.2 %) followed by Japan (17.7 %), Greece (17.3 %), Sweden (17.2 %) and Spain (16.4 %).

Not only developed countries; the number of elderly in the developing countries are also experiencing growth at a phenomenal rate. According to the World Bank estimate (1994), by 2025, almost seventy percent of the World’s elderly will live in developing countries. Another estimates shows that in developing countries every twelfth person is now elderly and the ratio is expected to become one in five by

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23 Ibid.  
24 Ibid.  
Similarly, in the developed countries the ratio is projected to reach one in three by 2050. Thus most of the growth of elderly persons will take place in developing countries and over half of it will be in Asia. Hence, it was rightly quoted that “the developed nations of the West had become ‘rich’ before they become ‘older’ but developing countries are becoming ‘older’ before they become richer.”

B. Asian Scenario of Population Ageing:

Population Ageing is of serious concern for all Asian countries because the growth of older population in these countries is much more rapid as compared to the developed nations. Furthermore, ageing would accompany an increasing degree of population feminization as death rates for females tend to be significantly lower than those for males.

Very soon Asian countries will experience the consequences of population ageing. For instance, it took eighty two and one hundred fourteen years respectively; for the population aged sixty five years and above to get double from seven to fourteen percent in France and Sweden. However, Bangladesh, China and Pakistan will make this transition within a frame of just twenty five to twenty eight years. This rapid change in age structure will be more difficult for Asian countries to adjust because of shorter time frame.

In Asia, as a whole, every eleventh person is sixty plus. By 2050, every fourth person will be an elderly and in the next fifty years; every fifth among them would be over eighty years of age. It is further expected that most Asian countries except Yemen, Nepal, Bangladesh, Afghanistan and East Timor would attain the double digit figure in ageing population by 2050. Though Asia as a whole accounts for only nine percent of the World’s elderly; there are variations among the different regions as shown in Table 1.04. The table clearly indicates that Eastern Asia was leading in the number

31 Ibid.
of aged population in Asia by touching eleven percent mark in 2000 followed by South Eastern, South Central and Western Asia.

**TABLE 1.04 Population ageing in Asia; 1950-2050 Projections of United Nations**

<table>
<thead>
<tr>
<th>S.No</th>
<th>Country</th>
<th>Percentage of aged sixty and above</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1950</td>
</tr>
<tr>
<td>1.</td>
<td>Asia</td>
<td>6.7</td>
</tr>
<tr>
<td>2.</td>
<td>Eastern Asia</td>
<td>7.4</td>
</tr>
<tr>
<td></td>
<td>China</td>
<td>7.5</td>
</tr>
<tr>
<td></td>
<td>Hong Kong</td>
<td>3.7</td>
</tr>
<tr>
<td></td>
<td>Japan</td>
<td>7.7</td>
</tr>
<tr>
<td>3.</td>
<td>South Central Asia</td>
<td>6.1</td>
</tr>
<tr>
<td></td>
<td>Afghanistan</td>
<td>3.4</td>
</tr>
<tr>
<td></td>
<td>Bangladesh</td>
<td>6.2</td>
</tr>
<tr>
<td></td>
<td>Bhutan</td>
<td>5.8</td>
</tr>
<tr>
<td></td>
<td>India</td>
<td>5.6</td>
</tr>
<tr>
<td></td>
<td>Nepal</td>
<td>5.7</td>
</tr>
<tr>
<td>4.</td>
<td>South Eastern Asia</td>
<td>5.9</td>
</tr>
<tr>
<td></td>
<td>Singapore</td>
<td>3.7</td>
</tr>
<tr>
<td></td>
<td>Thailand</td>
<td>4.8</td>
</tr>
<tr>
<td></td>
<td>Vietnam</td>
<td>6.5</td>
</tr>
<tr>
<td>5.</td>
<td>Western Asia</td>
<td>7.1</td>
</tr>
<tr>
<td></td>
<td>Bahrain</td>
<td>4.6</td>
</tr>
<tr>
<td></td>
<td>Cyprus</td>
<td>9.1</td>
</tr>
<tr>
<td></td>
<td>Israel</td>
<td>6.3</td>
</tr>
<tr>
<td></td>
<td>Kuwait</td>
<td>4.5</td>
</tr>
</tbody>
</table>

**Source:**

Further by 2050, one in four in Eastern Asia, one in five in South Asia, Central Asia and Eastern Asia and one in six in Western Asia are expected to be on the list of

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elderly generation. Presently, seven countries in Asia have crossed the ten percent mark and Japan is one which has already crossed twenty percent mark. Hence, it is projected that by 2050, the proportion of elderly persons in all the countries in Asia, except Afghanistan, Oman and Yemen, is projected to be above ten percent mark.

Further amongst the Asian countries, the two most populous countries in the World, namely, China and India; may never be forgotten. It was supposed that by 2050; both India and China will share the major proportion of the World’s elderly. Currently, one in ten Chinese and one in twelve Indians is an elderly and this ratio is expected to reach one in four and one in five by 2050. In absolute terms, India’s elderly population is expected to increase from 76 million in 2000 to 32.7 million in 2050, and that of China from 127 million in 2000 to 397 million by 2050. On looking into these alarming signals, the clear understanding of the ageing phenomenon and population pattern along with a long term planning is required.

C. Indian Scenario of Population Ageing:

In India, like many other developing countries, the problem of population ageing is becoming highly visible and pressing. It is surely going to become a challenging issue as every minute about twenty three Indians joined the rank of “elderly”. Statistically, population ageing refers to the increasing proportion of population above sixty years of age in the overall age structure of the population. The proportion of elderly persons in India has increased from 5.63 percent in 1961 to 7.7 percent in 2001 (Table 1.05 and 1.06).

Table 1.06 reflects the feminization of ageing as a notable aspect of the ageing process. Till 1991, both the genders showed uniformity, whereas in 2001 many States represented much higher ageing tendencies among the females as compared to the males. It is further estimated that by 2016, the percentage of elderly female population will surpass those of elderly male in the total share of population (i.e. 9 % against 6 %).


8.8%) and this trend will be experienced by the majority of States. For India, feminization of ageing is a cause of concern rather than a cause for celebrations. This is due to the predominant patriarchal ethos making the older women face ‘triple jeopardy’ that of being female, of being old, and of being poor.

Table 1.06 also reveals the ‘region-wise’ distribution of elderly and figured South India as the region with highest number of elderly persons and will be expected to lead in the next forty years. In fact, one-fourth of India’s elderly persons live in Southern part, whereas, Central India scored the second highest position followed by East India and North-East India. Among the South Indian region; ‘Kerala’ was found to be a State with highest proportion of elderly (8.77% in 1991 and 10.5% in 2001) and the lowest was observed in Andaman and Nicobar Island (3.55% in 1991). Although no State or Union Territory is expected to have more than ten percent of elderly population at present; about seventeen of these are projected to have more than ten percent in the near future. 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) out of the total of 76 million elderly population (census of India, 2001). 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.

Thus it could be concluded that population of elderly is growing everywhere. It is no longer an exclusive characteristic of industrialized societies. India is also heading towards the similar demographic pattern like others. Today every sixth person in the World is an Indian and every fifteenth Indian is likely to be an older person. The population of older persons in India ranks fourth highest in the World and by the end of the present century, it will be second only to China. Thus India can not only boast

36 Ibid.
of being the highly populous country, it can also claim a place among the “Aging nations”.

The U.N declared India as an “ageing society” where the aged account for more than seven percent of the total population of the World\(^40\). According to an estimate\(^41\) there are at present 76 million aged persons in the country. Of this, sixty three percent are in the age group of 60 to 69 years and are called ‘young-old’, twenty six percent in 70 to 79 years group and described as ‘old-old’ and the remaining eleven percent are above eighty years of age and called ‘oldest-old’. Rural-urban comparison of aged in India reveals the fact that about four-fifth of the aged in India are concentrated in rural areas i.e. about seventy eight percent of total ageing population. Thus India is sitting at the threshold of an ageing society where the aged population is subjected to increase at a much faster rate.

**Table 1.05 – Percentage share of elderly in India and Major States**

<table>
<thead>
<tr>
<th>States</th>
<th>Total Population of Aged in Different Time Phases (in Percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>5.63</td>
</tr>
<tr>
<td>Bihar</td>
<td>5.61</td>
</tr>
<tr>
<td>Gujarat</td>
<td>4.95</td>
</tr>
<tr>
<td>Haryana</td>
<td>_</td>
</tr>
<tr>
<td>Karnataka</td>
<td>5.73</td>
</tr>
<tr>
<td>Kerala</td>
<td>5.83</td>
</tr>
<tr>
<td>M.P.</td>
<td>5.09</td>
</tr>
<tr>
<td>Maharashtra</td>
<td>5.22</td>
</tr>
<tr>
<td>Orissa</td>
<td>5.66</td>
</tr>
<tr>
<td>Punjab</td>
<td>6.50</td>
</tr>
<tr>
<td>Tamil Nadu</td>
<td>5.60</td>
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Source:-\(^{42}\)


Aged sector today is the fastest growing sector of our population. In India, ageing of population is primarily the result of two factors—reductions in fertility and mortality. The reduction in mortality rate implies a longer life span for the individuals whereas the reduction in fertility implies a decline in the proportion of the young in the total share of population. Generally with declining mortality, longevity increases. But the percentage in various age groups tends to remain constant if the birth rate remains the same. In actual, it was reported that with declining mortality, birth rates start falling and after a time lag leading to enormous changes in the age structure. The decline in the population of children from 31.3 percent in 1995 to 20.5 percent in 2050 and

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Source: \(^{43}\)


\(^{43}\) Ibid.

increase in the population of aged from 5.68 percent in 1995 to 10 percent in 2050 is a result of this change.

These days the period of old age lasts a long than was seen mere two decades ago. With increase in life expectancy from forty years in 1951 to sixty four years today, a person today has twenty more years to live than he would have fifty years back. Thus the major factor contributing to the changing demography is increased life expectancy. The advancement in medical sciences and improvement in health services is also responsible for this.

By 2050, the life expectancy at birth will expected to become eighty-two years in more developed nations, seventy-five years in less developed nations and seventy years in least developed nations. No doubt, this unplanned increase in longevity would bring with it the problems of overcrowding, unemployment, under nutrition and sub-standard life-styles. For individual, the longer life span would bring changes in his social and economic World. In fact, it alters the basic requirements and life style of the elder generation. With older people living longer, the households are also getting smaller and congested, causing stress in joint and extended families. Even where they are co-residing marginalization, isolation and insecurity is observed among the older persons.

Hence, population ageing is a cause of concern for all nations may it developed or developing. In order to make an in depth analysis of its consequences, it is therefore required to know the basic concepts of ageing and its recent trends. Foremost is the concept of demographic transition and population ageing.

1.07: Recent trends of Population Ageing:

Many studies have been conducted to identify the recent trends of population ageing. The following trends have been identified thereof:

- **Population ageing is unprecedented and enduring:** Population ageing is not an event of past. It persists, remains and will continue in future. It is even more rapid

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in present time. The growth rate of elderly has tripled over the last fifty years and this number is further expected to triple in the next fifty years\textsuperscript{47}.

- **Population ageing is pervasive:**

Population ageing is a global phenomenon affecting every nation though its impact may vary amongst different countries observing different stages of demographic transition.

- **Population ageing is fastest among the oldest-old age group:**

Population ageing is fastest among the oldest-old age group. Even though the population of aged sixty and over as a whole is increasing at a phenomenal rate but the ‘oldest-old’ are found to be the fastest growing segment of the elderly population\textsuperscript{48}. In India alone, the aged population (60+) is about to touch 177 million mark by 2025, of whom, about twenty five percent would be above eighty years of age\textsuperscript{49}.

- **Feminization of population ageing:**

Population ageing is particularly rapid among women, resulting in “feminization of population ageing”\textsuperscript{50}. This is because of the lower mortality rates among the women. This trend is even more visible in developed nations as compared to the developing one. For instance, in the United States\textsuperscript{50}, there were about 20.6 million elderly women and 14.4 million elderly men in 2000 i.e. having a sex ratio of 143 women for every 100 men. In India, similar trends will be expected by the year 2016 when number of females outnumbers males\textsuperscript{51} (i.e. 9 % against 8.8 %).

- **Population ageing has profound implications:**

Population ageing has profound implications in many facets of human life. It leads to breaking up of family ties, unemployment, and lower income, under nutrition, poverty


\textsuperscript{48} www.galegroup.com


\textsuperscript{50} www.galegroup.com

and substandard life styles. It was reported that over 100 million older people live on less than a dollar a day\textsuperscript{52}.

- **Most of the World’s elderly lives in developing countries:**

  Though currently the most developed regions of the World have relatively high proportions of the elderly, the older population is concentrated in the less developed regions and is growing at a much faster rate\textsuperscript{53}. Even in the poorest countries, life expectancy is increasing and the number of older people is growing. In 2000, there were 374 million people over 60 in developing countries representing sixty two percent of the World’s elder population. By 2015; this could increase to about 597 million i.e. 67\% respectively\textsuperscript{54}.

  Therefore, in the light of these trends, it could be inferred that population ageing is a universal phenomenon. It is inevitable and hence every nation irrespective of its pace of development, must inculcate ageing in its research agenda. Further, if countries want to celebrate ageing of its citizens; they must understand the implications of population ageing.

**1.08: Implications of population ageing:**

Population ageing has established itself as the most pressing problem of developed economies. The developing countries of Asia are not far behind either. While population ageing represents, in one sense, a success story for mankind; it also poses profound challenges to public institutions that must adapt to a changing age structure\textsuperscript{55}. The ageing of population has many profound social and economic implications. Recently, many countries have been conducting academic and policy debates on the implications of demographic ageing.

A key economic issue for policy makers is the provision of social security benefits to its senior citizens. One such issue is the ‘pension and care’ challenge. This challenge


\textsuperscript{54} [www.helpage.org](http://www.helpage.org)

\textsuperscript{55} [www.galegroup.com](http://www.galegroup.com)
is even more difficult for underdeveloped and developing nations as it places a strong pressure on their social security programs. This has prompted them to alter social protection systems like cuts in benefits, tax increments, massive borrowing, lower cost of living adjustments, later retirement ages, or a combination of these elements. Further the rise in ‘old age dependency ratio’ would decline the proportion of working population which in turn creates social and political pressures on social support systems.

Population ageing is also a great challenge for the health care systems. As nations age, the prevalence of disability, frailty, and chronic diseases is also expected to rise significantly. Moreover, the changes in traditional pattern of care giving due to the participation of women in labour force make the policy makers to plan for formalized system of care-giving. It further enhances the problem of policy makers.

Implications of population ageing are increasingly important at the regional level. Important questions to be answered concern how the variable regional dimensions of population ageing should be incorporated in the design and delivery of ageing policy strategies, in the allocation of finance, choice of policy instruments and delivery mechanisms. The new policy areas now incorporated into the ageing agenda imply the need for multi-faceted and multi-level policy approach.

To date, research about population ageing, particularly in low and middle income countries, remain underdeveloped and patchy. Views labeling older people as inherently incapable, as well as representing a burden on public policy and informal cares are more often based on supposition than hard evidence, and there are increasing calls for a more up-beat, “active-ageing” approach. Population ageing requires a dynamic response from public policy and social attitudes. Policy responses to demographic ageing are recognizing the huge diversity of the wealth and inclusion of older people. The reform of labour markets to promote job creation and increased productivity among the older people also requires accompanying policies to counter discrimination, improve social protection, gender equality and minority rights.

Implications of population ageing are increasingly important at the regional level. The more sophisticated conceptualizations being developed by academicians and the new

policy areas now incorporated into the ageing agenda imply the need for multi-faceted and multi-level policy approaches that incorporate the regional dimension. Concern is to know that how do we incorporate ‘regional dimensions’ in the design and delivery of ageing policy in the allocation of finance, choice of policy instruments and delivery mechanisms. The design of new policy instruments must also take into account the need to interface at the workplace level in order to encourage more progressive attitudes to older workers. Finally, to check the extent to which policy formulation and delivery includes co-operation with social partners; the direct involvement of older people is required.\(^5^7\)

Regrettably, ageing has received only peripheral attention from development theorists and policy makers. They visualize ageing as a problem only in a long run\(^5^8\). This may not be true. There is an urgent need for a stronger knowledge base and for developing coherent policy framework which addresses the effects of ageing and the needs of older people.

Population ageing brings both challenges and opportunities. It brings a challenge in finding new ways of dealing with each other, of communicating with the generations, of supporting each other for social integration. It is not necessarily a catastrophe for individuals, societies and their social systems rather, it serves as an opportunity to realize new potentials. But for this, a clear understanding of ageing phenomena is required.

### 1.09: Population Ageing vs. Individual Ageing:

‘Population ageing’ is often confused with ‘individual ageing’ although the two terms connotes different meaning. Ageing is a global phenomenon. It is not just an issue of the State, but also of society, family and most importantly; the individual. The demographic and socio-cultural trends have made ageing an issue of concern not only at national and global level but also at personal and experimental level.

At personal level, ageing connotes three distinct phenomenon’s: the biological capacity for survival, the psychological capacity for adaptation and sociological

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57 www.ageconcern.org.uk  
capacity for the fulfillment of social roles\textsuperscript{59}. At experimental level, social scientists are interested in two broader aspects of ageing. The first is how any society functions as an age structure and how changing age distributions over time affect economic, political and other aspects of social organization. The second is how attitudes and roles changes over the life cycle of an individuals or in cohorts of individuals\textsuperscript{60}. Hence, when rise of ageing population at State, national and global level is considered we referred it as ‘population ageing’ and when we consider the individual changes in the life pattern of an individual we call it ‘individual or human ageing’. In actual, there exists a cause-effect relationship between the two. Individual ageing is the cause whereas population ageing is the effect i.e. when individual ages, population ages.

Time to time, various attempts have been made in defining ageing associated with progressive changes in an individual. In simple words, ageing for an individual refers to the process of growing older with each moment of growing life. Functionally, ageing has been defined as a progressive loss of functions and capacities after the organism has reached maturity. According to A. Bagga\textsuperscript{61}, the word ageing is used in two ways. The simpler meaning is purely chronological and the second ascribes to many changes, which have taken place since physiological deterioration, some readily apparent, others not easily detectable. Thus the key factors in defining individual ageing are the ‘process’ and ‘change’. The changes occur in an individual as the result of the passage of time. These may be anatomical, psychological, physiological and even social. Ageing is thus defined in terms of changes.

Moreover, Ageing has different connotations for different group of people. For the politicians, bureaucrats, lawyers, doctors and capitalists, ageing may mean the accumulation of more wealth or the enhancement of power. For those in the middle class, ageing may mean forced retirement and dependence on pension, which continues to lose its worth due to inflationary pressures. For the poor and working class, ageing may mean a State of total dependence and abject poverty. Similarly, Ageing has different meaning for men and women. For men, it is considered where

success and power compensate for loss of youth. For most women, ageing means the loss of physical charm, a highly valued aspect of their lives etc.\(^6^2\).

To conclude, ageing is a very imprecise concept which has distinct biological, social and psychological components. It is an indicator of many phenomena; it can be an epi-phenomenon.\(^6^3\).

Ageing is even confused with old age. The following conceptualization clarifies this difference:

**1.10: Conceptualization of the definition of “Old”:**

From time to time scholars have assigned different notions to the aged people as ‘elderly’, ‘old’, ‘third age individual’, ‘individual in the twilight of life’, ‘forgotten generation’ and ‘senior citizen’ etc. But there is noted a remarkable difference in the meaning of the term ‘ageing’ and ‘aged’. The term ‘aged’ or ‘elderly’ refers to a section of population aged sixty and over whereas the term ‘ageing’ represents a continuous process of becoming old.\(^6^4\). ‘Old age’ is the closing period in the life span, whereas ‘ageing’ is termed as a part of living which begins with conception and terminates with death.\(^6^5\). Traditionally, old age has been perceived as the stage of life when decrements outweigh increments, when capacities and opportunities declines and when the functional limitations that tend to be associated with advanced age present a significant handicap to the individual in relation to his/her desired roles in life.\(^6^6\).

Today there are many ways of defining ‘old age’ composed of an infinite number of overlapping points of view with respect to a given person. In the context of the International Plan on Ageing, the U.N. defines sixty years and over as “aged”. However, W.H.O. defines elderly population as “people aged sixty five years and

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Government of India adopted ‘National Policy on Older Persons’ in January, 1999 to define ‘senior citizen’ or ‘elderly’ as a person who is of age 60 years or above.

