INTRODUCTION

“It is not sufficient to add years to life but the more important objective is to add life to years.” - WHO Slogan

Concept of ageing

Old age is the last phase of the human life cycle. According to Hurlock (1986) “old age is the closing period in the life span”. It is a period coining from more desirable periods or times of usefulness. Stieglitz (1960) has rightly observed that ageing is a part of living. It begins with conception and terminates with death. Traditional society looked positively at oldage and maintained that ‘old is gold’, in terms of maturity, experience and wisdom. But today, oldage is regarded negatively and the common expressions ‘old and sick’ ‘old and frail’ ‘old and poor’ ‘old and crabby’ ‘old and crotchety’ ‘old and useless’ reflect the dependency and inactiveness of the aged. The aged are often described as “old and senile”. All these terms indicate that they have lost their capability to be economically and socially productive. Several terms are being used in recent years to describe them in a more positive manner such as ‘senior citizens’, ‘the elderly’, ‘third age individuals’ and ‘individuals in the twilight of life’. However, the persons who possess skills in language, music or painting appear to develop and retain them with age. There is no decrease in their art or skill. Hendricks and Hendricks (1981) observed that intellectual performance actually
improves with age and, when a person grows to maturity, he develops stable values, attitudes, and habits.

There are different views on the nature of the human life cycle. One of the more popular views is the analogy between the seasons of the year and the stages of life. Spring is the time of growth and coming into bloom; summer is the time of maturity and greatest productivity; autumn is the time of harvest and culmination when the seeds are sown for new generations; and, winter is the time of decline and death. Human development progresses only in one direction (from birth to death) and it follows a regular sequence. On this lifeline, there are special age-related events and obviously, the end points are set by biological and physiological factors. Biological growth plays a central and important role as we scan the lifeline from conception to birth through puberty and middle age to old age.

Life cycle theories

Human development is determined by biological, psychological, and social factors. The existing theories of human development describe the process of development in terms of interaction of the individual with culture. The developmental theories of the human life cycle seek to explain the nature of growth and the patterns of change in individuals from birth to death. Clearly, they assume that adults continue to develop and change after
adolescence. Since development occurs in a sequential progression, the goal of developmental theories is to understand the nature of that sequence and to explain why it progresses in the manner it does. In addition, many developmental theories seek to identify general themes within these patterns of growth and change that may be thought to be valid for all people everywhere in the world. Often developmental theories take the form of a series of stages that follow each other in sequence.

Buhler’s theory of human life

Charlotte Buhler (1968) and her students studied the course of human life from biographies and autobiographies. They developed a methodology for analyzing these autobiographies to reveal an orderly progression of phases on the basis of changes in events, attitudes and accomplishments during the life cycle. They examined the parallel between the course of life revealed in biographies and the biological course of life and identified five distinct biological phases in human life namely progressive growth, continued growth combined with the ability to reproduce sexually, stability of growth, loss of sexual reproductive ability and regressive growth and biological decline. The details are given in Table 1.00
### Buhler’s Five Phases of Life

<table>
<thead>
<tr>
<th>Age</th>
<th>Biological Phase</th>
<th>Phases in life</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-15</td>
<td>Progressive growth</td>
<td>Child at home, prior to self-determination of goals</td>
</tr>
<tr>
<td>16-25</td>
<td>Continued growth combined with the ability to reproduce sexually</td>
<td>Preparatory expansion and experimental self-determination of goals</td>
</tr>
<tr>
<td>25-45</td>
<td>Stability of growth</td>
<td>Culmination: definite and specific self-determination of goals</td>
</tr>
<tr>
<td>46-65</td>
<td>Loss of sexual reproductive ability</td>
<td>Self-assessment of the results of striving for these goals</td>
</tr>
<tr>
<td>65+</td>
<td>Regressive growth and biological decline</td>
<td>Fulfilment of goals or experience of failure; previous activities continue but in late life, there may be re-emergence of short term goals focusing on satisfying immediate needs</td>
</tr>
</tbody>
</table>