Old age has different meanings in different contexts. The difference further varies with culture or society in which one grows older. For instance, in rural areas, old age is identified as a period of life when a slide from independence to dependency on others will take place. This slide may arise due their poor health and increased age. Among peasant communities, handing over of property by an ageing individual to others belonging to the younger generation symbolizes the crossing of the threshold of old age. Significant difference is also noted between men and women. For women, the transition to old age occurs with menopause and the contraction of domestic roles after the joining of daughter-in-law. For men, the role attrition starts with an easing of work activity and continues after retirement.

Old age is an ambiguous term. However, a variety of definitions have been offered in Gerontological literature, but there exist no clear cut demarcation of age upon the attainment of which a person can be called ‘old’ or ‘aged’. Various scholars also highlighted the fact that it is really difficult to draw a dividing line uniformly to categorize the ‘elderly’. According to N.K. Chadha, ‘Old age is a relative concept’. A ten year old is likely to think of someone who is thirty year old as aged whereas, sixty five years old may think of those individuals who are seventy five years of age as aged.

Along with individuals; old age also varies between countries because of different social, economic and historical backgrounds. Even the academicians and researchers have difficult time in deciding when an individual becomes old. The problem in defining aged stem from the fact that researchers are using different criteria. Some distinguish and separate age groups on the basis of chronological age, others do so on the basis of their social, psychological or physiological characteristics. Thus, there

exist many dimensions through which ageing can be measured. Few such dimensions are given below:

1.11: Dimensions of Human Ageing:

Ageing is an ambiguous term. Distinctions have been made between “universal ageing” (age changes that all people share) and “probabilistic ageing” (age changes that may happen to some, but not all people as they grow older). Distinction is also made between biological, social and psychological ageing. In general, gerontologists and social scientists classify the phenomenon of ageing under the following dimensions: Biological, Social, Psychological and Cultural. These dimensions are discussed as follows:

a. Biological Ageing: Biological ageing means the anatomical changes that occur within the organism\(^71\). It is seen as a complex of progressive changes in cellular composition, capacity for growth, in tissue structure and endurance of the neuromuscular system and in the reduction in the capacity to integrate organ systems\(^72\). It occurs in the later part of the life of an individual and includes graying of hair; loss of teeth; diminishing of sight and audibility; general slowing down of all systems of the body; changes in sensory motor performances and muscle strength; brittleness of the skeleton structure, reaction time and balance; decrease in the bone mass; the loss of body hair; weakening of the voluntary muscles; rigidity of connective tissues; the slowdown of the body metabolism; occurrence of sleep problems; and higher threshold levels of all the senses\(^73\).

Biological ageing is not considered as the best marker of ageing as these changes are physiological in nature and may begin long before the individual reaches chronological age of sixty\(^74\). Deterioration of the various parts of the body proceeds at different rates and is generally so slow that it can’t be measured accurately on weekly, monthly and annual basis. Hence, one can’t fix any age as


\(^{72}\) Ibid, p.7.


specific, where all physical functions of a given individual begin to show a decline.

Moreover, Biological ageing varies between societies, historical times and between people. This is due their social and economic background, their different ways of living and for psychological and medical reasons. Changes do occur over the life course and hence an individual cannot be young forever. But such changes are more often conditioned by the States of nutrition, health, housing and better employment facilities. Thus need is to plan all these facilities for the nation.

b. Psychological Ageing: Psychological ageing is seen in terms of changes in the central nervous system, in sensory and perceptual capacities and inability to organize and utilize information. It consists of general decline in the mental abilities that accompany old age and the attitudes and behaviours of others towards the elderly. It also refers to the adaptive capacities of individuals as observed from their behavior i.e. how well one adapts to subjective reaction or self-awareness, changing environmental conditions and with the society and how best one can lead himself/herself to higher thinking. Generally the behaviors that people use to adapt to changing environmental demands may include memory, feelings, motivation, intelligence, skills of fostering and maintaining self-esteem and personal control.

Psychological ageing leads to gradual loss in confidence, loss in self-image, self-esteem, questioning of own abilities, developing feeling of powerlessness, going into negativity and linking all physical problems with ageing. It further leads to changes in personality and external behaviours that consists of a general decline in the mental abilities of the aged. Hence, psychological ageing is related to

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80 Ibid. p.96.
individual’s State of mind. It can be studied under different perspectives like decline in the intellectual capabilities, creative capabilities, personalities, potentialities, decrease of adaptive and survival skills and lack of flexibility etc. All these perspectives of ageing are based on the concept of “individual differences”. Psychological ageing, as observed, is a gradual process. Unlike physical ageing, it does not occur in days and months, it rather emerges gradually over the years.

Society and it’s socio-cultural beliefs plays a magnanimous role in psychological ageing. Moreover, the psychological changes in respect of individual’s concept of the self, his idea about his worth as an individual and as a member of social groups, his feelings about the attitudes and behaviours of others towards him and his general view of life and the World can all play a significant role in the process of psychological ageing. Therefore, a positive State of mind and continued interest in ageing process greatly help in reducing psychological ageing, whereas, an unfavorable and negative attitude towards the changed physical and social conditions fastens the psychological ageing.

c. Social Ageing: The term ‘social ageing’ implies the process of becoming old according to the social roles played by the elderly. These roles are sets of expectations or guidelines for people who occupy given positions such as widow, retiree, grandfather etc. The parameters of social ageing may vary in different contexts and in different societies. A person is considered ‘old’ when he is so regarded and treated by his contemporaries or cohorts and by the younger generation.

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The process of becoming socially older can involve the acquisition of new forms of power, influence and security; particularly in the context of family. As the social age progresses, the individual experiences a decrease in meaningful social interaction. In addition; the social development, marriages of children, avoidance of sexual activity, privileges and respect on the basis of one’s age also serve as the basis of recognizing oneself as an ageing person. Social ageing can be controlled by transmitting positive images of ageing to the younger generation and that is through the process of socialization.

d. **Cultural Ageing:** From the socio-cultural perspective, an individual is termed aged when he distances himself from those roles and statuses which he was performing as an adult. He becomes disengaged from his normal adult roles. Social and cultural ageing are inter-related concepts, but they differ from one another on the basis of their emphasis. Social ageing emphasizes the changes in behavioural pattern and the role and status of individuals in the family. On the other hand, the cultural ageing gives importance to the role of an individual during his life span. It is defined as the cultural progression of an individual through different stages of life. This view of ageing advocates the gradual withdrawal from the social roles and duties of the society. It is often thought of as an extension of life during which paid employment or self-engagement is shortened and leads to total retirement.

e. **Chronological Ageing:** Chronological ageing is the most widely used and straightforward dimension of ageing. It continues from birth until death. People age chronologically as they clock up their birthdays. Chronologically, ‘old age’ is divided into two or three categories as young-old (between 60 to 69 years) and

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old-old (70 yrs and above)\textsuperscript{95} or young-old, old-old and oldest-old. The young-old (60-69 yrs) are the people which are mobile and experience little functional limitation. The old-old (70-79yrs) are people with some disabilities that lead to an increasing restriction of the function and can take care of themselves. The oldest-old (80 and above) are the frail group whose ever increasing disability quickly leads to total dependency and hence they need total support\textsuperscript{96}.

Chronologically, old age is different in different countries. In Korea, old age begins at age 45 years and over; in Japan and Australia it is the age period between 60-65 years\textsuperscript{97}, whereas in India, retirement age from regular job, either public or private, has been administratively accepted as a symbol of old age\textsuperscript{98}. Generally, age sixty is recognized as the starting point of old age in India (Census of India, 2001)\textsuperscript{99}. Thus the chronological criteria for classifying an individual as ‘aged’ or ‘elderly’ is the operational means employed for administrative purposes-pensions, insurance and the like. It is basically transition from salaried work to retirement\textsuperscript{100}.

**Chronological Age is not the best marker of old age:**

Gerontologists and specialists in geriatrics have generally expressed reservations about fixing the onset of old age on purely chronological basis. They cite following reasons for this:

First is the ambiguity of the variable. Chronological age actually is an intrinsically ambiguous variable. There are no definite biological, psychological and sociological parameters which individually or collectively can demarcate the particular chronological age uniformly\textsuperscript{101}.

\textsuperscript{97} Op.cit
Another prime limitation in making chronological age as a standard marker of ageing is its link with life expectancy. It varies with life expectancy. For instance, in India, when the average life expectancy was 27 years, the age of retirement under the government schemes was 55 but with the rise in life expectancy to 64.8 yrs (in 2001), the age of retirement has also raised to 60 years \(^{102}\).

In addition, the extraordinary variations among individuals of the same chronological age further limit chronological age in becoming a standard marker. It was observed that while some people may be “old” at 50 years while other seems young and energetic even at their 70\(^{th}\) or 80\(^{th}\) birthday \(^{103}\).

The challenge to chronological age also lies in its difficulty in application. It is not applicable to all societies, especially in rural and tribal societies. This is because most of rural and tribal people do not even know their birthday. They reckoned their age by associating it with geo-climatic occurrences like eclipses, floods, earthquakes and with socio-cultural events like festivals, rituals and the like \(^{104}\).

Hence, from above dimensions it can be concluded that the concept of ‘old’ or ‘aged’ is a relative term. No dimension for ageing is complete in itself. Ageing differs from species to species. It also varies with purpose, viewpoint, sex, residence, climate and the like. It varies between urban and rural individuals. It is even conceived differently by the old and non-old \(^{105}\). Considerable variability and differences also exist among older adults. They don’t age exactly alike, chronologically or otherwise.

Therefore, as a consequence of this variability, other ways of conceptualizing old age are needed. Some scholar posited the need of a definition of old age based on function rather than chronological age \(^{106}\). ‘Functional age’ is actually the capacity to behave in accordance with what is expected at any given age. Functional age may be determined by appearance and normal physical changes like stiffness of joints, diminished short-term memory, reduced skin elasticity etc. In functional term, a person becomes old


\(^{105}\) Ibid, p.37.

\(^{106}\) Ibid, p.40.
when he or she can no longer perform the major roles of adulthood. The notion of functional age would therefore be helpful in establishing more appropriate functions for social policies on one hand while keeping the dignity and worth of the individuals on other.

Whatever may be the dimension; ageing is an issue of serious concern. With more participation of aged in the society according to their special abilities and experiences; with greater vigor in the old along with the young; with quicker maturation of young and the less quicker ageing of old; and with political, human and economic rights being more evenly distributed across the age groups; the result is likely to be a society in which age categorizes and age restrictions will be relaxed and society may age happily.

Further to understand the ageing processes and needs; few important theories have been analyzed as under:

1.12: Theories of Ageing:

There exist many theories and approaches to understand the process of ageing. Different theories looked at the ageing phenomenon differently. Few considered aged as a social group while other recognized them as an individual observing personality changes. The analysis of these approaches is therefore required to get a better understanding of the research problem. The following are the major theories of ageing:

1. Disengagement Theory:

Disengagement was the first formal theory of ageing. It was proposed in 1961 by two prominent researchers of Chicago University named as Elaine Cumming and William Henry. Disengagement, according to them, is a natural process which the ageing person accepts and desires but the degree of disengagement differs from an academician to a skilled workman.

This theory begins from the functionalist premise that society and the individual always seek to maintain themselves in equilibrium and avoid disruption. It interprets the loss of social role and relationship as a functional necessity.\textsuperscript{109}

Disengagement involves the separation of an individual from several of his or her regular social roles and activities. Disengagement theory argued that intrinsic and hence inevitable changes occurred in personality in late life which decreases activity of an individual; this personal withdrawal coincided with functional societal need and results in the separation of an individual from several of his or her regular social roles and activities.\textsuperscript{110} This readiness for disengagement occurs when the individual becomes aware of the shortness of life and the scarcity of time remaining to him, and if he perceives his life space as decreasing.

Hence, disengagement theory takes into account some of the facts of development in later years and was based on the basic assumption that, as a natural development, withdrawal from the physical and social environment occurs during old age. The basic criticism to this theory was the fact that it does not correspond to observations of some aged who are both extremely active and creative in old age or extremely distressed at being forced to withdraw from social contacts.\textsuperscript{111}

2. Activity Theory:

Activity theory was put as an alternative to disengagement theory. It was formalized by Robert Havighurst. Activity theory says that the more active an aged person is, the better his morale will be. Havighurst argued that the psychological and social needs of elderly were no different than those of the middle aged and that it was neither normal nor natural for older people to become isolated and withdrawn. When they do, it is often due to events beyond their control such as poor health or the loss of close relatives. The person who aged optimally managed to stay active and resist the shrinkage of his or her social world.\textsuperscript{112}

Activity theory assumes that a “successful old age”, will be one, in which the individual actively engages in forms of behaviour which compensate for him or her lost roles. Present theory correlates the higher morale and life satisfaction with the social integration\textsuperscript{113}. Activity theory purportedly emphasized social integration and involvement as the explanation of life satisfaction whereas the disengagement emphasized on withdrawal of affective attachment and withdrawal from conventional involvement in social roles. Both perspectives, however, predicted successful adaptation as the expected outcome\textsuperscript{114}.

3. \textbf{Continuity theory:}

Continuity theory represents a more formal elaboration of activity theory. It was first proposed by Robert Atchley in 1989 and was based on the concept of internal and external continuity. Internal continuity signifies a remembered inner structure, such as the persistence of ideas, temperament, affect, experiences, preferences, dispositions and skills etc., whereas, external continuity is connected to past role performance and can be observed in the continuity in skills, activities, environments, roles and relationships between middle and old age.

Continuity theory emphasized that personality plays a significant role in adjustment to ageing and that adult development is a continuous process. By the time people reach middle age, they have built a life structure that is linked to their past and becomes the base upon which they build their future.

Continuity of personality means that changes can be incorporated that still preserve the unique characteristics of an individual. Continuity of activities allows people to prevent, offset, or minimize the effects of ageing. Continuity of relationships preserves an individual’s social support system. Thus continuity is considered as an adaptive strategy for successful ageing.

Continuity theory also defines normal ageing and distinguishes it from pathological ageing. Normal ageing was defined as a “usual, commonly encountered patterns of human ageing.” It can be distinguished from pathological ageing by a lack of physical or mental disease or illness. People who age normally can successfully meet their

needs because they are poor or disabled. The theory has been criticized for pathological ageing by stating the fact that chronic illness does not preclude the ability to participate in society or in personally meaningful experiences\textsuperscript{115}

4. Exchange theory:

Exchange theory is similar to psychological theories in explaining why some older people withdraw from social interaction. Its origin lies in micro-economic theory. A central premise of exchange theory is that resources are often unequal and that actors will continue to engage in exchanges only as long as the benefits are greater than the costs i.e. the social interaction between individuals is based on rational calculations and that people seek to maximize their rewards from these exchanges and minimize their costs.

Exchange theory assumes that human behavior and social interaction is an exchange of activity (tangible or intangible), particularly rewards and costs. Exchange theory explains that interaction between the old and the young decreases because older people have fewer resources to bring to the exchange like lower income, poorer health and less education. Their declining resources strain their possibilities for continued interaction with others. Thus social exchange; treated as the building block of a wide range of phenomena, such as, cooperation, competence, love, help, bargain and negotiation of inter-group conflicts; is reduced in old age\textsuperscript{116}.

Social exchange theory can be criticized at two levels of analysis. The first level pertains to the treatment of human behavior or social life as exchange; the second to the reduction of social interaction to economic transaction or a psychological process. At the first level, many exchange theorists pointed that every interaction is not an exchange. The second level of critique involves the relationship between economic and social exchange. Economic and behaviorist models tend to reduce social exchange to a set of market like exchanges of material objects driven by extrinsic motivations like game, even when it declaratively distinguishes between the two\textsuperscript{117}.


5. **Age Stratification Theory:**

This theory was outlined by Riley Johnson and Anne Fonnerin 1972. This theory viewed age as a fundamental social mechanism by which resources are allocated over the life course. It has its origin in status attainment research. The underlying assumption of this theory is the fact that all societies group people into social categories. These groupings provide people with social identities. It assumes that ‘age’ locates the individuals or groups of people in the social structure. Each age stratum is composed of people similar in life stage who tend to share capacities, abilities and motivations to age\(^ {118}\). Age is thus a basis for structured social ‘inequality’. Age is perceived to be both a process and a structure. It further promoted the idea that societies organize the distributions of rewards and opportunities and develop sets of behavioral expectations based on the stratifying characteristics of their members, with chronological age as a central element in the system\(^ {119}\).

6. **Personality Theory:** This theory was proposed by Neugarten, Havighurst and Tobin in 1968. Theory denies the necessity for any sociologically oriented explanation of successful ageing. Instead, adjustment to old age is seen as the result of individual personality. This life cycle approach conceptualizes ageing as a developmental process, the outcome of which reflects the individual copying style. The exponents of the theory hold that people, as they grow older, seem to be neither at the mercy of the social environment nor at the mercy of some set of intrinsic processes. On the contrary, the individual continues to make his own impress upon the wide range of social and biological changes. He continues to exercise choice and to select the environment in accordance with his own long established needs. He ages according to a pattern that has a long history and that maintains itself with adaptation to the end of life. According to this theory, the integrated personalities are not necessarily integrated sociologically, in the sense of maintaining social roles and relationships. They are however, high in “life-satisfaction”\(^ {120}\).


7. **Wear and Tear Theory:** This theory was suggested by Comfort (1956). It assumes that cell wears out with time or those waste products accumulate in cells can interfere their functions. It further suggests that ageing can be caused by damage that occurs in various body systems throughout their life. Such damages could be caused by ‘wear and tear’ and by the harmful substances that we breathe and eat, and natural processes within the body. It postulates that each stress to which an organism is subjected, take its toll and that the organism finally wears out. However, direct verification of data is lacking\textsuperscript{121}.

Thus from the analysis of above mentioned theories; it can be concluded that no theory is said to be complete in itself and hence a holistic perspective is required to understand the ageing phenomenon. The above theories further reflects that ageing phenomenon is generally defined by using two perspectives, namely, social structure and personal growth of an individual. Variations in social, cultural and individual patterns of growth were found to be a reason behind the different theories.

Along with theories, equally important aspect is to understand society’s attitudes and stereotypes towards the aged generation. Gerontologists describe these stereotypes in terms of “ageism” which means that older people are in some way different from ourselves and our future selves and are not subject to the wants, needs and desires as the rest of the society\textsuperscript{122}. Few such attitudes are discussed as follows:

### 1.13: Attitudes and stereotypes of ageing:

The term ‘Attitude’ is “an individual’s characteristic way of regarding an object, person or process”. It involves evaluation: whether on likes/dislikes/approves/disapproves/seeks/avoids a particular object, person or process. Throughout their life span individuals develop following kind of attitudes:

- The attitude of individuals towards his age group.
- The attitude of members of his age group towards different other age groups\textsuperscript{123}.

\textsuperscript{122} Ibid, p.8.
‘Stereotyping’, on the other hand, is a method of communicating particular social value on specific social groups and through social interaction with them by suggesting appropriate forms of behaviour. Besides, influencing our behaviour towards the target group, stereotypes also provide appropriate forms of behaviour to the group itself. Ageist stereotypes are transmitted in a variety of ways: through the family, in the workplace, between groups of friends and through the media.\(^{124}\)

In general, the following stereotypes or myths associated with old age have been reported:

- **Ageing and Senility**: The myth of senile older adults.
- **Ageing and Sexuality**: The myth of the asexual older adults.
- **Ageing and Health**: The myth of sick older adults.
- **Ageing and Social contact**: The myth of isolated older adults.
- **Ageing and Learning capacity**: The myth of incapable and rigid older adults.
- **Ageing and Gender**: The myth of similar ageing for both the gender.
- **Ageing and Homogeneity**: The myth of alike older adults.

1) **Ageing and Senility: The myth of senile older adult**

It was believed that older persons “naturally” grow confused and childlike, become forgetful, and lose contact with reality. They become “senile”. There mental abilities begin to decline from middle age onwards, especially the abilities of learning and remembering, and that cognitive impairment is an inevitable part of the ageing process.

**Fact**: The term “senility” is frequently used in discriminately applying it to anyone over 60 with a problem. It implies an assumption about elderly people that they are old, they are also mentally deficient. Indeed, in most cases, when the label senility is applied, no course of treatment is started. This is a myth.

In reality, most elderly people retain their normal mental abilities, including the ability to learn and remember. It is true that reaction time tends to slow down in old

age and it may take somewhat longer to learn something. However, much of the difference between older and younger people can be explained by variables other than age including illness, motivation, learning styles, lack of practice, or amount of education. Significant learning and memory problems are due to illness and not to age per se\textsuperscript{125}.

Senility includes a range of symptoms including memory impairment, forgetfulness, decline in intellectual functioning and malnutrition, irreversible physical conditions such as heart attacks, diabetes, and excessive tranquilization etc. But in reality, some of these declines in mental functioning can be prevented or even reversed. According to an article in Tufts University review on ageing studies\textsuperscript{126}, ‘vitamin deficiency is the cause for many of the symptoms of senility e.g. low folate levels in the elderly can cause forgetfulness, irritability and possibly depression’. Thus by simply adopting a life style rich in healthy diet, exercise, intellectual interests, friends, and a sense of purpose can help a lot in overcoming the myth of senile older adult.