**Kuhlen’s theory of human life**

Kuhlen cites several studies which indicate that, with advancing age, people are less happy, see themselves more negatively and experience a loss of self-confidence; there is an increase in symptoms of anxiety. He indicates
that ageing has less marked (or slower) effects on women and persons in the higher socioeconomic strata compared with men and persons in the lower socioeconomic classes. Kuhlen (1964) described the growth, culmination, and contraction theory. He proposed that the growth-expansion motives such as achievement, power, creativity and self-actualization and competence dominate an individual’s behaviour during the first half of life. These motives may change during a person's life because they have been relatively satisfied and because the person moves into new social positions, social relationships and their roles and responsibilities expand. Their social contact which made them follow certain social norms and behaviour may also get transformed during the last phase of life. In the second half of life, anxiety and threat become more important sources of motivation. This may begin in middle age when individuals sense that the process of expansion is coming to an end and they begin to be affected by irreversible losses such as physical illness, death of close friends or loss of job opportunities. So, in advancing age, there is "a shift from active direct gratification of needs to gratification obtained in more indirect and vicarious fashion". Thus, the human life cycle may be characterized by a 'curve of expansion and contraction'. The middle of life seems to be a major turning point between these two contradictory tendencies. It may result from a satisfaction of the
earlier growth expansion motives that allows the emergence of their motives, it may result from physical or social losses, from the sense of being "looked into" a situation, or even from the changing time perspective that results from having lived over half of one's life. Probably, it results from the interaction of social, biological, and psychological factors that may affect men and women differently and persons of different socioeconomic classes in different ways. Kuhlen (1964) described the developmental changes in the personality system of individuals. Young adulthood is characterized by a centrifugal tendency that propels the individual from the self out into the external social world. This results from the necessity to master new roles and to develop new personal styles and new self-concepts to maximise the competence of individuals in term with their expanding social environment. This period is one of 'growth-expansion' in which strivings for achievement, power, self-actualization and competence predominate. Social relationships also expand in addition to the number of roles and social responsibilities. There may be a tendency for young people to place more emphasis on the more external aspects of behavior and to conform to the social norms of their associates. Also, they may tend to feel some tension between the inner aspects of the personality and the external aspects as if the centrifugal movement were denying the importance of the inner aspects. During the
middle years of adulthood, there seems to be a balance of sorts in the personality system. On one hand, the individual's social world is no longer expanding rapidly, and patterns of dealing competently with it have been developed through situation and experience. On the other hand, the individual has also had greater life experience and may have learned relatively comfortable ways of integrating the internal and the external aspects of the personality system. In the ideal case, this leads to a smooth functioning and competent interaction between the individual and the environment that allows striving for the goal of self-actualization. The potential for rigidity and a tendency to resist change to this balanced system may also occur during this period because it is well established, competent, and familiar. With advancing age, there seems to be a kind of centripetal tendency in the personality system so that the importance of the external social situation becomes less salient and the internal processes become more prominent. That is, as the number and variety of roles, social behaviour, and social interaction decrease in frequency or in importance, the more internal aspects of the personality seem to be more clearly revealed. In addition, the feelings of competence that may have been experienced during the middle years, combined with the increased realization of a finite amount of time left to live, may shift the focus for self-actualization inward.
Jung’s concept of life stages

While Buhler’s view of the life span grew out of a systematic study of biographies and Kuhlen’s concepts are based on considerable empirical research, Jung’s (1933) view of the stages of life are based primarily on his clinical work in psychology. He divided life into two phases, i.e., young and old. In primitive societies, the aged are considered the source of wisdom, guardians of laws, knowledge, mysteries and their culture. But, this view has changed in modern society. He argued that many aged have unsatisfied demands which make them look back. So, it is essential for them to have a goal for the future. In old age he sees some “deep-seated and peculiar changes within the psyche”. There is a tendency for persons to change into their opposites, especially in the psychic realm. He suggests that older men become more feminine and older women become more masculine. He further points out “an inexorable inner process that enforces the contraction of life”. It is psychologically positive “to discover in death a goal towards which one can strive, and that shrinking away from it is something unhealthy and abnormal which robs the second half of life of its purpose”. In the second half of life the individual’s attention turns inward, and this inner exploration may help individuals find a meaning and wholeness in life that makes it possible for them to accept death.
Erikson’s Eight Stages of Human Development