1) Ageing and Sexuality: The myth of the asexual older adult

One of the most pervasive myths in our society is the belief that a decrease in sexual interest and a diminished capacity for sexual behaviour are an intrinsic part of the ageing process.

**Fact:** There is no particular age that signals an end to sexual feelings or abilities. The stereotype of the sexless older adults arises from the tendency to think of ageing as a disease instead of a normal process. Chronological age itself is not the critical factor in sexual activity or physical intimacy. While sexual activity does tend to decline with age, there are tremendous individual differences in this aspect of life. In part, these differences are determined by cultural norms, health or illness, and the availability of sexual or romantic partners. According to a study published in New England Journal of Medicine (2007) ‘In the age group of 57 to 64 years; 73 percent had sex with a partner in one year’. In terms of sexual activity the main factor seemed to be not old age but availability of a partner. Thus older women were less likely to be sexually


\textsuperscript{126} [www.ehow.com](http://www.ehow.com) and [www.globalhealingcentre.com](http://www.globalhealingcentre.com)
active because they often outlived their partner. In another study carried out at Duke University’s Centre for Ageing and Human Development; 254 men and women between the age of sixty four and ninety four were surveyed about their sexual activity. Study found that majority of older individuals retained their interest in sexual behaviour and continued to participate in sexual activity\textsuperscript{127}.

1) **Ageing and Health: The myth of sick older adult**

One common prejudice is that older people are sick or disabled and that the majority of elderly people are not healthy enough to carry out their normal activities.

**Fact:** It’s true that as we age, our physiology changes. These changes can even lead to poor health. But old age doesn’t have to mean feeling sick and tired. An important part of staying well into the older years is keeping one’s immune system operating at its peak. Ageing is generally associated with lagging immunity and consequently more infections. There exists a correlation between how healthy a person expects him or herself to be and how healthy that person actually is. When older people accept the idea that to be old is to be disabled, he/she functions below their physical capacity. In a longitudinal study of aged, half the sample was found to relate their health worse than their doctors did. It is also observed that even with getting the best of care, not everyone remains healthy in old age. Another study based on 496 elderly teachers of Argentine revealed that most of them were healthy enough to engage in normal activities\textsuperscript{128}.

2) **Ageing and Social contact: The myth of the isolated older adult.**

The isolation of the elderly, diminished or nonexistent social interaction is another stereotype frequently attributed to older persons.

**Fact:** Older people do not live alone. They either live with their spouse or with their family and those who are living alone, are not necessarily lonely. Relationships may grow more intense in old age. In fact, gender differences in average life spans leave

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\textsuperscript{127} [www.psichi.org](http://www.psichi.org)
many more women than men widowed. Widowed men are more likely to remarry than widowed women.

Cantor’s study (1975) on the social interactions of city-dwelling seniors revealed dynamic relationship patterns. Over eighty percent sit and talk together with neighbours either in front of the building or in parks or open spaces. Almost two-third has a visiting relationship with neighbours and identified their neighbours as close friends and two-third reported monthly visits with their children. In a similar study of Sokolovsky and Cohen (1981) designed to measure social interactions among the urban elderly; results provided further proof to reject the isolation myth. Very few elderly were completely isolated. In fact, the majority of elderly had created complex social networks in their communities. The number of social networks ranged from 0 to 26, with an average of 7.5 social contacts per individual. 73 percent had formed social networks comprised of four or more individuals. Additionally, 44 percent of the social contacts made outside the hotels involved visit with relatives.

3) Ageing and Learning capacity: The myth of incapable and rigid older adult.

Older people can’t learn anything new, they can barely remember what they used to know and refuse to adapt to new ways.

**Fact:** Ageing does not affect our ability to learn. The information processing literature does not support the idea that cognitive functioning declines with age. While we may experience some difficulty with short term memory as we get older, our long term memory generally remains sound. Older persons do, however, tend to solve problems differently than younger persons, preferring to “think things out” rather than relying on “trial and error.” And while our reaction time increases with age and correlates with the complexity of a task, this increase is only measured in milliseconds.

Thus older people can and do learn new things, and they learn them well. However, the limits of learning and the pace of learning changes. Three key factors predict strong mental function in old age vis. regular physical activity, a strong social support

129 Ibid.
130 www.transgenerational.org
131 www.agemyths.com
system, and a belief in one’s ability to handle things positively. Many laboratory studies, and of course programs such as elder hostel, have shown that older persons can learn new skills and recover proficiency on previously learned skills\textsuperscript{132}.

4) Ageing and Homogeneity: The myth of alike older adult.

It is generally believed that as we age, we lose our individual differences and become progressively alike.

**Fact:** Ageing does not affect us as a person; our personality remains fairly constant. Not only we retain our individual differences throughout our lives, these differences become even more pronounced as we get older. We generally become more like our youthful self; a talkative teenager, for example, becoming a talkative older person and a stubborn youngster carrying the trait of stubbornness into old age. In reality, an old person is a young person who has just lived longer\textsuperscript{103}.

The elderly do not form a homogeneous category. There are different groups among them, they should not lumped together purely on the basis of chronological age. Rather distinctions should be made with reference to income, residential pattern, age, sex, education, occupation, health, marital status, ethnicity needs etc. One can think of several groups among them. This is important because old age has different problems and implications for different groups. For example, effect of family cycle is more traumatic for women than men because of their deeper involvement in female roles in the domestic sphere. Widowhood has greater impact on women as compared to man. Further, the problems of persons who are required to retire from their service are different from those who are self-employed\textsuperscript{133}.

From the analysis of above theories, facts and stereotypes the following features of ageing have been identified:

**1.14: Salient Features of Ageing:**

- Ageing includes under its rubric both - the individual as well as population ageing.\textsuperscript{134}

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\textsuperscript{132} www.healthline.com


• Ageing is a universal phenomenon, even though its magnitude and manifestations are not the same everywhere.

• Ageing is far from being a uniform process. With a multitude of processes going on simultaneously within a bodily system, ageing is complicated and complex.\textsuperscript{135}

• Ageing is a contradictory process, where both growth and decline occurs.\textsuperscript{136}

• Ageing has varied frame of references e.g. chronological, social, psychological, temporal and cultural.\textsuperscript{137}

• Ageing is a promiscuous term used in different contexts and can refer to diverse trends.\textsuperscript{138}

Hence, from all these features it can be easily inferred that ageing is a global phenomena and is inevitable. Every nation, irrespective of its pace of development, needs to inculcate ageing in its research agenda if they wants to celebrate ageing of its citizens. For becoming a truly welfare State; understanding of the implications of population ageing is required. Population ageing and its related problems need a long term planning along with continuous efforts. Keeping this broader objective in mind, the present study was conducted to diagnose the ageing problems of individuals living in cities. The more clear understanding of the research problem can better be understood from the following study rationale.

1.15: Rationale for the present study:

Population ageing is a global and universal phenomenon. Ageing of population is capturing the World’s attention as one of the major policy challenge. The whole World is experiencing its consequences. The W.H.O has aptly Stated Population ageing as “one of the humanity’s greatest triumphs”\textsuperscript{139}. Actually, there is no escape

\textsuperscript{135} Ibid, p. 28.
from ageing; rich or poor, man or woman, everyone has to face this natural phenomena. Even though many old people would like to separate them from the group of weaker sections of the society by stating that they are not old in any way, neither weak nor disabled. They are still able to do their work effectively. This may be true in exceptional cases but the hard fact remains that at some stage of life, one starts to face decline, some do it even earlier than thus defined; others at a much later rate, but decline does happen in normal ageing process. One cannot just wish away this decline, though delaying it is as far as possible, desirable and commendable\textsuperscript{140}. Hence to experience delayed and healthy ageing; understanding of the implications of population ageing is must.

The importance of ageing can not only be based on the growing number of persons considered as ageing people, nor must be taken as a fact due to increasing number of social actors of this kind. Social significance can’t only depend on quantitative criteria. This phenomenon is grabbing the World’s attention because it takes the Nation more and more towards planning. Further, it helps senior citizens to adapt themselves to the changing environment and face vulnerabilities.

Traditionally, Indian society assigned a place of honour and respect to the aged. All norms, religions, social values, and social and economic organizations of society give emphasis on the better quality of life of the elderly\textsuperscript{141}. But today the scenario has changed. Society is undergoing change as an impact of modernization, urbanization and industrialization. These forces put forth many social and demographic transitions. One such transition is the increase in the population of elder generation and decrease in the population of younger generation. This situation may create an imbalance in the society as it demands more caregivers; which is practically not possible due to the decline in the population of younger generation.

The care giving problem further became critical with the participation of women in labour market. Traditionally, woman was considered as the primary caregiver. But with rising responsibilities and shortage of time, women are not in a condition to


spend enough time in care giving of their parents. Further, factors like breaking up of joint family system, selfish attitude of children, financial dependency of aged, deterioration of physical and mental health are all worsening the situation of aged in India. At this phase of life, most of the aged are unable to carry out their work and needs care giving. But formal care giving to every individual is not possible. This is due to some financial constraints.

Hence, in a situation like this few important issues may raise as what should be done to provide care and support to the aged? Why we discriminate ageing issues in India, yet so prevalent? Why elder generation is considered as “forgotten generation” though we have been reminded of their presence even in our own home? Why the elderly have barely captured the attention of young scholars in India. Is it because the elderly population of India constitutes one of the smallest and least understood segment of Indian population or we don’t have enough resources to provide full care and social security to them. Whatever may be the explanation, what is important is the adding up of ageing issues to the recent debates of policy makers and planners.

In actual, elderly people are not a burden on the society and economy; they are in fact valuable resources and can contribute equally to the economic and social development of a country. This calls for policy makers and researchers to identify innovative roles for them. The problems of the elderly not just required a macro level planning but adopting strategies, practices and interventions at the grassroots level is equally essential. Need is to think for these dimensions from both micro and macro level.

At the micro level, need is to look into the ways in which people adopt their life to the important transitions occurring across their life course, whereas, at the macro-level, the challenges of growing ageing population based on the economy, education, health, family and welfare needs to be dealt with. Therefore, it becomes imperative to look into both of these aspects as it impacts on population structures and individual lifestyles, which in turn, influence the quality of life of the elderly.

Although there have been made a number of attempts by the researchers, policy makers and demographers to look into the problems of ageing, there is still a need for carrying out more systematic and influential research. This is because the earlier studies were either influenced by the Western perspectives or they focused less on the interventions and coping practices part. Therefore, it becomes the prime responsibility
of present researchers to work in the direction of filling the gaps existing between theory and practice.

The present research is a minor step in this direction as it tries to locate not only the problems of the aged but will suggest the interventions and coping practices adopted by the senior citizens against their socio-economic and health problems. It further attempts to identify the ways of making individual ageing successful and healthy. Thus the present study has the following relevance:

1.16: Importance of the study:

The present study is assumed to be helpful in the following ways:

- Primarily, the study will help the individuals aged sixty and over in gaining access to their present situation and problems. It makes them realize that whatever they are facing is not just an individual issue rather a mass problem.

- It will help the organizations (both private and public) working on the ageing issues, in understanding the nature of problems experienced by the elderly belonging to small cities and thereby developing interventions accordingly.

- In academics, the resultant work can be helpful in filling the gap between theory and practice. It can further enlighten the academicians with the issues that need special concern from the side of planners and policy makers.

- It is further believed that the findings will help in identifying the effective coping practices against various socio-economic problems of senior citizens, which if properly followed, may lead to healthy and successful ageing.

- The investigation also proposes to identify those interventions which enable academicians, Social Workers, policy makers and planners to take necessary steps against the socio-economic problems of the senior citizens.

1.17: Review of relevant literature:

Social, cultural, geographical and financial imbalances between developed and developing nations gives an insight to the developing nations that they are different from the later in many aspects. The strategies and approaches adopted by developed
nations may or may not give significant results to the developing nations. Hence, they are bound to design their own strategies and interventions depending upon their own resources and funds. The present chapter is designed to find out all those approaches, guidelines and frame of references in terms of literature review and that too in accordance with the research problem.

Keeping this in view, the researcher made an effort to collect as much literature as possible on the present problem. An attempt was also made to develop a link between the previous and present day studies and then explain the nature and purpose of the present work. A bulk of literature was being reviewed with a hope that some effective guidelines may come out and which help the researcher in better understanding of the research problem. For simplification, the depth of literature being reviewed may be classified into the following broad categories:

- Studies in which attempt has been made to find out the origin, growth and development of ageing research in India.
- Studies highlighting the socio-economic problems of the aged and their causative factors.
- Studies reporting coping practices and interventions meant for the elderly in dealing with their socio-economic and health problems.

(SECTION A)

Ageing is a global phenomenon. It was also proved to be inevitable. Today every nation, irrespective of being developed or developing, recognized its concern. But still the pace of development of ageing research was a matter of consideration. It was only recently that the ageing research has gained acceptance from the World’s known Gerontologists, Sociologists, Geriatricians and Social Workers. In India, the situation is even worst.

According to A. P. Bali\textsuperscript{142}, in pre-independence era, only a handful of researches on ageing had been carried out in India with a special focus on the problems and processes of ageing. These studies had been carried out by Psychologists,  

Anthropologists, Biologists, Sociologists and Social Workers. On analyzing the significance of these studies in the Indian context; negligible results have been found. This was because of the Western influence on Indian researches. Ageing at that time was considered as a problem of West and thus a handful of studies were undertaken by the scholars on the issues related to ageing in India.

Ishwar Modi\textsuperscript{143} in his study reported the recognition of Gerontology as an academic discipline as the important landmark in the field of ageing research. He further highlighted that in 1960s, many associations were established to give recognition to the field of gerontology. Indian Gerontological Association established in 1968 at Jaipur was one such initiative. This association is totally devoted to the research and well-being of senior citizens. Since 1969, the association is publishing a quarterly journal entitled “The Indian Journal of Gerontology” with a sole focus on the issues and challenges of ageing. Thus with these minor initiatives, the field of Gerontology was accepted as an important area of research for aged.

In the meantime, when Gerontology was developing as an academic discipline, ‘Geriatrics’- another specialty had also came into existence. According to A. Venkoba Rao\textsuperscript{144}, ‘Geriatrics, as a specialty was developed in Britain due to the increasing proportion of older people as this increase in ageing population required more specialized physicians’. Thus Geriatrics was developed as a collaborative specialty to include medical and surgical specialties along with psychiatry and community medicine.

In India, the concept was first prioritized by Indian Council of Medical Research (ICMR). ICMR not only recommended, but also established the first Gerontological Institute in India. Further with the establishment of The Geriatric Society of India in 1978, another field of ageing research had gained acceptance and marked the beginning of the scientific research on ageing.

But A. Bose and M. Shankardas\textsuperscript{145} hold a different view. According to them, the systematized research on the elderly and the focus of government’s concern for the


elderly as a priority began with India’s participation in the W.H.O’s first World
Assembly on Ageing, held at Vienna in 1982; where India along with other nations
adopted the United Nations International Plan of Action on Ageing. It was before the
‘Vienna Plan’, both the terms -Gerontology and Geriatrics- have not been truly
accepted. He reported that even the twelve volumes of Oxford dictionary of 1933, did
not have any mention of either ‘Geriatrics’ or ‘Gerontology’ in it.

Following similar line, P.V. Ramamurti\textsuperscript{146} also reported ‘Vienna Declaration of
1982’ as a revolutionary measure in the field of ageing research. This was due to the
establishment of the Association of Gerontology in India in the same year as that of
the Declaration. The Association’s primary objective was to bring all the
gerontologists of India together. It was also committed to evolving a comprehensive
understanding of the ageing process; to aid judicious planning for the care of the
elderly; and to promote coordinated action in the implementation of the action
programmes.

\textbf{Arun P. Bali}\textsuperscript{147} also highlighted few initiatives which play a significant role in the
process of generating interest among the scholars towards the old age issues. One
such initiative was the establishment of the Centre for Gerontological Studies at
Tiruvanathapuram, under the chairmanship of Prof. P. K. B. Nayar. The Centre has
been engaged in promoting studies and research on ageing and conscientising
academic, administrative and professional elites on the urgency to develop early and
adequate measures to cope with the problems of ageing. It strives to achieve this
through study reports, seminars, workshops and conferences.

In 1983, the Centre for Research on Ageing was established under the aegis of
Department of Psychology at Sri Venkateswara University, Tirupati. It also came up
with more than 200 publications under the abled guidance of Prof. P.V. Ramamurti.
In 1988, Calcutta Metropolitan Institute of Gerontology was established by Dr.
Indrani Chakravarty. The Institute is responsible for providing services to the aged
and is engaged in action-oriented research for improving the quality of life of the
aged. In 1990, the Institute came up with a bold initiative of publishing a quarterly

\textsuperscript{146} Ramamurti, P.V. (2003). \textit{Perspectives and Research on Ageing in India}. In Phoebe S. L. (Eds.).
\textit{Anaging in India: perspectives, prospects and policies}. New York: Haworth press. p.34.
of Advanced Studies. p. 59.
journal named “Ageing and Society: The Indian Journal of Gerontology”. Since then the journal is reflecting the problems and issues of the elderly population.

He further reported the importance of private sector in dealing with the problems of aged. Help age India and Age well Foundation were few such organizations which are really doing well for the cause of the aged. These NGOs are also funding many grass-root level organizations. Help age India is also publishing a quarterly journal entitled as ‘The Research and Development Journal’, focusing on the issues affecting the quality of life of the elderly.

**P.V. Ramamurti** also highlighted slower growth rate in the field of ageing research. The study reported that the first educational programme i.e. the Post-Graduation course on ageing was first initiated in 1978 at Sri Venkateswara University. Since then the students were getting an opportunity to do M.Phil and Ph.D on issues related to ageing. These studies, in turn, attracted the premier agencies to undertake research on ageing and provide funds. For example, The Indian Council for Social Science Research, The Indian Planning Commission, The University Grants Commission, The Planning Commission, The Department of Social Welfare, G.O.I, and the Ministry of Social Justice and Empowerment had provided (and are likely to provide) funds for the welfare of aged. The ICMR even constituted a separate task force on ageing and developed a research agenda.

In addition, International agencies like UNESCO, WHO and ESCAP have promoted research in the area of ageing and award fellowships and grants. He also reported one thousand research articles published in refereed journals and more than fifty research projects in the field of ageing. He further observed an increase in the publication of magazines and newsletters for senior citizens. Besides, the development of NCOP and celebration of International Year for the Elderly in 1999 were identified as few other initiatives which may bring speed into the field of ageing research. Thus ageing research in India has gained acceptance only recently. It is recently that the different voluntary organizations, academic institutions and government agencies have shown their interest in the field of ageing.

I. J. Prakash reported that one of the pioneering steps in ageing research was made recently in terms of the introduction of gerontology and geriatrics into the main stream of education. Diplomas and Certificate Courses in gerontology were initiated. He listed those Universities in India where Gerontology has been added as one of the subjects in the curricula including Longevity centre of Pune, National Institute of Social Defence in Delhi, S.V. University at Tirupathi and Heritage Hospitals at Hyderabad. Moreover, TISS, NCERT and IGNOU were reported as the other players in the field of ageing research. In addition, UGC has prepared separate curriculum for Geropsychology, whereas the AIIMS used to conduct continuing medical education programmes in Gerontology and Geriatrics. These initiatives along with variations in approach made ageing an area of research with interdisciplinary amalgams.

A. Bose and M. Shankardas noted these amalgams as applied gerontology, critical gerontology, educational gerontology, dialectical and experimental gerontology, hermeneutic and qualitative gerontology, social and anthropological gerontology, and financial gerontology respectively. It was further noted that each field was having its own social significance and each one is imposing narrow boundaries on the subject in a different way. For example, M.S. Randhwa called social gerontology as a contingent process relating to the social and demographic structure of human groups, the personal status, dynamic component of stratification in terms of generational membership, and questions about exploitation, victimization and stigmatization. It therefore involves both the individual as well as societal aspects of ageing.

A. P. Bali, on the other hand, considered educational gerontology as the most appropriate field for embracing education to older adults, public education about ageing, and the education of professionals and Para-professionals. This was found to be the best practice during the problems of instruction and learning.


Miriam Bernard\textsuperscript{153}, on the other hand, reported critical gerontology as the most promising practice in the changing conditions of both men and women. Thus each field of gerontology is found to be significant in its own way.

A. Bose and M. K. Shankardas\textsuperscript{154} reported that these fields are not only significant but also shares a common basic goal i.e. to learn more about the ageing research- not for the purpose of extending life span but for the purpose of possibly minimizing the handicaps and disabilities of old age. This objective clearly reveals that scholars are now showing more concern towards the needs of aged and hence working in the direction of promoting the ageing research. In contrast N.K. Chadha and R. Sinha\textsuperscript{155} commented that ageing was the most neglected area in the developmental research. They argued that although one spend one quarter of his/her lives in growing up and three- quarter in growing old but still the Psychologists, Sociologists and others have devoted their efforts in studying childhood and adolescence, rather than old age.

Similarly, M.S. Randhwa\textsuperscript{156} opined that indifference to ageing research exists in India. He further reported the reason behind this indifference and negligence. According to him, the indifference exists because of the fact that the maximum studies on ageing had been carried out in developed nations only leading to the Western impact on Indian researches. He further acknowledged that the growth and development of ageing research was quite recent in India. It is only in the last few years that ageing has attracted the attention of social scientists, social reformers and the State and Central governments. Similar view was hold by Shabeen Ara\textsuperscript{157} and Yogesh Atal\textsuperscript{158} in their respective studies. Thus from above studies, it was clearly reflected that the ageing research in India is still in its phase of infancy.


\textsuperscript{156} Randhwa, S. M. (1991)\textit{The Rural and Urban Aged}. New Delhi; A.H. Marwah Publisher.p.3.


Similarly, M. Easwaramoorthy et.al\textsuperscript{159} confirmed that the Indian research efforts on ageing would lag behind the developed nations. They further highlighted the fact that the attempts made in the field of ageing research in India are not scientific; and if scientific; are not adequate. This they found as a challenge for systematic inquiry because any systematic inquiry needs a scientific approach for its survival.

A.P. Bali\textsuperscript{160} characterized conspicuous absence of both longitudinal and cross-sectional studies of ageing in India. He also marked an absence of comparative research along with the issues of financial, emotional and health cost of home care to care givers and care recipients. He founded that a number of factors being working behind this irrational attitude of scholars including: the paucity of funding arrangements on a long term basis, lack of professional training and orientation, and absence of institutionalized framework that support and encourages such research endeavours.

Shabeen Ara\textsuperscript{161} in her study also assessed the reason behind the ignorance of aged and highlighted the lower representation of aged in the total population as the basic reason behind this indifferent attitude. She further informed that from 1960, with gradual rise in the number of aged persons, the area of ageing would have received some concern from the scholars across the nation.

Similarly, Irudaya Rajan\textsuperscript{162} opined that the ageing research had been given representation on developmental agendas only recently. The reason he cited was the increasing numbers and deteriorating conditions of aged. The increase in the number of aged is an impact of demographic transition whereas the deteriorating condition is a result of the fast eroding traditional system in the wake of rapid modernization, migration and urbanization.

In this regard, Gordan. F. Strieb\textsuperscript{163} also noticed that young scholars either avoid or tend to show lesser interest in working for the issues related to aged. The reasons they

\textsuperscript{159} M. Easwaramoorthy and Chadha, N. K. \textit{Quality of life of the aged in Tamil Naidu}. paper 93-114.
cited were two folded- first is the prevalence of youth oriented culture because of which old age is not considered as a captivating topic to study. Second is the fact that old age issues are not as popular and interesting as the issues related to other age groups because old age is generally concerned with decline and death and thus the young scholars tend to avoid ageing issues. In relation to above findings, Yogesh Atal\textsuperscript{164} also highlighted few more factors responsible for the lower representation of aged in the academic research. These include shorter longevity as compared to the developed nations and the appearance of the problem. He found a wide gap in between the nature of problems between the developed and developing nations. In developed nations; the problems related to ageing had already been practiced and the strategies were already designed to incorporate ‘curative measures’, whereas, in India the problem is still in its phase of inception. It was generally believed that the problems of the aged are not so grave in India as compared to the developed nations. This was due to the strong family bonding. Many issues like financial burden on government to provide social security; burden of paying pensions to the retirees for a longer duration; burden of giving proper health care etc. had put forward the ageing problems in focus. Hence he suggested for developing a separate model of ageing research in India reflecting more on the preventive aspects.

Snehlata Tondon\textsuperscript{165} opined that the current research on ageing was affected by the problem of non-involvement of the aged in the formulation of research questions, conceptualization of ageing problems and the evaluation of action strategies. She further argued that the aged know their needs best and they are the best judges to identify their welfare services. Thus participation of aged serves as an effective tool in determining the future direction of ageing research. The study also suggested that the current trends in the field of ageing research have been directed towards the understanding of the changes that have been brought about by the process of ageing in their family and related socio-economic aspects. Moreover, the status of aged, availability of medical facilities, changes in family life, retirement from work, source of income, leisure time activities, areas of deprivation, need for institutionalization,

and utilization of welfare services have also been accorded an important status in the field of ageing research.

In addition to identifying the future areas; studies were also needed to determine the ways through which the interest of young scholars towards the ageing research will be generated. Keeping this in mind, Dr. A.Venkoba Rao in his study reported that the social factors are playing significant role in generating interest among the scholars towards the ageing research as compared to the demographic ones. Social factors include: social norms, cultural obligations and religious cults. He further argued that the care of aged was a duty in our religious cults. Upanishads speaks of active and joyful ageing. Ayurveda considered old age as a natural disease which was irremediable. Thus going back to Vedas and practicing our own culture were suggested as two important strategies against the generation of interest amongst the scholars in the issues of ageing.

Arun P. Bali outlined the various phases of ageing research along with their areas of concern. He pointed that before nineteenth century, the ageing was considered as a social problem; reflecting the time-related changes in the individual organisms and personality and the losses that were expected to characterize later life. In 1920s, the focus was shifted from purely medical aspects of ageing to that of the broader aspects, including the phenomenon of social changes. During 1950s, Social gerontology had became the focus of concern and by 1970s, many areas like health, psychological status, socio-economic status, the welfare schemes, role of government concerning the aged, role of family in care giving and informal care were all added in the ageing research. Since 1990, the field of ageing research is covering a wide spectrum of issues, namely, old age policies, structure of work and family, widowhood, gender roles, feminization of elderly, future patterns of retirement, HIV/AIDS, Quality of Life, bio-ethics of ageing, loss and coping with transition, changing technology, workplace and education, role of social networks, and support systems in the care of the elderly etc.

P.V. Ramamurti\textsuperscript{168} also outlines the summary of the Indian research efforts. He found that the ageing research is performing three basic functions. First, it provides normative data on the overall status and needs of the elderly. Second, it helps in understanding the basic ingredients of a good quality of life for the elderly and finally, it directs the formulation, execution and evaluation of appropriate interventions of improving the quality of life of the elderly.

Recently, many studies acknowledged the need of focusing on the new paradigm of ageing research i.e. the ‘life-course’ perspective. According to A. Bose and Malakapur\textsuperscript{169}, ‘life-course’ perspective considers the present in the context of past and the significance of social structure in shaping individual experiences. Life course perspective analyzed the patterns of meaning, context and change in older people’s lives and brings in the strength of qualitative approaches.

Richard A. Settersten\textsuperscript{170} holds a view that the life-course perspective was introduced in social gerontology to expand the word ‘social’ in it. The perspective not only pursue immediate answers to the current problems by focusing on individuals who are already old, but will also focus on predicting the future needs of those who are not yet old. Therefore, this perspective will not only foster more effective social planning and policy making but will bring important opportunities and obligations to build greater compassion and concern for senior citizens.

In another study, Valerie Moller\textsuperscript{171} acknowledged ‘partnership’ as the new and dominant research paradigm of ageing. Participative approach was preferred over other approaches because in participation, the older people themselves control and own their services. They themselves carried out the social investigation to gain better knowledge and understanding of their situation. Participative research can also be used as a tool for empowering the older people. It is both- the research products and the research processes- that can empower older people. The findings of participative research would help in shaping public opinion, influence policy and contribute in


better understanding of elderly groups that are excluded from the mainstream. Hence this new paradigm, if adopted, seems beneficial for the welfare of senior citizens.

Richard A. Settersen\textsuperscript{172} while exploring the scope of ageing research found that the scope do exist and will continue to exist in future. This is because of the need to reveal the nature, sources and variability among the aged for developing social programmes and policies; the explosive growth in the number and proportion of older people in the population prompting major social changes; and the fact that retirement and healthcare policies are significant issues for a nation.

Easwaramoorthy et.al\textsuperscript{173} in his study highlighted few benefits of conducting ageing research. For instance, the findings of the ageing research may guide the government and welfare agencies in designing policy and programmes for the aged; it helps the medical professionals and mental health professionals in better understanding of the problems of elderly; and finally, it helps the Social Workers and other professionals in designing intervention packages for the aged. Thus in no way it is going to produce a loss to the researcher.

Hence from above literature, it could be inferred that ageing is a multi-dimensional and multi-disciplinary area of inquiry. Earlier scholars ignored the need of conducting more rational and scientific researches on ageing because of the lower representation of aged in the total population. In addition, a kind of social stigma was attached to the aged. But slowly and gradually the scholars are also acknowledging the need of carrying out more qualitative and need based research. Presently, we have literature covering a wide spectrum of issues associated with the life of aged. Thus ageing is widely accepted as an important area of research among the social scientists, Academicians, Social Workers, Medical professionals, Anthropologists and Psychologists. Thus in the next section of literature review the various issues of ageing have been covered.

\textbf{(SECTION B)}

This section of literature review deals with the problems of elderly people along with their causative factors. In general, ageing is considered as a major social problem of

\textsuperscript{172} Op.cit
almost all societies. However, the nature and extent of ageing problems may vary from one society to another. For instance, M.S. Randhwa\textsuperscript{174} compared the problems of rural elderly with that of their urban counterparts in Punjab. The findings revealed a significant difference in social, health, psychological and economic aspects. Substantial difference was also observed in between the individual and group psychology. The difference was found due to the differences in the social institutions, cultural milieu, customs and traditions, and religious and community controls.

**Dr. R. Kasthoori\textsuperscript{175}** conducted an empirical study based on 300 elderly people at Trivandrum to analyze the major problems of the elderly. The findings reveal social, economic and health problems as the major problems of the elderly. Social problem, according to him, is not about having a large number of aged persons rather it refers to the lag in adapting social institutions to the need of older people without disrupting the machinery of whole society. Social problem affects the aged from both sides; from one side it leads to the problems associated with poverty, illness and isolation, whereas, the other side reflects the problems of adjustment in the family and society to the new patterns of life. The economic problems of elderly were found to be associated with poor financial status. Income was reported as an important variable in the life of senior citizens. The old age problems are even reported as the problem of poor and lonely people. The study also reported of having a mutual relationship in between the old age and disease. The presence of a number of diseases, the chronic nature of the diseases, the disinterest of the doctors to treat the old etc. make the health conditions of the aged vulnerable. The commonly found diseases in old age were reported as rheumatism, arthritis, Blood Pressure, heart diseases and general disability. Old age was also found to be associated with declining physical and mental health making it difficult to adjust with the new ways of life.

In another study of similar nature, **D. Paul Chowdhary\textsuperscript{176}** classified the problems of elderly into the following broad categories: economic, physical, psychological, psycho-social and environmental. The economic problems were including the income deficiency and loss of employment or work, whereas the physical problems include

disabilities and chronic illnesses like weak eye sight, diminishing hearing capacity coupled with lack of nursing and medical facilities, physical abuse and lack of shelter etc. Similarly, the physiological problems were reported as nutritional deficiency, falling health and housing problems followed by the psycho-social and environmental problems including the feeling of neglect, loss of importance in the family, feeling of loneliness and unwantedness, inadequacy of skills, education and expertise etc.

Pushpa Rani\textsuperscript{177} conducted her study on Institutional care of the aged living in the old age homes of A.P. The sample of 130 elderly was taken to identify the problems of people living in old age homes. The problems of the elderly were than grouped into economic, medical and socio-psychological categories. The major problems thus identified amongst the ‘young-old’ (b/w 60 to 70 yrs) age group are the loss of employment, economic dependence, loss of social status and the problem of adjustment due to sudden role transitions, whereas the ‘old-old’ age group was affected more by the problem of poor health as 79 out of 130 respondents were bed-ridden and were totally dependent on others for carrying out their activities of daily living.

S. Kaur and M. Kaur\textsuperscript{178} in their study from Kharar village of Haryana based on the sample of 60 males elderly explored that the problems of aged ranges from ensured and sufficient income to that of sound health, creative use of free time, social security, inadequate love, recognition, dignity and self-respect. Mental problems are also found to be more acute in old age as compared to the physical ones.

In another study, based on the urban slums of Baroda to identify the socio-economic problems of elderly; T.G. Vaswani\textsuperscript{179} explored physical neglect as the most common problem experienced by majority of senior citizens followed by financial hardship, reduced interaction with family and friends, lack of participation in decision making and feeling of disrespect. The respondents often complained of their family for giving low priority to their health status as one-fourth of the elderly reported that they had not been taken to the hospitals even after making complaint.


Shubha Soneja\textsuperscript{180} in her country report for W.H.O. reflects the problems of female elderly in three socio-economic strata. The findings revealed a significant difference in the nature of problems experienced by females belonging to each stratum. For instance, in lower income group, health problem acquired the top most position followed by the economic hardship, lack of care, maltreatment and lack of space within the existing housing structure. The problem was also observed in the functioning of their roles. In middle-income group; the women prioritized economic problems as the most severe problem followed by lack of emotional support from family and friends, health problems, and the problem of inadequate housing. The third group comprised of elderly women belonging to the higher socio-economic strata complained of having mental health problems as their priority. They often reported lack of work, lack of opportunities to spend their leisure time, lack of emotional support, lack of caring attitude by the family, economic exploitation and general feeling of loneliness as their major issues. Among the health problems they stressed more on immobility and physical disabilities. Hence, a significant difference is noticed in the nature of problems experienced by the respondents belonging to three income groups. Therefore, financial status must play an effective role in identifying the nature of problems for the elderly.

In another study, James Joseph\textsuperscript{181} made a comparison between the problems of aged living in institutions to that of non-institutionalized elderly. The findings revealed that the aged living in their own homes were facing more the problem of adjustment whereas, they experienced lesser financial and religious problems as compared to their institutionalized counterparts. On the other hand, the institutionalized elderly reported interpersonal problems as the most common problem followed by the problem of uncontrollable anger, lack of friends, lack of opportunity for social contacts and lack of consideration by family as their major areas of stress.

In a similar nature of study, R. Bakshi et.al\textsuperscript{182} compared the nature of psychological problems of aged living with families to that of aged living in old age homes.

\textsuperscript{180} Soneja, S. Elder Abuse in India; Country Report for World Health Organization. New Delhi: HelpAge India. p.4.
in Ludhiana. The findings revealed no significant difference in the psychological problems of elderly living in old age homes to that of the elderly residing in their own homes. For example, the percentage of aged living with families reported emotional instability (70%), lack of respect (58.3%), worry about financial matters (33.3%), felt isolated and insecure (23.3%), felt useless and idle (18.3%), worry about adjustment with children (61.6%), lack of satisfaction from way of living (13.3%), and family worries as 11.6% respectively, whereas, the corresponding percentage for elderly living in old age home was reported as emotional instability (65%), lack of respect (55%), worry about financial matters (75%), felt isolated and insecure (71.3%), felt useless and idle (63.3%), lack of satisfaction from way of living (46.6%), family worries (3.3%) and homesickness (23.3%). Thus from the above findings, it can be concluded that the ‘type of living’ does not make a significant impact on the nature of psychological problems, but it does affects the social life of an individual.

Along with the type of living; place of living was also responsible for creating imbalances in the nature of problems associated with senior citizens. To check this statement, scholars compared the problems of elderly living in rural areas with that of elderly residing in urban areas. For instance, Surendra Singh\textsuperscript{183} carried out a study to identify the problems faced by rural and urban elderly. The findings revealed that ageing does not constitute any problem for the elderly belonging to rural areas. This is because of the prevalence of joint family system which does not allow aged to lead a lonely life. They continue to undertake light work with smaller recreational demands and hence are better adjusted to the community, whereas, the elderly belonging to urban areas would have faced the problems of poor health, housing shortage and lack of leisure facilities. He therefore concluded that the life of elderly belonging to villages is simpler and tranquil as compared to the life of elderly living in cities.

Similarly, M. Easwaramoorthy and N.K. Chadha\textsuperscript{184} in their study based on 580 elderly people selected from five districts of Tamil Nadu including Coimbatore, Madras, Madurai, Nilgiris and Thanjavur found that in rural communities the psychological and emotional problems are more severe as compared to their urban


counterparts. This is due to the impact of migration of their children to urban areas; leaving behind the elderly to face the problem of isolation, boredom, tension and stress. The study also found that in urban areas the elderly suffered more from the problem of environmental pollution, lack of transportation, short electric supply, and the inadequate drinking water. Among the psychological problems; depression, low self-esteem, loneliness and lack of care and respect were reported. Moreover, the urban elderly are found to be better socially adjusted than their rural counterparts. This is because of the factors like income, satisfaction with financial status, health awareness and better leisure activities.

P. N. Sati\textsuperscript{185} also conducted a study based on Udaipur and Ajmer to differentiate between the problems of rural and urban elderly and found that the rural respondents prioritized inadequate medical services and falling health as their major concern followed by the problem of lack of respect and feeling of neglect from the family. The urban respondents however ranked the problem of adjustment in living with the family as the most serious problem followed by the problem of social isolation and loneliness.

Following similar line, Himabindu\textsuperscript{186} carried out a separate study on 200 female elderly belonging to the village of Vishakhapatnam. The findings reported financial crisis as the most severe problem reported by sixty four percent of the female respondents. The reason they cited for economic crisis was their lesser participation in agricultural and related activities. Further, fifty percent respondents reported the problem of sharing responsibility of looking after their children and thirty-five percent reported the problem of loneliness and isolation.

In another study based on the elderly residing in seven villages of Orissa; S.K. Ghosh Maulik\textsuperscript{187} identified financial problem as the most serious problem experienced by the majority of respondents (sixty percent).The findings also acknowledged a significant relationship existing between the level of income and the age of respondents, as with increase in age 46.9\% Oriya and 54.3\% Santhal elderly experienced decline in their

income. Next to financial problem is the problem of health; as sixteen percent of the respondents reported some kind of health loss.

**L.S. Talunkdar and J.A. Menachery**\(^{188}\) also outlined the problems of rural elderly. Their findings revealed that about sixty percent of the respondents felt tense due to non-involvement in decision making of the issues related to division of property and denial of freedom. Almost half of the respondents (48.6%) reported economic hardship. The problem of inter-generational conflict was reported by 55 percent of the respondents, 23 percent reported multiple problems whereas, a drop in health status was reported by almost sixty percent of the respondents. Amongst the common ailments, eighty percent reported the problem of joint pain/arthritis and seventy five percent were facing the problem of lower vision. The other health problems identified were immobility, cough, constipation, sleeplessness, cardiac problems, B.P. problem, diabetes, and cataract.

Similarly, **M. S. Randhwa**\(^{189}\) made a comparison between the problems of rural and urban elderly. He opined that in urban areas the aged were economically more sound as they had a large number of economic resources like pension, rent from property, and small business etc. whereas in rural areas, indebtedness was noted as the major problem. On health aspects, it was found that both rural as well as urban elderly face similar nature of health problems with some minor variations. For example, the health problems of the rural elderly were noted as eyesight and teeth problems (27%), pain in joints (16%), eye sight problem (11%), heart problem (8%), kidney trouble (9%), Diabetes (4%), digestive problems (5%), asthma and skin diseases (6%), whereas the health problems reported by the urban elderly include eyesight and teeth problem (25%), pain in joints (25%), digestive problems (10%), breathlessness (8%), diabetes (6%), asthma (7%), pain in chest (3%) respectively. The findings on the third dimension i.e. the psychological problems revealed that the aged in urban areas (62.2%) are facing more psychological pressures as compared to their rural

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counterparts (50.1%). The reason was the engagement of rural aged in some light work or in gossiping with their peer groups as compared to their urban counterparts.

Thus from the above comparisons, it can be concluded that senior citizens either they belong to lower socio-economic strata or to the middle and higher stratum, either resides in a metropolitan city or in the village; everywhere they have to face some repercussions of old age. However, the nature and extent of their problem may vary depending upon their income, place of living, socio-economic strata and the nature of available resources. Health, psychological and financial problems are found to be the common problems reported by almost all of the senior citizens.

In addition to social and economic dimensions; Health is another dimension which is equally responsible for altering the life of senior citizens. Keeping this in mind, studies highlighting the impact of health on the life of senior citizens were also considered. First, is the medico-social study carried out by Moneer Alam\textsuperscript{190} on 1000 elderly in the nine districts of Delhi and including both rural as well as urban areas. The major problems reported were the lack of basic health care facilities and acute poverty. A large majority of respondents suffered from curtailed functional abilities and sensory health problems. Moreover, the problem of incapacitation was found to be acute among the lower income groups. Women were reported as the worst sufferers in both the communities.