Erik H. Erikson (1968) stated that personality is influenced by society rather than biological factors and develops through a series of crises. The formulated the psycho-social theory of development. Erikson described development as proceeding through eight crises or turning points throughout the life span. The crises emerge according to a maturational time table and must be satisfactorily resolved for healthy ego development. The successful resolution of each of the eight crises requires the balancing of a positive trait and a corresponding negative one. According to Erikson, the eighth and final development stage is late adulthood beyond 60 years of life. At this stage people look back and evaluate what they have done in their lives. If they have developed a positive outlook in most or all the previous stages of development, the retrospective glance will reveal a picture of a life well spent, and the person will feel a sense of satisfaction and integrity. If the older adult resolved many of the earlier stages negatively, the retrospective glance will probably yield doubt or gloom. Crisis is always positive in nature, but negative ends are also inevitable. For example, during infancy, people need to trust the world but they also need to learn some mistrust to protect themselves from danger. If the individuals resolve their crises more successfully, then their development will be healthy.
<table>
<thead>
<tr>
<th>Erikson’s Stages</th>
<th>Developmental period</th>
<th>Emerging value</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust versus Mistrust</td>
<td>Infancy (first year)</td>
<td>Hope</td>
<td>A sense of trust requires a feeling of physical comfort and a minimal amount of fear about the future. Infants’ basic needs are met by responsive, sensitive care-givers</td>
</tr>
<tr>
<td>Autonomy versus Shame and Doubt</td>
<td>Infancy (second year)</td>
<td>Will</td>
<td>After gaining trust in their care-givers, infants start to discover that they have a will of their own. They assert their sense of autonomy or independence. They realize their will. If infants are restrained too much or punished too harshly, they are likely to develop a sense of shame and doubt</td>
</tr>
<tr>
<td>Initiative versus Guilt</td>
<td>Early childhood (preschool years, ages 3-5)</td>
<td>Purpose</td>
<td>As preschool children encounter a widening social world, they are challenged more and need to develop more purposeful behavior to cope with these challenges. Children are now asked to assume more responsibility. Uncomfortable guilt feelings may arise, though, if the children are irresponsible and are, made to feel too anxious</td>
</tr>
<tr>
<td>Industry versus Inferiority</td>
<td>Middle and late childhood (elementary school years, 6 years puberty)</td>
<td>Competence</td>
<td>At no other time are children more enthusiastic than at the end of early childhood’s period of expansive imagination. As children move into the elementary school years, they direct their energy towards mastering knowledge and intellectual skills. The danger at this stage involves feeling incompetent and unproductive</td>
</tr>
<tr>
<td>Identity versus Identity confusion</td>
<td>Adolescence (10 to 20 years)</td>
<td>Fidelity</td>
<td>Individuals are faced with finding out who they are, what they are all about, and where they are going in life. An important dimension is the exploration of alternative solutions to roles. Career exploration is important.</td>
</tr>
<tr>
<td>Intimacy versus Isolation</td>
<td>Early adulthood (20s, 30s)</td>
<td>Love</td>
<td>Individuals face the developmental task of forming intimate relationships with others. Erikson described ‘intimacy as finding oneself yet losing oneself in another person.</td>
</tr>
<tr>
<td>Generativity Versus Stagnation</td>
<td>Middle adulthood (40s, 50s)</td>
<td>Care</td>
<td>A chief concern is to assist the younger generation in developing and leading useful lives,</td>
</tr>
<tr>
<td>Integrity versus Despair</td>
<td>Late adulthood (60s-)</td>
<td>Wisdom</td>
<td>Individuals look back and evaluate what they have done with their lives. The retrospective glance can be either positive (integrity) or negative (despair)</td>
</tr>
</tbody>
</table>
Ageing and Wisdom

Wisdom is a mental characteristic or ability that has long been associated with ageing. There is a distinction between philosophical wisdom and practical wisdom. Philosophical wisdom refers to an understanding of the abstract relationship between one’s self and the rest of humanity. Practical wisdom refers to the ability to display superior judgement with regard to important matters of real life. Wisdom is an expert knowledge system permitting exceptional insight, judgement and advice, involving complex and uncertain matters of the human condition. Ballet’s research on age dealt with related changes in wisdom and it is a component of the mechanics of the mind. This involves the raw, basic operations of our human information processing system like sensation, perception and memory. The pragmatists refer this to mental software which peaks during the old age.