S. Siva Raju\textsuperscript{191} from Mumbai conducted another medico-social study based on 300 urban elderly from three different socio-economic strata and explored poor health as the major problem experienced by the majority. Amongst health problems, the common problems were reported as arthritis, rheumatism, heart problem, high B.P., breathing trouble, eyesight and vision problems. The findings further revealed that almost half of the respondents postponed the medical treatment because of the general belief that old age is an age of diseases, may secure poor health. This shows that they accept many curable sufferings as inevitable and natural.


In another study, R. Chakroborty\textsuperscript{192} opined that under nutrition and cardiovascular diseases emanating from an urban life styles are the two leading causes of death in aged persons in India. Seema Puri\textsuperscript{193} in her work on “Nutrition: Multiple roles in successful ageing” also reflected nutritional intake of the aged as an important parameter in determining the health status of the aged. The findings revealed that nutritional deficiency may lead to anemia, which in turn, lead to functional disability and loss of working capacity. Nutrition is also linked with longevity and it promotes coronary heart diseases and strokes. Thus there exist a significant relation in between the nutritional intake and positive health of the senior citizens.

In another study based on 230 elderly from seven districts of Meghalaya; C.J. Thomas and F.T. Diengdoh\textsuperscript{194} developed a positive association in between the health problems and the advancement of age i.e. the health problems increases with age. The study reported that 44% of the aged in the age group of 60-65 years had some health problems as compared to 85% of the respondents belonging to the age group of 80 years and above. Gender difference was also observed in between the health status of male and female elderly as higher percentage of females (65 %) reported health problems as compared males (57 %).In addition, female elderly are found to possess a good psychological status as compared to males. This is because the males suffered more from adjustment problems as compared to their females.

W.H.O’s \textsuperscript{195} annual report (2000) highlighted ten leading risk factors which affects the health of an individual and especially the elderly including underweight, high/low B.P., unsafe water, poor sanitation, poor hygiene, iron deficiency, high cholesterol, obesity, unsafe sex and indoor smoke from solid fuels.

Therefore, from above findings it could be inferred that the health problems are the real cause of worry for the majority of aged because poor health is related to poor financial status, poor social contacts and finally leading to socio-economic problems.


Thus need is to focus on health aspects. Further, while designing any policy initiative for the elderly; the government must put health needs on the priority.

Edward. J. Stieglitz\textsuperscript{196} too commented on the need of having a good health by stating “health as a privilege, and, as a privilege it entails the equivalent responsibility for its maintenance.” He suggested the individuals to take initiatives and maintain their own health because it is the healthy life style that may lead the individual towards healthy ageing.

Parallel to the health problems, are the problems of psychological disorders. Many studies have attempted to develop a link between the two. For example, N.K. Chadha et.al\textsuperscript{197} in their study based on 200 elderly determined the psychological health of the elderly. The findings reported poor health as the most serious problem encountered by the majority. Further, they identified cardio-vascular disease, arthritis, dental problem, digestion problem, accident proneness, low resistance, lack of adaptability, and mental disorders as the common health problems. The common psychological problems identified were depression, lower life satisfaction, psychological distress, Dementia and Alzheimer’s disease. The study found that these mental disorders are not only related to the ageing of brain, but to the losses associated with ageing, compressed QOL and socio-economic problems. Loneliness even in the midst of people was reported by the majority of elderly. This is due to the unavailability of people they can have to relate to themselves.

Similarly, Gopalji Mishra\textsuperscript{198} in his study identified the major psychological problems of the aged as maladjustment, lack of respect, lack of love and affection from their children and relatives, feeling of neglect, feeling of loneliness and isolation, feeling of being unwanted, feeling of humiliation and dissatisfaction with life respectively.

M. Banerjee and D. Tyagi\textsuperscript{199} in their study on ‘Role adjustment and status of aged’ from Shillong based on 123 elderly explored ‘isolation’ as the major psychological problem observed by the majority. The findings revealed that with advancement in age, more and more people developed a feeling of isolation. He further compared the problem of isolation in males and females. The findings revealed that the feeling of isolation was more prevalent in aged females (79.29\%) as compared to their male counterparts (45.98\%). Further the study compared the problems in different age groups. Amongst the aged females, the middle-old were feeling highly isolated (17.24\%) followed by young-old (10.34\%) and the old-old (3.45\%). Amongst the aged males, the young-old were feeling highly isolated (7.61\%) more as compared to middle-old (4.61\%) and old-old respectively.

Similarly, R. Bakshi\textsuperscript{200} reported psychological problems including worries, tensions and anxieties as the major problems affecting the majority of elder generation. He found a significant relation existing between the psychological problems and the level of interaction among the children and the elder generation. He observed that the psychological problems increases when there is lesser interaction between the children and their parents. Those elderly who are living with their children had developed the psychological problems when they found that their children were not fulfilling their expectations and were disobeying them and also when they leave them behind to suffer from emotional disturbances.

In another study by N.K. Chadha\textsuperscript{201} based on “Urban ageing: issues and challenges,” the similar findings have been reported. The study found that the loss of power and dependency may result in the feeling of neglect, loneliness and unwantedness. The feeling of inadequacy may result when the aged have to be dependent on others for their essential needs either in form of financial support or in terms of instrumental help. Thus the psychological problems are making a significant impact on the overall quality of life of the aged.


Besides physical and mental health problems, the elderly people are also experiencing a depth of social problems. For instance, Shabeen Ara\textsuperscript{202} in her study based on 250 elderly residing at the slums of Hubli (Karnataka) observed that the Central problem in the life of elderly is the problem of social integration. The aged are segregated from the major structures and processes of modern society, which in turn, make their situation vulnerable. Along with the change in family structure, there are many more factors which affect the adjustment of the aged.

M. G. Husain\textsuperscript{203} in his study on identifying the psychological problems of the elderly reported the following factors working behind the poor adjustment of aged as health status, marital status, social status, family relationships, participation in leisure activities, membership of an organization, self-concept, unhappy experiences, self-concept, feeling of permanent security, plans for future, religiosity and belief in rebirth, change in family structure, loss of spouse and problem in utilizing free time.

Gopalji Mishra\textsuperscript{204} too discussed some irrational methods that make the social adjustment difficult for the senior citizens. These methods include the denial of ageing, behaving like adults, and overcompensation by becoming intolerant to younger generation, pointing out all defects of youth and claiming many advantages for old etc.

T. Rafiq and N.A. Nadeem\textsuperscript{205} in their study based on 400 elderly of Kashmir explored that the problem of social adjustment varied with gender and the type of social adjustment. Males scored higher in health adjustment as compared to their female counterparts, whereas; in social adjustment females take a lead. This is because they get easily adjusted with their children and family. Similarly in marital, emotional and financial adjustments males scored higher than their female counterparts. The problem of maladjustment is even more frequent in retired elderly.

Similarly, **Saraswati Mishra**\(^{206}\) carried out her study on retired elderly of Chandigarh and Jabalpur belonging to different socio-economic stratum. The findings revealed a significant relation between the adjustment of senior citizens and their level of financial status. The respondents belonging to the well-off family had shared a satisfactory relationship with the children and other family members as compared to those respondents who are suffering from financial hardships.

In addition to the problem of maladjustment, scholars attached many more problems with the elderly retired from an organization. Hence, the retired elderly form a separate group which needs separate interventions. In this regard, **N.K. Chadha**\(^{207}\) explored that the retirement leads to decrease in well-being of the elderly. The loss of job due to retirement results in the loss of self-esteem, self-worth, decreased income and activity, and lots of free time.

**S. Singh and P.K. Dhillon**\(^{208}\) in their study based on understanding the problems of adjustment of the retired elderly women of Delhi including 150 females highlighted the problems of female elderly as the shortage of money, widowhood, physical weakness, fear of death, mental tension, feeling of social neglect and too much free time to spend.

Similarly, **P.K. Muttagi**\(^{209}\) in his study based on 200 elderly people residing in Old Age Homes identified the problems of retired elderly as the loss of social status, isolation, dwindling health, loss of prestige, loneliness, isolation, empty nest syndrome, fear of death and dependence, and difference in value systems. He found a significant relationship existing in between the financial status, marital status and the level of adjustment. The elderly having spouse were found to score better in adjustment level than those who are widowed or single. Further, the elderly belonging to the lower socio-economic strata are found to adjust better with the family as


compared to the elderly belonging to higher socio-economic strata because of their involvements in household activities.

M. S. Randhwa in his study based on 180 elderly people discussed the problems of retirees belonging to rural and urban areas. He found that in urban areas the retired elderly had discontinued their occupational role leading to decreased participation in decision making, isolation and neglect, whereas, in rural areas, there is no set pattern of retirement from work and hence they participated more in decision making and other activities. But with rising age; health problems were found to be common in both the societies.

Thus it seems that occupational status or the source of income do have some impact on the health and social status of an individual. Financial crisis was serving as a cause to many other socio-economic problems. For instance, N.K. Chadha in his study observed that financial status of elderly was related to their quality of life. Poor the financial status, poor will be its quality of life. This is due to the fact that a clean, pleasant and safe environment was determined by the income. In addition, negative feelings such as fear of crime, poor health, loneliness etc. have also been related to economic status of an individual. Income was also found to be related to the life-satisfaction. Lower the income, lower will be the life-satisfaction; while the reverse is also true.

Surendra Singh observed a direct relationship existing between the social and the financial status. According to him, social status depends upon the occupation and earnings. Any loss in income degrades the social status of the elderly. The unavailability of any continuous source of income creates impediments in the way of discharging varied kinds of social obligations and family responsibilities like that of education of children, employment and marriage of children etc.

Thus it can be concluded that social, economic and health problems are all interrelated concepts. All these are quite visible and form a vicious circle for the senior

citizens. But this was not the end of miseries for the aged; the senior citizens undergo many more problems which are most experienced but less discussed by the researchers and senior citizens. One such problem is the problem of elder abuse.

**A. Venkoba Rao**\(^{213}\) laments elder abuse and neglect as the two important problems affecting the majority of elderly generation. He classified elder abuse in different forms as physical abuse, psychological abuse, material and emotional abuse, neglect and violation of their legal rights.

**A.M. Khan**\(^{214}\) in his study based on 364 elderly from Delhi observed that elder abuse is considered as a silent issue because of the reduction in scientific measures to study it although it is the most frequent phenomenon. On looking its impact on the various socio-economic strata, emotional abuse was found to be common in all the three income groups followed by financial abuse and neglect. The study further relates abuse with marital status as all forms of abuse were found as higher among the widows/widowers and divorcees as compared to the married elderly. A significant relation was also observed in between the economic status and the extent of abuse. The family members belonging to the lower income group were found to be more involved in daily earnings and hence provided no care to the elderly during their sickness. They were fully dependent and hence were more subjected to abuse of different kinds as compared to the independent elderly. Moreover, the study reported that about 56 percent of the respondents would not resort to report abuse.

Thus the main problem in dealing with the cases of elder abuse lies in the identification of abuse. The reasons they cited were apathy of police (36 percent); considering abuse as a family matter (24.5%), felt that it would stop on their own (14.3%), felt guilty and themselves responsible (3%), accepted it as a part of life (3.6%), felt ashamed to report (8.1%), and felt afraid that it would have dire consequences (1%).

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U. Bambawale and Streevan’s work on 864 females of aged sixty and over from Pune revealed the most prevalent form of elder abuse amongst the aged women. They reported that almost half of the respondents were affected by financial abuse (49 percent). This was due to their financial dependency on their husband, children and other family members. Next to financial abuse was the problem of ‘social abuse’ as 36.12 percent of the females reported this problem. Social abuse was also associated with poor health, slower movements and loss of social status. Religious abuse was also reported by the widows (5.5%) along with legal abuse (5.5%). This clearly shows that female elderly generally experience abuse of almost all nature.

A.M. Khan and S. Taneja conducted a comprehensive study on three localities of Delhi e.g. New Rajdhani Enclave, Madhur Vihar and Pandav nagar including 384 senior citizens. The basic objective of the study was to identify the various facets of elder abuse. The findings revealed ‘financial abuse’ as the most prevalent form of abuse followed by social, physical and other forms of abuse. The physical abuse was reported as the rarest form of abuse. Amongst the financial abuse; 31.8 percent observed financial abuse to moderate level whereas, 39.2 percent observed it to mild level respectively. Moreover, no significant gender differences in the nature of abuse was reported as the mean value in almost all type of abuse was relatively similar for both males and females. Regarding the physical abuse, it was found that only one percent faced it to severe level followed by 5.8 % to moderate level .However, 62% of the respondents did not experienced any form of physical abuse.

S. Srinivas and B. Vijayalakshmi et. al. in their study on 140 elderly people of Vishakhapatnam labeled ‘verbal abuse’ as the most frequently observed phenomenon as eighty-one percent of the respondents confirmed this type of abuse. This was followed by the problem of physical abuse (22.9%), neglect (52.9%) and material abuse (37.1 %) respectively. The study also reflected a significant relation existing in between the nature of abuse and marital status. The widowed elderly were found to be subjected to verbal abuse (84.1%) more frequently followed by physical abuse.

(30.4%), neglect (43.9%) and material abuse (41.3%) respectively. The similar percentages for the married respondents was reported as verbal abuse (74.5%), material abuse (37.5%), neglect (29.1%) and physical abuse (10.8%). The findings further revealed that the dependent elderly are found to be subjected to abuse more as compared to those who are totally independent. On looking into the abusers, the study reported that son was the most frequent abuser (53.8%). Further, more male abused the elderly (37.9%) as compared to the females (33.3%) e.g. husbands abused their wives (33.3%) more as compared to their wives (in 4% of the cases).

Shubha Soneja\textsuperscript{218} in her country report for WHO entitled as ‘Elder abuse in India’ based on 58 elderly and 16 professionals (PHC workers) working with elderly reported that the issue of elder abuse was avoided by the majority of respondents. Although the elderly talked about emotional problems, neglect, feeling of insecurity, loneliness, loss of dignity, maltreatment and disrespect by the family, but not a single person was willing to label it as ‘abuse’. On being forceful about the issues of physical abuse, they denied the existence of such happenings in the community. The avoidance of the issue clearly points out that elder abuse is still considered as a social stigma. Many times the older parents themselves justify the ‘abuse’ in the existing circumstances by blaming it on the changing scenario, value system and not just to their homes. They were found to be sympathetic to their children either due to emotional bonding or due to the belief that their children will carry the “name” of the family into the next generation. Another interesting finding reveals that the care workers meant for elderly care do considered elder abuse as a social problem and not a health care issue. Hence, they ignored reporting the cases of elder abuse with them.

Thus old age is always confronted with a multitude of problems whether social, physical, health or financial; all are inter-related. Studies do confirmed this relationship. For example, D. Paul Chowdhary\textsuperscript{219} in his study reported that the problems of elderly are not only inter-related but they form a vicious circle. He opined that failing health may stand in the way of getting employment to the elderly which may further creates an atmosphere in the family in which elderly feel

neglected. This further led to loneliness which in turn may give rise to the feeling of depression and worsening of health.

Similarly, **K. Dandekar**\(^{220}\) conducted a study on 300 rural elderly people of Kerala to identify the problems of senior citizens. The findings do revealed that the problems of elderly are inter-related. According to her “the problem of old age is mainly the problem of poor, deserted and lonely old people. The lonesome are at the same time the poorest and clockwise the poorest are most frequently with the worst material living, health and emotional problems.” The main problem highlighted was the protection of the household of the elderly. This is because with rich household, children usually do not leave their parents completely and not even their relatives do that. In addition, difficulty in running an Estate, health protection, everyday help and care identified as the other problems. Above findings indicated that the problems of elderly are multi-dimensional and hence a multi-pronged approach is needed for its reprisal.

The problem of senior citizen ranges from social, health, financial aspect to that of emotional, physical and psychological, thereby covering almost all spheres. But knowing the problem without knowing the cause is useless from the point of view of scientific enquiry. The correct solution to these problems lies in the analysis of the root causes behind the vulnerability of aged. Hence, in the remaining part of this section, the factors related to the vulnerability of aged were discussed.

In this regard, **K. Chattopadhyaya and I.H. Khan**\(^{221}\) opined that the forces of industrialization, urbanization and modernization have contributed their share equally in aggravating the psychological problems of elderly. These developments have put the younger generation, moving towards town and cities, giving way to nuclear families, working couples and children overburdened with their studies and hence, leaving elderly feeling neglected, lonely, and uncared for.

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In another study, D.Paul Chowdhary\textsuperscript{222} analyzed the impact of these forces. Further, on checking the impact of individual forces; it was found that the force of industrialization has brought unprecedented pressures in urban areas like the housing shortage; serving as a constraint for staying in common residence with their children and migration; which affects the old who stay behind after their children went out for employment and may face economic hardship and the problem of care. It may further results in the breaking up of joint family system. Modernization, on the other hand, brought the change in the family size and lifestyles, which in turn provide less caregivers and no place for aged. He further highlighted the factors which are making the life of female elderly vulnerable including, the patriarchal nature of the society, inferior diet and cloths, widowhood, and migration of rural males to cities. Thus all these factors are responsible for making the life of the elderly vulnerable.

\textbf{Pushpa Rani} \textsuperscript{223} acknowledged ‘technological advancement’ as the major factor working behind the vulnerability of aged residing in villages. This is due to the fact that the rising technology has brings tremendous changes in the life-styles and values of the younger generation, which in turn, reduces the dependence of younger generation on the elderly. Technology is further responsible for providing better job opportunities to the younger generation and hence promoting migration of youth towards the cities. Excessive migration may even lead to narrow households and lack of space for elderly in cities and hence they are left unattended at villages.

\textbf{N. S. Saxena} \textsuperscript{224} identified ‘economic incompetence’ as the major factor running behind the quality of life of the aged, which in turn, determines the level of their vulnerability. The economic incompetence forces family to avoid giving proper and regular treatment to their parents as per their requirement, which in turn, enhances everyday difficulties of the aged and reduces their social security.

In order to check the consequences of migration on old age; \textbf{S. Devi and A. Bagga}\textsuperscript{225} conducted a comprehensive study based on 700 Meethi population that showed their


migrated to the rural areas of Manipur and Guwahati. The findings suggest that the forces of industrialization, urbanization, social morbidity, growing individualism and easy communication facilities are all playing a significant role in transforming the traditional way of life. It also hampered the traditional ties and emotional links. With the migration of younger people to cities, the breaking up of joint family system was observed, which in turn makes the elderly feeling isolated and discarded.

Sarah Harper\textsuperscript{226}, on the other hand, lamented that the elderly people are susceptible to a range of factors which makes them vulnerable and move them ‘up’ in the agenda of development. These include: poor health, frailty, inadequate or inaccessible health services, landlessness, lack of family support, limited skills and capital to invest in productive activity, and low social status.

Similarly, R. Chakroborthy\textsuperscript{227} explored that the impoverishment of elder people is largely due to deprivation, discrimination and exploitation by the powerful agencies; including the State, with regard to employment and ownership of land and other assets, which these people were subjected to, since the early and formative years of their life. Study also highlighted the breaking up of joint family system as the major factor working behind the vulnerability of aged. This is because family was considered as the fundamental unit of traditional welfare system.

P.V. Ramamurti\textsuperscript{228} reported the breakdown of joint family system as the major reason behind the vulnerability of aged. The nuclear family provides fewer caregivers to the dependent elderly. With more women seeking employment outside, the concept of elder care may become a serious policy challenge in future.

C. S. Kart\textsuperscript{229} and S. Harper\textsuperscript{230} in their respective studies highlighted the benefits of family care by stating the fact that a family provides economic security, social care,
and basic health care facilities to the elderly along with psychological support. It also provides a wide ranging kin-based social network required for their social interaction. In return, older people help them to keep the family together and maintain links with near and distant relatives. Thus ‘family care’ comes out as the appropriate solution for the dependent elderly.

Jill Quadagno\textsuperscript{231} too confirmed the fact that strong familial relationships are bringing lesser economic problems and emotional support to the elderly. According to him, “in joint family system, the aged continue to enjoy their status. They retain ownership of their property. Family acknowledges the care of their elderly parents as their duty and neglect as a family disgrace”. Therefore, the elderly people preferred to stay in family environment, even if the option of residing in old age home was available.

Recently, the change in family composition was observed in terms of nuclear family system. In this regard, D. Devi and A. Bagga\textsuperscript{232} reported that the forces of urbanization and modernization are all working behind this change. The shift to nuclear family causes loss of role for older persons as head of family, and thus to decision making and financial autonomy.

According to A. Bali. and Sharma\textsuperscript{233}, “there are many demographic trends which are responsible for diminishing the capacity of families to provide care , namely, rise in education, delaying of the age of marriage, smaller family size ,and life expectancy. As a result of these factors, the families experience care giving as a financial, physical and social problem”. Hence, the breaking up of joint family system is generating many other problems for the elderly generation.

Knight and Lesley Anne\textsuperscript{234} in their article on “Older people in humanitarian crisis: forgotten generation” highlighted the gender differences in the distribution of services. They found the situation of female elderly as more severe as compared to the males. Further amongst the female elderly; the condition of rural women was found to be more severe as compared to their urban counterparts. This is due to their economic

dependency on the informal sector for livelihood. Further due to illiteracy, they were not even aware of the benefits and schemes launched for them.

**Arun P. Bali.** In his study based on rural aged too confirmed the vulnerability of female elderly as compared to their male counterparts. The reasons behind their vulnerability were reported as the lesser access to public resources, the religious belief that scarce resources go first to men, poor nutritional intake, unsatisfactory reproductive care, continuous work and physical violence etc. Further, it results in unsatisfactory health conditions, cultural and social barriers to women’s advancement at work, migration of male members to cities, and the employment of women in unorganized sector.

In the light of above findings, it can be concluded that the problems of elderly are multidimensional. They ranged from inadequate health to social, emotional, psychological, physical and financial well being. However, the nature and extent of each problem may vary depending upon the cultural, social and physical aspects. Besides, many socio-demographic factors like industrialization, urbanization, and migration are also contributing their significant share in making the life of the aged vulnerable. Hence, it would be a dire negligence on the part of researcher if the ways through which their problems can be minimized were not identified. The next section, therefore, deals with those studies which had attempted for identifying the possible interventions and coping practices for senior citizens.

**(SECTION THREE)**

Every individual has its own capacity to cope with problems, including the senior citizens. This section deals with those capacities and behaviours which are practiced by the senior citizens in coming out of their problems. Present section also reflects the interventions adopted by the government and the private sectors (NGOs) in dealing with the problems of the aged. In general, ‘coping’ signifies not just capabilities or competencies, but part and parcel of one’s life long experiences. It deals with all those patterns which an individual used to bring change in his own life.

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L. R. Castro and G. R. Castro\textsuperscript{236} however, defined coping as ‘the ability to face and deal successfully with the various hardships one is confronted within old age’. It reflects the ways individuals come to be in the world. Here, emphasis is on the unique forms of living that each person produces along his life cycle. Hence, coping mechanisms become crucial in old age, when it seems that to enjoy life depends on the richness, plasticity and openness for new and unforeseen situations. Plasticity here means the possibility of taking up various and multiple forms. Therefore, human plasticity refers to the potentiality of change and deals with instability at all times rather than adhering to an ideologically sustained form of stability.

Like the multidimensional nature of the problems, the coping mechanisms too varied from individual to individual and from society to society. Sajjan Singh\textsuperscript{237} in his study highlighted coping practices of ancient time and proved its worth in the present context as well. He reported that in ancient time, the coping practices were more inclined towards the psychological satisfaction rather than physical one. This is due to the fact that psychological adjustment plays a big role in coping with old age problems. Hence, the ancient elderly generally accepted yoga, meditation and exercise as their major interventions against the various problems of ageing. Yoga was even used for overcoming the problems of mental and intellectual stress as it helps in getting out of the false identifications of fear. This fear can be of their desires remaining unfulfilled, of being ignored by family or of the fear of death. It will further help the senior citizens in getting established with their own identity. Generally, senior citizens face stress and depression as a result of their social, economic and health problems. They had no outburst and hence are more frustrated as compared to other age groups. Thus stress reduction techniques should be identified and may put on priority.

K. Pappathi\textsuperscript{238}, in his study based on rural female elderly from Tamil Nadu highlighted yoga, physical exercise, music, relaxation, medication, psychotherapy,


healthy lifestyles, adequate exercise and meditation as the effective strategies to cope up with stress and anxiety amongst the senior citizens. The findings also revealed an inverse relationship in between the stressors and the amount of social interaction. Those elderly who had a regular and healthy interaction with their family and friends were subjected to lesser stress and anxiety. Defense mechanisms like denial, repression, sublimation, humour and anticipation were also suggested as effective strategies.

**P.K. Dhillon and S. Chhabra** in their study on “Coping strategies across socio-economic classes” of Delhi based on ninety senior citizens; tested coping strategies of stress using Westbrook’s Scale. The scale covers 30 items under six coping strategies including action, control, escape, optimism, seeking interpersonal help, fatalism, and passivism respectively. The findings revealed that the aged belonging to the lower socio-economic strata makes the maximum use of seeking interpersonal help (86%) followed by fatalism (82%), and escapism (73%). They employ ‘optimism and action’ to a moderate degree and ‘control’ to the least degree. This implies that the lower social class seeks to take help, comfort and sympathy from others. The middle class employ mostly the strategy of ‘seeking interpersonal help’ (75.15%) and ‘action’ (74.94%). This was followed by the use of ‘fatalism and passivism’ (67.53%), ‘control’ (52.3%), ‘optimism and escapism’ (31.67%). This implies that the aged of this class seeks help from their relatives, friends and professionals along with the actions and efforts they make in order to identify the cause of the problem and the ways of coping. The aged belonging to the higher socio-economic class employed the strategy of ‘optimism’ (87.57%) followed by the strategies of ‘seeking interpersonal help’ (81.85%), ‘control’ (71.65%), escapism(63.23%) and ‘action’ (62.37%) to a higher degree. Further, the strategy of ‘fatalism and passivism’ was also employed to the moderate level (i.e. 52.33%).

This implies that the aged of this class have a tendency to remain optimistic and cheerful about the future and don’t worry unduly w.r.t the present and the past. They talk to their friends and relatives about their problems and seek advice and sympathy. They also control their feelings and the situation, by accepting the limitations and compromising. To test the level of frustration, she extended her sample size to 240

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including both males and females in the age groups of 30-40 years, 40-60 years and 60 and above. The study compared the level of frustration in the three age groups by using Tiwari’s Frustration Test of 1972. The findings revealed that the people coming in the old age category are facing more the problem of frustration as compared to the other age groups and they generally use ‘regression’ as a coping mechanism to deal with their problem of frustration.

P. V. Ramamurti\textsuperscript{240} in his study on “Ageing and stress: Strategies for coping” based on 400 elderly from middle-socio-economic strata of Chittor District; identified that the problem of stress originates from the stressors. The stressors also varied with the problem. For example, money, status, property and retirement may serve as a stressor for socio-economic problems. For physical problems, the stressors include weakness, immobility, sensory loss and chronic diseases. Similarly, the stressors for psychological problems include the feelings of dependency, loneliness, helplessness, death, insecurity and anxiety. The stressors for familial problems may include relocation, bereavement and intergenerational conflicts.

The psychological stress was found to be the most common problem among the senior citizens followed by familial, social, physical and financial stress. The individuals with low stress scored high on social support, values and life outlook and scored low in death anxiety and frustration. Therefore, coping to stress is largely an individual matter and the one who possessed the aforementioned qualities were able to cope better with stress.

Cary S. Kart\textsuperscript{241} classified coping strategies against the life-stress into two broad categories, namely, behavioural strategies and cognitive or emotional strategies. Behavioural strategies include a wide array of actions that individuals can employ to change or alleviate stress. Personal resources like finances, education and social support may also be drawn in a stressful situation to provide help. The cognitive/emotional strategies implies the ways in which individual may employ his social and psychological mechanisms to deal with stress. It includes the social interaction with the family and society.


George Lawton\textsuperscript{242} determined the involvement of aged in various arts and crafts as an effective strategy in coping with their psychological problems. He suggested activities like the art of cooking, art of gardening, art of eating, art of sharing oneself, and the art of creating love and belonging etc. These activities not only carry extraordinary potentialities for emotional adjustment; but will provide a positive source for the expression of their anger, emotions and other feelings.

A.B. Dey and N. Kumar\textsuperscript{243} in their study based on Counselling of senior citizens reported counselling as an important method for dealing with the psychological problems of elderly. Counselling was suggested because an older person needs the opportunity to talk and to have a listener. The counselling can be used in various forms like counselling to relieve distress, leisure time counselling, spiritual and marital counselling, interpersonal counselling for repairing the interpersonal relations, group counselling for bereavement and addictive behaviour, and problem solving counselling for maladaptive behaviour etc.

Following similar trend; Kaushik and Chadha\textsuperscript{244} developed a psycho-social model to highlight the problems faced by the elderly along with their coping mechanisms. The model suggested for the adoption of a complete holistic view to overcome the psychological problems and hence improving their QOL. For this re-education, counseling and acting as a catalyst with the elders were suggested. The model further suggested for developing certain programmes which can actively involve elders in community life as teaching aids, library assistance, guards at crossings, drivers etc. Some programmes should also be framed for the elders to utilize the missed opportunities in life in the best possible ways. These programmes should also educate the aged persons to change their life-style making themselves aware w. r. t. personal needs, expressive behavior, taking initiative to accept the role of negotiation if they have grievances. Hence the model suggested having an advanced planning for keeping the psychological problems away.

P. K. Muttagi\textsuperscript{245} opined that the strategies used by the older people in coping with psychological problems must be seen in a broader framework including family structure, kinship group and neighbourhood ties. The study reported that those who are having intensive and regular interactions with relatives and friends, those who are staying within the family structure and keep close contacts with their sons are all found to be in a better condition to cope in comparison to those who live alone or have social contacts of lesser degree. Social contacts not only helps in having better network participation and social interaction but also strengthens the personal ties of the aged.

The relevance of social contacts and social networks was also highlighted in many studies dealing with the problem of loneliness and depression. For example, Shabeen Ara\textsuperscript{246} lamented that the social interaction with the family, kinship group and neighbourhood will serve as an effective coping strategy in dealing with the problem of depression and loneliness. In another study of similar nature; K. Pappathi\textsuperscript{247} pointed towards “social interaction” as an effective coping strategy against the problem of loneliness and depression. Social interaction here includes the interaction with the family members, friends and relatives. It was observed that the rural aged has lack of resources and hence interaction from their own family helps them in overcoming the problem of depression and loneliness.

Social interaction was also reported as beneficial in case of elderly residing in urban areas. For example, Savita Vermani\textsuperscript{248} opined ‘social interaction’ as an effective tool in coping with the problem of loneliness because in urban areas, the children often ignored their parents; they even spend lesser time in interacting with them. As a result, they developed the feeling of disrespect and loneliness which can be minimized only by having a kind of social interaction with relatives and friends.

Similarly, K.R. Gangadharan confirmed the social integration as an effective tool in overcoming the psychological problems of senior citizens. The findings revealed that the older people who are more socially integrated are enjoying better health. In addition, family reunions, family celebrations, being with friends and participating in important events, involvement in senior citizen associations, joining music groups and spending time in games and other physical activities were reported as other effective strategies for creating social integration. K.D. Gangrade also commented on the concept of social interaction by stating that “the strong network relationship is a key to the problems of ageing in India. It is the family and social networks which mould individuals and all the aspects of life including- social, economic, religious and political aspect”.

Anupriya Mallick in her study on “Dealing with loneliness in elderly” explored many strategies working effectively in coping with the problem of loneliness including to keep busy, helping others, involving in community affairs, avoiding escapes like day-dreaming, too much sleeping, watching too much television, choosing to be happy, collecting good thoughts, poems and literary masterpieces, and finally joining a social group or society in the community.

S. L. Hutchinson et.al in their study on “The Red Hat society: Beyond fun and friendship” aimed at identifying the reasons behind the joining of a society found social interaction, although achieved by joining any social group or society, as helpful in coping with the problems of old age. The Red Hat society was also serving as a coping resource to many of the elderly as it was responsible for providing social support, emotional regulation, sustained coping efforts and meaning focused coping. On finding the reasons as why people join the society, it was found that sixty five respondents joined the society for overcoming the chronic stressors associated with the death of their spouse. It was helping fifty-four people in meeting their medical needs. It had provided care-giving to twenty one respondents, reduced stress of

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seventeen respondents helped thirteen respondents to cope up with the empty nest and provided chance to seventeen respondents to have a break and recharged. Hence, by joining Red hat society, the elderly reduced many of their psychological, social and emotional problems.

Mathew Kaplan and N.K. Chadha\(^ {253} \) while searching for better coping mechanisms against the reduction of intergenerational gap observed “intergenerational programming” as the most appropriate solution. Intergenerational programming, addresses the familial, community and societal problems of the aged. It aims at bringing the generations together by improving relations and promoting collaborative efforts.

In addition to individual efforts, many NGOs are also working on the concept of making the life of elderly easier. For instance, Aastha Foundation\(^ {254} \), an NGO based in Delhi, started a programme in which the elderly people adopted a community and educate youngsters about local traditions and festivals. The NGO also initiated “the slow learner children’s programme” in which the elderly people attached themselves to the private schools and taught the slow learner students after the school hours on one-to-one basis. As a result, the elderly and the younger participants perceived each other as the surrogate grandchildren and grandparents. Hence, it brings the revitalization of social and emotional links in their lives. It also helped in coping with the problem of depression and loneliness as it became an effective way of passing their leisure time.

Based on somewhat similar concept, Help age India\(^ {255} \), a Delhi based NGO, has initiated ‘Adopt a Granny’ and ‘Join hands campaign’ in which attempt has been made to reunite the aged and the younger generation. In ‘Adopt a granny’ programme, the school children were send to select a locality and the elderly residing over there and thereafter visiting them on a regular basis. During the visits, they were taught to share love and affection with them. In ‘Join hands campaign’, the people of all ages were sensitized on issues related to the care of elderly. They learn to see the ageing

\(^ {254} \) www.justdial.com/Delhi/aastha-foundation-percent3Cnearpercent3E-ranjit
process as a positive phenomenon and not a burden. They were also encouraged to show an active participation in the process of development.

Similarly, another NGO ‘The Help Foundation’\(^\text{256}\) is offering recreational facilities to the senior citizens in the form of opening ‘Dada-Dadi Clubs’. The NGO is running more than one hundred such clubs in the various parts of India with an objective of providing basic amenities to the elderly like A.C. rooms, telephone facility, canteen, music systems, drawing and painting equipments, computer rooms with Internet facility, medical facilities etc. The basic motive of running these clubs is to engage the aged in various kinds of social activities and get them back to retain their lost respect and confidence. The NGO is also providing Dada-Dadi parks in which the aged spend their leisure time in an eco-friendly environment and share their memories with their friends and peer groups.

The Harmony for Silver Foundation\(^\text{257}\), an NGO, is providing the benefits of an ‘Interactive Centre’ to the elderly for improving the overall quality of life of the senior citizens. In these Centres; the elderly generation got some free space to interact with their peers and experience life in their own way. The Centre offers a wide range of services including yoga, laughter club sessions, health checkups, treatment facilities, organization of cultural and spiritual events in the society etc. Thus NGOs are also making tremendous efforts for enhancing the social interaction among the aged.

Following similar path, D. Jamuna\(^\text{258}\) also suggested few interventions meant for promoting the intergenerational interactions amongst the aged and the younger generation. The foremost is the educative interventions in which the family and the aged persons would be counselled towards building the favourable attitudes; whereas the care givers and the care receivers would be educated to improve their interpersonal relations. The other strategies include the provision of incentives to motivate the family members; inculcation of the values of altruism, humanism, generosity and collectivism; and finally the incorporation of the values of caring and

\(^{256}\) www.thehelpfoundation.org/  
^{257} www.harmonyindia.org/hportal/aboutus.jsp and www.askme.com/...harmony-for-silvers-foundation/  
sharing with the aged in school curriculum. Hence, it could be concluded that a plenty of researches are now available on the identification as well as on the removal of psychological problems of the aged.

Parallel to psychological problem is the problem of physical and mental well being.

In this regard, R. N. Lakhotia\textsuperscript{259} in his study based on self-disciplined lifestyle management reported that the follow up of self-disciplined lifestyles would help in the achievement of excellent health. Self-disciplined lifestyles include exercise; follow up of regular routine, nutritional diet, eating of eighty percent alkaline and twenty percent acidic content, drinking of fresh juices before half an hour of meal, spiritual positive attitude and proper relaxation etc.

The psycho-social model of Kaushik and Chadha\textsuperscript{260} do suggest the following interventions in coping with the health problems of elderly e.g. a brisk walk early in the morning, regular practice of yoga to improve the blood circulation of body, toning up of muscles, proper nutritional intake with adequate fluid in the form of milk, butter, lemon water and fruit juices, proper medical checkups and treatment. Hence, the model strictly suggests for following healthier life styles for securing good health.

K. Chauhan et.al\textsuperscript{261} in their study based on 60 females from middle income group of Vadodara city had tested the impact of educational programme of nutritional intake on their health. The basic objective was to check the impact of nutritive education on the dietary habits of the senior citizens. The findings revealed that before the intervention, the overall prevalence of Anemia was 96%. Further, 75% of female elderly had poor knowledge regarding nutritional disorders, 43% of the elderly were unaware of the fluid intake, and only 12% of the respondents consumed the supplements of iron. Further, among the age groups; the young-old elderly group had better knowledge regarding the benefits of exercise in old age (31%) as compared to the old-old age group (11%). However, after the intervention, 9% of the respondents reported improvement in the knowledge about external changes in old age, 14% had shown

\textsuperscript{259} http://rnlakhotia.net
improvement about physiological changes, 63% had improved their knowledge about medical problems, 17% reported improvement in knowledge regarding dietary care in various diseases, 43% had raised their awareness regarding recommended fluid intake, and 30% reported improvement in knowledge regarding the benefits of exercise in old age. Thus, Educational interventions have shown a positive impact on knowledge regarding the various aspects of health. Thus from these findings it could be inferred that the aged need to be taught more regarding the healthy practices and their benefits.

Following similar line, H. B. Ferrari262 in her study on “Vitamin D supplements prevent falls and fractures” based on Zurich reported that the nutritional intake of an elderly person do affects his/her health. The findings revealed that the supplementation of Vitamin D can help a lot in the reduction of the problems related to bones and muscles. The study reported twenty percent reduction in non-vertebral fractures along with the reduction of eighteen percent in hip fractures by the intake of high doses of Vitamin D in the respondents. The correct range of vitamin D consumption per day for elderly people was thereby suggested as between 482 IU/day to 770 IU/day.

Similarly, Seema Puri263 reported the avoidance of many diseases like Anemia, Osteoporosis, Hip fractures and Alzheimer’s disease because of the proper intake of nutrients. Hence, nutritive diet is considered as a good supplement for improving the quality of life of the aged.

Many NGOs are also making efforts to search for some effective ways of healthy ageing. They even started with services like care giving, Medicare, Counselling, formation of SHGs etc. For instance, Help age India264, a national NGO, has initiated ‘Project Kiran’ in Cuddalore district to provide ‘Palliative care’ to the patients whose disease is no longer responsive to curative treatment and life expectancy is relatively short. Till recently, 36,397 cataract surgeries were conducted under 67 projects. Another project ‘Karuna’ was initiated as a pilot project in 2008 and is now running

262 http://dx.doi.org/10.1136/bmj.b3692 and www.bmj.com/content/339/bmj.b3692(Published 1 Oct 2009)
264 www.helpageindia.org/
in eleven villages in the East Godavari district of Andhra Pradesh. The project has provided medical services to nearly seventy percent of the target population. Under this programme SHGs were formed at each level to provide individual and group counselling. Besides, it promotes awareness and access to services and resources. Another major programme was ‘MMU Programme’. Help age India has the largest network of Mobile Medicare Units in Asia with having 54 MMUs, running in 19 States. By 2008, The MMUs organizes 375 health camps in different locations where 9,68,462 patients have been treated. These MMUs are providing basic health care services, physiotherapy, physiological therapy, shelter assistance, disability aids, and counselling and multi-specialty camps. Thus all these efforts, either taken by the NGOs or by the planners pointed towards the need of having an integrative approach for the overall well being of senior citizens.

K. R. Vaidyanath in his study ‘Towards Healthy Ageing’ listed the following strategies being capable in ensuring healthy ageing: vigorous exercise, walking, yoga, balanced diet and healthy sleep habits. While pointing towards the impact of these strategies; the study reported that the aged who used to burn 15,000 calories per week had experienced twenty-five percent lower death rates than those who burn less. The findings further suggests that simple walking may even improves the heart and lung functions, strengthen bones, control weight, and put the breath back into the lungs. Similarly Yoga tones up the body. Balanced diet increases the resistive power of the body. A good night’s sleep for about 5 to 6 hours in the night and a ten minute catnap in the afternoon were leading the elderly towards a healthy and successful old age.

Vinod Kumar et.al in their study on ‘Healthy Ageing’ identified that the functional ageing is the most appropriate form of ageing and to achieve this level; the following strategies are required: the prevention and control of chronic diseases, healthier life styles, appropriate physical activity and optimal dietary habits. Out of all these measures, the optimal dietary habit was reported as the most suitable. This is because the disease prevention through dietary management is not only cost effective but also remains in one’s own control. The study recommended the balanced diet required for

an elderly person in a day for both male and female elderly as cereals (350 gm for M and 225 gm for F), pulses (50 gm for M and 40 gm for F), vegetables (200 gm for M and 150 gm for F), roots and timbers (100 gm for each), fruits (200 gm for each), milk and milk products (300 gm for both), sugar (20 gm for both) and fats (25 gm for M and 20 gm for F) respectively.

Similarly, **A. Husain and S. Maqbool** in their study on ‘Successful Ageing: Planning through healthy lifestyles’ highlighted the following lifestyles as helpful in achieving successful ageing e.g. social interaction, adjustment, enhancement of self-esteem, enhancement of happiness, regular mood induction, pleasant activities, cognitive therapy, social skills training, balanced diet, health maintenance, residential facilities, and prioritization of household tasks and responsibilities.

In another study, **S.S. Hasrani and S. J. Shabu** also reported regular exercise, proper eating, stress control, learning of first-aid, adopting safety habits, personal health behaviours, being an informed consumer, protecting the environment and managing time effectively; as the most appropriate healthy lifestyles following which the senior citizens can delay ageing. The study further suggested these lifestyle for not only helping senior citizens in disease prevention but also in improving their quality of life. These lifestyles further prevent worsening of vision and hearing, heart and lung problems and drying of skin and wrinkles. Therefore, these lifestyles should be followed by all senior citizens on a priority basis.

**P.C. Krishnas and A.R. Aghababa** in their study on ‘Productive and practical lifestyles and strategies for healthy ageing’ also recommended similar kind of strategies as helpful in reducing the aggravated loss of health. These includes eating fruits in abundance, eating raw and organic vegetables, using natural sugar, preferring butter to ghee, avoiding preserve food and drinks, adding natural proteins in the form of sprouted corns, eating sugarcane, avoiding water in between the meals as it dilutes digestive enzymes, strictly avoiding alcohol and wine, physical exercise and

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activities, attending and adopting programmes like yoga, meditation, listening to music and maintaining friends, adopting personal strategies of planning a routine, gardening and warm up, engaging in reading after breakfast, taking some rest in the afternoon, having a long walk in the evening, moderately sharing negative thoughts, playing with kids and helping them in home work etc.

In another study of similar nature, A.B. Dey and Nimisha Kumar\(^{270}\) prioritized life review therapy and follow up of religious pursuits as the effective strategies in coping with the health and psychological problems. The life review therapy involves the elicitation of an extensive autobiography from the older person, and of the family member, if needed. Therapy has a definite structure and is characterized by the progressive return to consciousness of past experiences, and in particular the resurgence of unresolved conflicts. The therapy helps in the reorganization and re-integration of these conflicts. Religion, on the other hand, was found to be a powerful tool in developing faith and enhancing hope for the future. Thus, the follow up of these two strategies would result in developing a positive attitude towards life.

K. Pappathi\(^{271}\) also recognized ‘religion’ as a means of providing emotional, social, spiritual and psychological security. According to him religion gives consolation and strength to face misfortunes. Further, a positive correlation was found in between religious activity and feeling of happiness and life satisfaction.

Similarly, Arjun Rastogi\(^{272}\) in his study on “spiritual values to cope with ageing” explored religion as an effective tool in coping with the fear of death. The study reported that the persons who used to realize the transient nature of physical reality, who appreciates the eternal character of the soul, and who knows that their actions can change the final outcome of their spiritual station are in a better position to cope with fear of death. Every religious person looks forward to death as a chance to get reunited with the loved ones in the spiritual world of god and not as a fear. Hence, religion prepares them to accept their failing health and bodily limitations and serves

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as an effective strategy of dealing with the psychological and emotional problems in old age.

In a similar line, Sajjan Singh\(^\text{273}\) in his study on “coping with ageing: the ancient way” introduces the significance of spiritual dimension in coping. According to him, the spiritual dimension is the substratum on which the other three dimensions stand and without this, one cannot even think of coping with the problems of ageing. Religious practices may shift one’s own identification from body, mind and intellect to the ‘self’, which in turn develop a kind of psychological evolution, the only way to cope with old age.

In addition, P. Chakrabarti and U. Biswas\(^\text{274}\) hold the view that spiritual counseling may serve as an effective tool in coping with the problems of old age. Spiritual counselling can be provided by family, friends, community and religious leaders in terms of encouragement towards the chanting of the name of god, reading out of religious passages, allowing them to visit the nearby holy centers and by providing a common place for meditation.

The above findings therefore reflect that in old age one has a lot of alternatives to choose for acquiring a good health. But all these alternatives require thorough planning and a holistic approach. The findings further pointed out the fact that the old age problems are interrelated. The root cause of health problem lies in poor economic conditions. This is because the financial constraint does not allow senior citizens to go for proper treatment. Hence, to understand health aspects, one has to check the financial aspects as well. The next category of problem is therefore the financial problems and the coping practices were related to the same.

In this regard, the Psycho-Social Model of Kaushik and N.K. Chadha\(^\text{275}\) highlighted the following mechanisms to deal with the problem of economic hardship e.g. involvement in teaching and writing, doing light job and business like poultry.

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farming, looking after nursery, running a preparatory school, or working as a consultant. All these activities will help senior citizens in spending their free time along with helping them in coping against the increasing cost of food, clothing, shelter, transportation and healthcare. The model also suggested the government/semi-government firms to introduce long term benefits to its employees so that the elder generation will get some mental satisfaction and support.

Similarly, M.S. Randhwa\textsuperscript{276} in his study based on 360 respondents selected from both rural and urban areas reported financial crisis in both the localities (43.3\% rural and 29.4\% urban). When they were asked about the ways of coping with financial crisis; the rural respondents reported that borrowing money from money lenders, commission agents or the co-operatives are their best alternatives at the time of financial crisis. Some reported that they cut down their expenditures according to their needs. But in most of the time the cut was spent in their medical expenses. In urban areas, most of the respondents took help from their sons. However, almost equal number of respondents reported that they cut down their expenditures and very few of them reported that they withdraw from their savings.

Similarly, P. O. Sijuwade\textsuperscript{277} carried out a study focusing on the coping practices adopted by the elderly against the economic problems. The study was based on 300 elderly from Lagos belonging to lower socio-economic strata. The findings revealed that majority of the elderly were reported to have some financial crisis in their life as only 32\% of the elderly were involved in economic activity, 9.7\% had some savings and almost half of them were dependent on their children for their needs. In order to come out of these problems, 32.3\% of the respondents reported that they try to keep their expenditure within their income only by curtailing their needs and wants, 22.05\% reported to seek assistance from their children, relatives and friends. Further, 7.3\% reported that they borrowed money from money lenders. However, a very small percentage (0.7\%) reported that they utilize their savings from their past earnings. In addition, 37.75\% of the respondents reported that they got solace and comfort during economic crisis by practicing the religious activities and believing in God.

In addition to individual coping mechanisms, the government and non-government initiatives have also been introduced to overcome the problem of financial insecurity amongst the aged. For example, the government is providing Old Age Pension to all those who have crossed the age of sixty and have no one to look for. Similarly, many NGOs are providing monetary help in terms of old age pension. For instance, The Help Foundation\textsuperscript{278} is providing Dada-Dadi pension of worth Rs. 500 per month to the senior citizens who are not having any source of income and are dependent on others. Help age India\textsuperscript{279}, in order to tackle the growing financial insecurity of aged, had started ‘Reverse Mortgage Scheme’ in collaboration with the national housing bank. Under this scheme the lending institution makes periodic payments to the senior citizen or borrows against their property, thereby turning the property into a source of steady cash flow during their lifetime. Presently, the Help age has started counseling centres in Delhi, Hyderabad, Kolkata and Chandigarh to provide details about the scheme. The NGO is also running a programme named ‘Elders for elder’s movement’ in Gujarat, M.P., U.P., and Jharkhand with an objective to mobilize the elderly to form SHGs. These SHGs initiate savings for exploring livelihood opportunities and strive for their rights in the existing social welfare and development schemes. Till 2009, Help age has formed 259 such SHGs covering 3,560 members, opened the bank accounts of 250 SHGs with overall savings worth Rs 1.82 lakh. The NGO also provides financial assistance to the aged by organizing ‘health insurance camps’. Till 2009, more than 50 insurance camps had been organized in ten districts covering 5,160 elderly. In addition, it organized Vridh melas to provide services and organized advocacy workshops to sensitize non partner civil society organizations to widen their agenda for the elderly.

E. W. Burgess\textsuperscript{280} in his study on “The growing problem of ageing” came across an interesting finding that the financial problem is more common amongst the elderly retired from any government job. This is because with retirement they face many imbalances in the personal way of living and hence it leads to maladjustment. Burgess suggested many ways through which the elderly can come out of this maladjustment. First is the re-orientation of attitude. In old age; the rigidity in attitude was found to be

\textsuperscript{278} www.thehelpfoundation.org/
\textsuperscript{279} www.helpageindia.org/
a common characteristic. The retired person often refuses to face reality of necessary adjustments to be made with reduced income. Thus re-orientation of attitudes was found as favourable. The second way to readjustment was the adaptation or modification of activities to meet declining physical vigor and reduced income. Third way is to take friendly advice and professional services by the wife, friend, physician, pastors and counsellors.

**Indira Jai Prakash**\(^{281}\) in his study on “Strategies for ageing in place” identified few more strategies for achieving the goal of healthy ageing. These include the opening of day care centres and townships. Day care centres were suggested to provide the recreational activities to the aged. It also serves as a meeting place to the elderly where they can easily share their problem with their friends. But the only drawback found in choosing this option is the high cost. Thus living in one’s own residence is the best option for the aged belonging to all income groups and especially to the lower socio-economic strata. However, the family was considered as the first priority by every aged but the need of old age home was never ignored.

Many NGOs are also providing housing facilities to the aged. For example, **Dada-Dadi Help Foundation**\(^{282}\) is providing the scheme of ‘Dada-Dadi Ashram’ to senior citizens in overcoming the problem of housing. These ashrams are being set up at Vrindavan, Haridwar, Navi Mumbai and in all religious places along with the capitals of each State and to provide premium housing with ultra-modern facilities to senior citizens at affordable prizes. These ashrams comprised three star comforts including food, water, security, electricity, Internet, Direct to Home facility, medical checkups and treatment by professionals etc. ‘Herbal gardens’ are also maintained for ensuring healthy environment to senior citizens. **Help age India**\(^{283}\) is also providing shelters to many in terms of old age homes and is working towards the move of transforming the old age homes into the composite shelters. These shelters go beyond providing simply a roof and meeting the basic needs of the elderly.


\(^{282}\) www.thehelpfoundation.org/

\(^{283}\) www.helpageindia.org/
After housing, the next serious issue of consideration is the problem of “elder abuse”. Elder abuse is affecting the senior citizens like a silent killer. In this regard, Chakraborty and Biswas\textsuperscript{284} carried out a study in Calcutta and reported the following interventions as essential in combating the cases of elder abuse e.g. round the clock helpline by local police station, keeping healthy connection with neighbours and friends, registration of domestic servants with the police, avoidance of making contacts with unknown persons, avoiding the discussion of property and other assets in public, and joining the clubs or schools to serve those who are in need.

Similarly, Usha Bambe\texttextsuperscript{285} identified the provision of legal literacy, formation of support groups, bringing changes in the attitudes of the youth towards the aged, and making children aware of the exchange theory as few other initiatives that can help the elderly from getting abused.

Shubha Soneja\textsuperscript{286} also explored involvement in some constructive and light work, setting up of recreational or day care centres, providing free counselling and legal help, providing financial and psychological support to the families as some important measures that may reduce elder abuse to some extent.

In addition, NGOs are also intervening at local and national level to combat the problem of elder abuse. For instance, Dignity Foundation\textsuperscript{287} has introduced “Project Helpline: Security with dignity” in Mumbai and Chennai to have a check on the number of cases of crime and elder abuse. Through this project some volunteers have been sent to every locality to identify the incidence of elder abuse and reported them to the police. The basic objective here is to take preventive measures or avert the untoward incidents.

\textsuperscript{286} Soneja, S. \textit{Elder Abuse in India; Country Report for World Health Organization}. Help Age India. New Delhi-110016, p.4.
\textsuperscript{287} bhrc.bih.nic.in
Another NGO, **Help Foundation**\(^{288}\) was making efforts to sensitize the masses against the issues of elder abuse by publishing a monthly newsletter “Dada-Dadi Times”. The newsletter focuses on all the problems and needs of senior citizens.

**Help age India**\(^{289}\) is also making sustained efforts towards the awareness generation of elder abuse. The NGO influences the policy makers to bring an environment conducive and beneficial for the elderly, whether through raising awareness about elder abuse or inculcating value education on ‘agecare’ in school curriculums. The basic aim is to sensitize children about age care issues early in their life. In order to give a public platform and identity to elder abuse; the NGO organizes many value education seminars across the different parts of the country. Help age is also working on the concept of help lines. The first help line was launched in 2004 as ‘1253’ in Delhi and had rescued 1000 elderly till September 2009. Recently, it was expanded to Cuddalore, Hyderabad, Mumbai, Chennai, Shimla and Bangalore with upcoming launches in Bhopal, Dehradun and Kolkata. The basic objective of help line is to listen the voices of elderly in need. The help line provides information on access to various elderly schemes and linkages with the government; police and rescue services. It also provides counselling services to elderly in distress. Some help lines tied up with local shelters to provide much needed assistance, care and protection to the elderly in need.

**Mumbai Police**\(^{290}\) has also initiated “Samman” a helpline in 2004 to serve elderly living in isolation. The police registered all the senior citizens and volunteers through post, through website of Mumbai police and through dialing ‘1090’. After their registration the police try to search for their problems and provide solutions. Thus initiatives like helplines, free counselling etc. may work effectively in case of elder abuse.

**Kalyan Bagchi**\(^{291}\) in his study on ‘Healthy Ageing’ lamented education by mass awareness as an important strategy for ensuring healthy ageing and sensitization. While citing the benefits of education, he stated that “an educated individual may

\(^{288}\) www.thehelpfoundation.org/

\(^{289}\) www.helpageindia.org/

\(^{290}\) ncbi.nlm.nih.gov and www.mumbaipolice.org/

become aware of their vulnerabilities”. He also suggested many strategies for mass sensitization including the use of media for information, education and communication and individual and group communication through lectures, workshops and discussions.

**Ravindra Kumar**\(^{292}\) in his study on “Education for older people: a social action agenda” recommended the following interventions as necessary against the elder abuse including awareness sensitization, media intervention, information support regarding the coping, developing partnership networks, focusing on the component of “art of living”, publicizing and keeping the concerns of older people in public focus; foster multidisciplinary collaboration among institutions and other agencies, working on issues and policies concerning older people, developing and delivering appropriate educational and training materials, providing information for older people and preparing sufficient database for help in policy making etc.

Like academicians, many NGOs are also working for identifying the channels of communication through which the senior citizens can be streamlined. For example, **Harmony for Silvers foundation**\(^{293}\), an NGO, has introduced a separate website “www.harmonyindia.org” to create networking and awareness about the needs of the elderly. The website highlighted the available resources and opportunities for senior citizens. NGO is also publishing a magazine called ‘Celebrate Age’ to highlight the issues of senior citizens. Thus from above initiatives it could be said that education is serving as an effective strategy in dealing with the problems of senior citizens.

Along with education, many studies highlighted the need for empowering the elderly. For instance, **P.V. Ramamurti**\(^{294}\) in his study on “Empowering the older persons in India” recognized that the problems of elderly can be dealt only by the way of their empowerment. According to him, “empowerment does not imply the possession of power but being able to use it effectively to one’s advantage. Through empowerment, one is able to cope up with their problems in a more efficient manner. For elderly, the

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293 www.harmonyindia.org/hportal/aboutus.jsp and www.askme.com/...harmony-for-silvers-foundation /

term empowerment implies ‘control’ over the three spheres of life namely financial, social and health’. He also suggested short and long term measures to cope with the old age problems e.g. for financial problems, the short term measures were suggested as involvement in productive work, expansion of old age pension for destitute, provision of incentives to the caregivers, and construction of more old age homes, whereas, the long term measures includes the provision for compulsory savings across the life span, encouragement of citizens to develop immovable assets from which they can draw a regular income etc.

Similarly, to cope with the health problems, the short term measures were identified as the availability of easy medical facilities like the mobile Medicare, development of geriatric ward at district hospitals, equipment of PHC through in service training of staff and supplementary medical facilities, creating public awareness on geriatric problems, whereas, the long term measures involved the adoption of a life span approach of disease prevention and health promotion, development counselling initiated from early years, internalization of appropriate motivation to learn about health and hygiene. Similarly, the short term interventions against the social problems were reported as the strengthening of existing familial support by family counselling, creating awareness towards personal and social effectiveness, creating motivation, organization of community responsibility and action programmes to help the elderly, whereas the long term measures include a gradual attitudinal change to recreate a favourite disposition towards the elderly and education of children to give respect and care to the elderly persons.

In addition, many studies pointed towards the need of having Social Work interventions for empowering the senior citizens. Following similar objective, M. A. Hossen\textsuperscript{295} reported the following strategies as effective in the empowerment of elderly under Social Work practice: collectivization of elderly in a small group to present them as an ideal model for empowering others; establishment of a dialogical relationship by sharing information; direct involvement of elderly in decision making; provision of information on the role of agency and their rights; consciousness raising on issues of common concerns and advocacy on elder issues respectively.

In another study based on 146 pensioners of Gulbarga (Karnataka), Gangadhar B. Sonar\textsuperscript{296} identified the following roles of a Social Worker as essential within the family and institutional setting e.g. the role of an advocate, evaluator, broker, teacher, consultant, mobilizer, behaviour changer, community planner and caregiver. For socio-psychological problems, here commended for giving Case Work and Group Work interventions.

Similarly, D. Paul Chowdhary\textsuperscript{297} suggested various roles that a Social Worker can perform for the elder welfare including the role of a caseworker, to focus on the individual problems of the aged; the group worker, to focus on the relationship between the aged and their family and to reduce isolation, loneliness, powerlessness and anonymity; the enabler, to help the aged in identifying and altering their own environment and provide information; the broker, to serve as a link in between the client and community resources; the advocate, to become the spokesman of the elderly; and the expert, to offer his own expertise , knowledge and skills for helping the aged. In addition to these roles , some specific interventions were also identified as effective in empowering the elderly like in case of terminally ill persons; provision of mobile dispensaries, access to health centres, supplementary nutrition through ‘meals on wheels’ programme, provision of aids, organization of social and religious activities, provision of recreational activities like low cost movies, day care centres, library and reading rooms, provision of opportunities for community services like adult literacy, looking after sick, tuition to children, helping them in managing investments and tax exemptions, and counselling services to overcome isolation and helplessness; are recommended.

Following similar line, L. S. Talunkdar and J. A. Menarchery\textsuperscript{298} in their study on “Social Work intervention with the ageing in rural areas” from rural Vidharba reported that the Social Work interventions could not be generalized and can be made on the basis of the specific problem. The study reported that in rural areas the majority


of aged undergoes the financial crisis (48.6%). Hence, the formation of Self Help Groups (SHGs) was suggested as the suitable intervention. These SHGs can be assisted by providing raw materials and loans on easy terms and rates. The findings also revealed that the elderly did not know the legal implications and procedures of a ‘will’ for transfer of property after death. Thus Social Worker may intervene by conducting legal aid campaigns in the villages, with special focus on property matters. Similarly, to overcome the social problems, organization of various religious ceremonies and tours were suggested. The study also highlighted the absence of value based education among the youth as the major cause behind the elderly neglect and conflicts in the family. Therefore, the introduction of condensed courses for the youth which covers physical, emotional and social aspects along with the needs of the elderly was recommended.

In another study, Sneh Lata Tondon\(^{299}\) while describing the Social Work interventions found that the role of a Social Worker will change according to the change in situation and hence changes the intervention. For example, a Social Worker can play the role of a case worker while handling the individual problems and provide Counselling on issues related to anxiety, fear of death, legal help, management of investments, tax exemptions, arrangements for the payment of electricity and phone bills and other necessary obligations etc. whereas, while working with the groups of aged, social worker can provide therapeutic, occupational and recreational services including involvement of elderly in various group activities like Group discussion, music, games and excursions, helping families who are willing to keep their aged members with them in multi problematic situations by providing monetary help and supportive services like visit of nurses under their supervision etc. For those elderly who are living alone, Social Worker must organize services like “Adopt a Granny” and offering accommodation to young people as paying guest to elderly’s residence etc. The worker may also provide some steady income along with companionship. The worker may also perform some special roles in specific situations e.g. in old age homes, it is the Social Worker who help in determining the suitability of the person for admission to institution by conducting home visits and interviews with the aged and the family; prepare elderly before hand to minimize their anxiety and

apprehensions; initiate interactions among the inmates and staff; and help the institutional staff in identifying their needs and potentialities. In community, the Social Worker must advocate for the change in perception of general public towards the aged. It also advocates for social security benefits for the larger sections of the society. Hence, Social Worker may work as a coordinating agent with a multi-faceted approach.

Sushma Batra in her study from NCT of Delhi comprising 300 elderly on “Health problems of elderly: an intervention strategy” highlighted some Social Work interventions in combating with the health problems of elderly including awareness generation for regular medical checkups, early detection of diseases, training of both indigenous and allopathic doctors to handle the specific illness, setting up of subsidized health care with special units in hospitals, providing ambulance and mobile services, awareness about nutrition and health related issues through booklets, CDs and banners etc.

In another study, V. E. Richardson and A. Barush from U.S.A. discussed the stages of Gerontological practice along with the role of a Social Worker. The stages were identified as the listening stage, assessment stage and the intervention stage. The listening stage deals with building rapport and trust, helping clients accept, and control their feelings, assisting clients in identifying stressors in their life and finding meaning to it. Thus listening empathetically and expressing cultural empathy were suggested as the effective roles for a Social Worker in this stage. However, in the assessment stage, the ABCDEF Practice framework served as an effective tool in identifying the client’s Actions; Biological and health factors; Cognitive functioning and coping styles; Demographic effects(age, gender, marital status etc); Environmental forces and community resources. In the final stage i.e. the intervention stage, the Social Worker may apply specific (micro and macro) intervention techniques based on client-centered, practitioner centered or collaborative approach. The study recognized “Integrated Practice Model” as the ideal model for the practice of Social Worker. This Model emphasized on the recognition of the multiple factors

in the assessment and intervention. This model assumed that adoption of integrative practices will help the elderly in diverse backgrounds. For example, in dealing with the problem of elder abuse, the following integrative methods were suggested e.g. collaboration with other professionals at the time of evaluation, linking family members with the appropriate community service, encouraging family members to socialize with friends, and finally, getting engaged in religious activities.

Hence, from the above discussions it can be concluded that either we consider individual coping or the interventions made by the government and private sectors(NGOs); what is needed is the ‘integrative approach’ with having special focus on the specific problems and needs. Interventions should be need based and must directed towards the concept of achieving “Successful or Active ageing”. The word “active” here refers to the continuing involvement of older persons in social, economic, spiritual, cultural and civic affairs and not just the ability to be physically active. Thus “active ageing” in total signifies “the process of optimizing opportunities for physical, social and mental well-being throughout the life course, in order to extend healthy life expectancy, productivity and QOL in old age”.

Today the need of ‘active ageing’ has been recognized by almost every nation. WHO\(^\text{302}\) in its discussion paper “Health and ageing” reported three pillars of active ageing as health, productivity and protection.

Hui-Chauan Hsu\(^\text{303}\) from Taiwan explored some reasons as to why the concept of active ageing is important. This is because it helps in getting physically fit, being independent, having no chronic disease, and feeling cared for by family and friends, becoming an active participant in the community events, keeping a job, and getting engaged in productive activities etc.

According to A. M. Khan\(^\text{304}\) ‘the concept of active ageing is very new and the elderly themselves have to fight for their own battle if they want to come out of the older concept of passivity and non-productivity. They need to realize that they are capable

\(^{302}\) www.who.org/


of managing themselves and their surroundings. However, good health care, proper utilization of leisure time, enough social participation and cordial relationship with members of family and neighbours, and developing positive attitudes towards life are some strategies which can add cheer to the life of an individual and makes his ageing successful’.

P. Patil and V. Gaonkar\textsuperscript{305} in their study on “Ageing Happily” reported that ageing happily and gracefully is in one’s own hand. For this, one needs to be specific and must follow healthy life styles. In a nutshell, all interventions are either suggesting or are influenced by the concept of active or healthy ageing.

The overall genesis of above literature review suggested that the aged population still constitutes a vulnerable section. They had confronted with problems related to almost every sphere including social, economic, health, psychological, physical and emotional well being. Although, a depth of literature is being available on ageing and its related issues touching almost every sphere, but still, a wide gap between the researches relating the identification of interventions with the problems was observed. Mostly, the studies presented elderly as a vulnerable group and ends with identifying their socio-economic problems. However, very few reported elderly as an asset and discussed their achievements. The young scholars and NGOs are also showing lesser interest in undertaking big research projects on ageing. This is because of the lesser resources and lesser availability of funds.

The severity of ageing literature can be analyzed by simply looking into the fact that there is no authentic source available for aged at the national level from where one can locate the exact position of senior citizens. Besides this discrimination, the elderly generation faces the burden of declining health, reduced physical vigor and diminishing potential to earn. The forces of urbanization, industrialization and modernization are further aggravating their problems in terms of breaking up of joint family structure, housing shortages and care giving problem. Keeping this in mind, the present research is designed to highlight the problems of the aged with a scientific

approach. Attempts have been made to identify those methods that will help the professionals in deciding their plan of actions.

2.4: Statement of the Research Problem:

Elderly people constitute a forgotten generation. There are many needs of senior citizens which remain unmet and untouched by the Government and policy makers. The young scholars are even showing lesser concern towards this age group. Besides, the elderly face individual problems like reduced physical and mental strength, decline in coping practices and poor financial status. In addition, the changes produced due to the forces of urbanization, industrialization and westernization makes their condition even more critical. The breakup of joint family system into nuclear family results in the problem of care giving, housing and financial constraints. The women considered as primary care giver, do observe a role shift due to their participation in employment which further aggravated their problem of care giving.

‘Ageing within the aged’ is another issue of concern as the situation of aged who crossed the age of eighty is even more critical. They had no other alternative left instead of getting dependent on others for their daily activities of living. Similarly, there is rising concentration of female elderly widowed who are facing ‘triple jeopardy’ i.e. of being women, being elderly and being widowed. Moreover, the elderly residing at the rural areas do not have access even to the basic services of health.

Hence, in a condition like this, few important questions emerge as: what could be done for fulfilling the needs of the elderly generation? Whether we consider ageing population as a stress or a burden to our society? Who will perform the care giving role to senior citizens, if not their children? All these questions look simpler, but they are very important in bringing quality of life for the senior citizens and hence, needed proper justifications. In actual, elder generation is not a burden; they are, in fact, valuable resources. They can contribute equally to the economic and social development of a country; if their experiences and potentials are being fully utilized. This calls for policy makers and researchers to identify innovative roles for them.
The problems of the elderly, not just required a macro level planning but adopting strategies, practices and interventions at the grassroots level is equally essential. Ageing no doubt, is the most negligible area under research. Today we have a depth of studies related to the identification of socio-economic problems of senior citizens, but very few generated the path of interventions and coping practices.

Present study is also designed to identify the socio-economic problems of the elderly but with a difference. The difference lies in the introduction of the positive ways of coping against these problems along with possible interventions. Hence, the study is designed basically to explore the possibilities of achieving healthy ageing. For this, the study focuses on the senior citizens of Aligarh and aimed at “the identification of socio-economic problems, coping practices and possible interventions for senior citizens of Aligarh (U.P.)”. Aligarh is chosen because it comprised of a good mix of population having all characteristics. Thus the basic purpose of research is not merely problem identification and description, but also prediction and control. Keeping this broader objective in mind, the following research objectives have been formulated:

2.5: Objectives:

The empirical study had the following research objectives:

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

2.6: Hypotheses:

The present study proposes to test the following hypotheses:

- Females are more vulnerable than males in terms of their social status, decision making power, nutritional intake, ownership of assets and health status.
Socio-economic problems increase with age. It is highest in oldest-old than in old-old and young-old age group.

Social security increases with education. Those with higher education may have more ownership of assets, awareness towards the government schemes, and reliable coping practices.

Religion serves as an effective tool for coping against distress.

Migration after the age of sixty may lead to more socio-economic problems.

Elder abuse is the least reported phenomena in old age.

Primary caregivers in old age are the spouse and the family members.

Senior citizens are in a habit of ignoring their health problems.

The ability to cope decreases with age and hence the old age needs more assistance and support.

In order to test the above hypotheses the following methodology has been adopted.

2.7: Research Methodology

Research methodology is a systematic and orderly way of organizing research. Webster International dictionary defined Research methodology as “a careful critical inquiry or examination in seeking facts or principles, diligent information in order to ascertain something”. Thus research methodology provides a systematic way of sample design, data collection, data organization, data interpretation and data analysis. Since the present study is an empirical work related to the socio-economic problems and coping practices of senior citizens, the methodology is designed accordingly to ease both the researcher and the target population.

Research Design:

The research design present study is ‘diagnostic-cum-descriptive’ in nature. ‘Diagnostic’ because it determines the frequency and association of one variable with the other. The study attempts to diagnose the causal relations between the variables like education, age, gender, religion and quality of life. The study is ‘Descriptive’ as it
portrays accurately the characteristics of senior citizens. Interviews were conducted formally to describe the life styles, living patterns, patterns of social interactions and coping mechanisms of senior citizens. The study is also an endeavor to link the problems of senior citizens along with their solutions.

**List of Variables under study:**

The research variables, of any scientific experiment or research process, are factors that can be manipulated and measured. A variable is an entity that can take any value. For the present study, the following variables have been considered: age, marital status, religion, caste, education, type of housing, family size, living space, financial income, financial assets, savings, health problems, mode of treatment, health insurance and helping aids as a means of coping, nature and form of abuse, coping practices and healthy behaviors etc

**Operational Definitions:**

The following terms have been used under the present study:

- **Senior citizen:**
  
  Senior citizen for the purpose of this research means any person who is sixty years of age and above.

- **Young-Old:**
  
  The senior citizens coming in the age group of 60 to 70 years.

- **Old-Old:**
  
  The senior citizens coming in the age group of 70 to 80 years.

- **Oldest-Old:**
  
  The senior citizens holding the age of 80 years and more.

- **Household:**
  
  Household consists of all persons who occupy the housing unit collectively.
• **Coping Mechanisms:**

Coping mechanisms includes all those capabilities or competencies that an individual gains from its lifelong experiences and identifications. It deals with individual patterns of dealing with change in the life of senior citizens.

• **Intervention:**

Intervention means all the efforts and initiatives taken by the professionals especially the social workers, government and other authorities for the welfare of senior citizens.

**Universe of study:**

The ‘Universe’ represents the entire population from which a sample is chosen. The universe of the present study is Aligarh city of Uttar Pradesh. Aligarh is in the Western part of U.P. located at 27° 53’ North and 78° 4’ East longitude. Aligarh district is divided into two parts: Aligarh city and remaining area of Aligarh District. The city is further divided into twelve blocks and seventy wards. Aligarh city is famous for its lock industry and internationally renowned Aligarh Muslim University. The total population of Aligarh District is twenty nine lakh and ninety two thousand, whereas, the population in Aligarh city is eight lakh and sixty four thousand. The total population of senior citizens in Aligarh District is two lakh six thousand, seven hundred and fifty three, whereas, the population of senior citizens in Aligarh city is forty nine thousand, two hundred and eighteen. Thus these 49218 senior citizens constituted the population for the purpose of this research. Applying Krejcie and Morgan which provides that for a population of 1000000 and above, the maximum sample size is 400 and law of inertia, the sample size has been finalized at 500.

Aligarh has been selected because of its smaller size, homogeneous population and researcher’s familiarity with the area. At one side, the senior citizens of Aligarh are facing extreme poverty, deprivation and forced denial of bare necessities, whereas, on the other hand, they are more self-supporting, willing to work and have extreme wealth. Thus, Aligarh is an example of Modern Township with a good mix of elderly population belonging to all socio-economic strata. Besides heterogeneity, Aligarh

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307 http://updes.up.nic.in/spatrika/engspatrika/sect_table.asp
has been observing rapid pace of urbanization and fast changing socio-economic conditions which also brings many changes in the life styles of elderly and needs examination.

**Sampling Design:**

Sampling design is a technique of selecting a sample from a given population. In social research, it is the most crucial phase. The basic objective of sampling design is to make the sample representative. According to Wilkinson\(^3^0^9\), “Representative sampling design is one which warrants the insurance that the chances are great enough; that the selected sample is sufficiently representative of the population; and that it decreases the likelihood of misleading sample findings.” The process of sampling makes it possible to draw inferences or generate on the basis of careful observation of the variables in relation to a relatively small proportion of the population. Thus a sampling design is devised to take into account the level of accuracy and confidence.

**Sample size and sampling technique:**

The sample of the present study consists of 500 senior citizens. The study adopted ‘Stratified Proportionate Random Sampling’ technique for the selection of the respondents. For sample selection, the city was divided into five zones that is East, West, North, South and North-East on the basis of Burgess Model\(^3^1^0\). The model assumes a relationship between the socio-economic status (mainly income) of households and the distance from the Central Business District (CBD). The further from the CBD, the better the quality of housing, but the longer the commuting time. Thus, accessing better housing is done at the expense of longer commuting times (and costs). At the first stage of sampling; one ward is selected from each zone on the basis of their socio-economic and demographic profile. Moreover, religious concentration was also considered while the selection of a ward. The five wards selected from these five zones were Hamdardnagar, Kishanpur, Shahjamal, Pala Sahibabad and Sir-Syed Nagar. All these wards are densely populated and people are generally reported to share different social, economic and cultural characteristics. For example, Sir-Syed


\(^3^1^0\) [http://people.hofstra.edu/geotrans/eng/ch6en/conc6en/burgess.html](http://people.hofstra.edu/geotrans/eng/ch6en/conc6en/burgess.html)
Nagar is a posh locality comprising a large number of Muslim population, whereas, Kishanpur is a posh locality mainly comprising Hindus.

On the second stage of sampling, the households containing senior citizens are randomly selected from each ward by using proportionate random sampling technique. Thus the total numbers of households located in all the five zones were calculated as 5,608; out of which 1105 are in North zone ward (Pala Sahibabad), 1160 are in East zone ward (Kishanpur); 982 are in West zone ward (Shahjamal), and 1507 are in North-East zone ward(Sir-Syed Nagar). Details of sample drawn from each stratum on the basis of proportionate random sampling is discussed below:

Let the number of elements in each stratum = (Nₘ) ; Total population = (N)

The stratum weight (Wₘ) is calculated as\(^\text{311}\)

\[ Wₘ = \frac{Nₘ}{N} \quad \text{where } h=1 \text{ to } 5 \; \text{for ward } 3 (W₃) = \frac{1105}{5,608} = 0.197 \]

Therefore, the number of element to be elected in each stratum (Nᵢ) would be calculated by multiplying the total desired size of the sample (N) by the stratum weight (Wₘ):

\[ Nᵢ = N \times Wₘ \quad \text{where } i=1 \text{ to } 5 ; \text{for ward } 3 ; N₃=500 \times 0.197=98.51=99 \]

Thus the sample will be proportionate because the representation of each stratum in the sample is equal to the ratio of that stratum in the population;

\[ Nₘ/N = Nᵢ/N \quad [ \text{for ward } 3 ; \text{proportionality is } (99/500)=(1105/5608)=0.197 ] \]

Similar procedure is adopted for all the five wards and thus their stratum weight and no of households selected were calculated as shown in table 1.7:

**Table 1.07: Table showing the stratum weight and number of households**

<table>
<thead>
<tr>
<th>Stratum Number</th>
<th>Zone</th>
<th>No of total Households (Nₘ)</th>
<th>Relative Weight of stratum (Wₘ)</th>
<th>Selected Households (Nᵢ)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>East</td>
<td>1160</td>
<td>0.206</td>
<td>103</td>
</tr>
<tr>
<td>2</td>
<td>West</td>
<td>982</td>
<td>0.175</td>
<td>88</td>
</tr>
<tr>
<td>3</td>
<td>North</td>
<td>1105</td>
<td>0.197</td>
<td>99</td>
</tr>
<tr>
<td>4</td>
<td>South</td>
<td>894</td>
<td>0.152</td>
<td>76</td>
</tr>
<tr>
<td>5</td>
<td>North- East</td>
<td>1507</td>
<td>0.268</td>
<td>134</td>
</tr>
</tbody>
</table>

Thus total sample size (N) = \( N₁+N₂+N₃+N₄+N₅=103+88+99+76+134=500 \)

Tools and Procedure of data collection:

The present study is an empirical research. The study was carried out on the basis of both primary and secondary data. The primary data was collected through interview schedule and case study. Of which, Interview schedule was the main instrument for research.

**Schedule** is usually applied to a set of questions which are asked and filled by an interviewer in a face to face situation with another person\(^{312}\). Schedule consists of questions printed in a definite order including fixed-alternative and scale items. These questions are logically related to the central problem. The basic motive of designing the schedule was to gain the face sheet information, problem information and the information related to their coping practices. The interview schedule was first pre-tested by the investigator for modifications and finally, with the modified schedule the researcher personally visited the areas selected for the study. Before starting the interview the respondents have been assured that all the information would be kept confidential and used for research purpose only. Each interview lasted for one hour. To get reliable information about the personal details, the researcher try to establish good rapport with the respondents. This Rapport building, through one to one conversation played a significant role in eliciting useful information from the aged and would create an ambience of mutual trust between the researcher and the respondents. The field work lasted for almost nine months. Prior to main visits, the researcher also made an attempt to carry out a preliminary visit. This visit was planned to get familiarity with the area under study and to locate the households.

Further to view the socio-economic problems of the senior citizens in totality and to verify the genuineness of the findings; **Case studies** were conducted. In total, fifteen such case studies were conducted including three from each ward. Case Study method is applied by the researcher to understand the complexity of factors working within a social unit as an integrated totality\(^{313}\). Case study specially focuses on all those factors which are working behind the problems of senior citizens in natural setting. During case studies; the respondents shared their life experiences and profiled their problems


in more refined way. Thus case studies further helped the researcher in investigating the depth of the problem along with their causative factors. Finally, the data collected from the 500 senior citizens from five different wards were scrutinized and processed for analysis.

The secondary data was generated by visiting many national libraries and NGOs located at Aligarh and New Delhi. For official data like census reports and annual reports; the researcher visited district offices of Aligarh and check their annual records. Finally, for getting recent updates; related websites have been searched.

**Processing of data:**
The data collected for the study was both qualitative and quantitative. The quantitative data was collected through schedule, whereas, quantitative data was gathered through case studies. For analysis of quantitative data, the relevant information on the interview schedule has been organized, checked for inconsistencies, meaningfully coded and transferred to the cards. With the help of these coding cards, the data was then transferred to computer for electronic data processing. Subsequently, using SPSS software; frequency tables and cross tables were prepared. To check the required association between the variables, Chi-square test has been applied. Chi-square test is a statistical test of significance which is used to compare observed frequencies with expected frequencies under a certain set of theoretical assumptions.\(^{314}\)

**Presentation of data:**
Presentation of data is the most crucial part of the research. Presentation makes the analysis simpler and easily accessible. For present study, the data collected through the interview schedule was presented in the form of tables. Tabulation was done manually. In these tables, the frequencies and their corresponding percentages have been highlighted. Cross tables were also designed to show the association between the variables.

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Analysis and Interpretation of data:
The data collected from field (raw data) or processed through tabulation; does not make any sense unless it was analyzed and critically interpreted. Analysis means the categorization, ordering, manipulating, and summarizing of data to obtain answers to research questions. In the present study, the analysis of data was done to make it clearer. During analysis, the researcher analyzed the different characteristics of data and inferred the directions coming out of it. Chi square test has been used to find out the significance and association between the variables.

After analysis, interpretation of data was done. The Interpretation and analysis of each table was shown in a separate chapter. For interpretation; current findings of research were compared with few more studies and theories, if available. Hence at this stage, the researcher understands the real significance of findings and establishes explanatory concepts as to why the observations are made and for what purpose.

Limitations of present study:
The present study acknowledges the following limitations:

- The primary limitation of the study is its restriction to the target groups i.e. the senior citizens. The study would have been more effective if it covered the caregivers and other service providers. But due to time constraints, this was not possible.
- At the time of data collection, many of the senior citizens were undergoing some physical ailments and hence the help of significant others have been taken, which leads to intermixing of views.
- During data collection, few of the senior citizens were accompanied by their family members and they were not ready to leave them alone. This hinders the privacy between the researcher and the respondents.
- The senior citizens were not able to sit properly in long settings and hence the time limit for data collection has enhanced.