Dimensions of ageing

The phenomenon of ageing can be analysed from the physical, socio-cultural, psychological and functional angles. Physical ageing is defined on the basis of the anatomical biological changes taking place in the life of an individual with the passage of time. It explains the degradation of the physiological and physical process in relation to the chronological age. Social and cultural ageing are inter-related but differ on the basis of their
emphasis. Social ageing denotes the changes in the behavioral pattern and the role and status of individuals in the family. It refers to social roles and expectations related to a person’s age. It is the behavior patterns, beliefs and other products of a particular group that are passed on from generation to generation. Each society has its own language, dress, work, customs and food habits. The Indian culture expected that a girl should be under the father’s control that a wife must be under her husband’s control and that an aged mother must be looked after by her sons. The cultural ageing gives importance to the role of an individual during his life span. The individual plays different roles according to the stage in life. During the childhood, early adulthood, middle adulthood people late adulthood they are supposed to play the role of the son/daughter husband/wife, father/mother and grandfather/grandmother. In the Hindu tradition the ‘Vanaprastha Ashram’ is considered the stage of old age once they have fulfilled the duties and responsibilities to the family, they retire from active life and move to the hermitage.

Psychological ageing refers to the state of mind of an individual or how he perceives his self. A positive attitude and continued interest in life and things around him help him in reducing the ageing process and staying young in his activities. People are motivated and interested in being healthy and youthful.
Elders who are educationally, economically, socially well off may keep better mental health and positive attitudes towards self and life. The individual’s adaptive capacities help him to adjust effectively through learning, coping, controlling emotions, being motivated, thinking more competently, etc., which are considered to be attributes of keeping “psychologically young”. Those who do not adapt effectively become “psychologically old”. The mental health is responsible for the cognitive development of the individual and the functional ability is explained within a given environment. They require skills and abilities (both psychological and physical) to become effective in their day to day activities. A person has to perform a number of duties and it is not surprising that a 75-year-old is more self-sufficient than a 25-year-old. Given the fact that the chronological age is not perfectly related to the functional age, psychologists find it increasingly important to develop valid and reliable measures of a person’s functional ability. Biological ageing, on the other hand, indicates the organic nature of the individual. Determining the biological age involves knowing the functional capacities of a person’s vital organ system (Birren and Renner, 1977).
Problems of ageing

Old age is the terminal stage in human life. Some people accept it gracefully with a positive attitude. But many face problems and adopt a negative attitude in their day to day life. The problems faced by the aged in any society largely depend on the socioeconomic conditions and environment in which they live (Goyal, 1992). The problems of aged are multiple. It involves a multidirectional change in the physical, psychological and social spheres of personal existence. If the problems of the aged are unattended and unsolved, it will affect social development. These problems are very different from other social problems. They differ from individual to individual based on the sociocultural, economic and health factors. The problems faced by senior citizens are plenty especially in under developed countries and backward rural regions.

Health hazards

The health related problems of the aged are classified as hereunder:

- General reduction of physical and mental abilities such as feeling less well than usual, difficulty in working, fatigue, greater need for rest and sleep, forgetfulness and loss of confidence.

- Illness due to cold, cough, fever, headache, body pain, dental
problems, weak eye sight and impaired hearing.

- Major illnesses such as tuberculosis, paralysis, asthma, anemia, diabetes, blood pressure, cardiac trouble etc. (Avananthran 1980; Kumar, 1986).

According to Desai (1991) women in India live longer than men. On an average they live five to seven years longer. But the aged women face many more problems than men. Women suffer from most degenerative diseases such as osteoporosis, arthritis, rheumatism, asthma, depression and cancer, which affect aged women more than aged men.

1.1 Loss of appetite and taste

The aged experience a decrease in appetite with advancing years. This can be due to progressive loss in the number of taste buds, a decrease in the sensitivity of the appetite center in the hypothalamus, problems with swallowing and a change in metabolic demand. Chronic illnesses may blunt the appetite or require high dosage medicines that tend to induce nausea and distaste for food, Digitalis overdose is frequent in the elderly and the first symptom of intoxication with this agent is loss of appetite (Prakash, 1999). With increase of age, the taste buds on the tongue undergo atrophy and structural changes, which lead to changes in the taste threshold. These changes sometime produce profound changes in dietary intake, which leads
to nutritional deficiencies and even to diet related chronic clinical disorders like hypertension and diabetes. Genetic factors, environment, sanitation and health hazards, malnutrition, poor nutrition, protein-calorie malnutrition are common in older persons. Relative immobility and obesity are also important factors which affect normal health along with a decline in immune competence, associated with advancing age (Hasan, 1998). The National Sample Survey (1987) reported the prevalence of chronic illnesses among 45 percent of elderly in India. Pain in joints and cough are reported to be most common among the aged. The loss of teeth prevents them from taking adequate quantity of food. Social participation also decreases due to the poor health status of elders.

1.2 Loss of vision

Senior citizens with cataract complain of halos and diminished vision. They often find it difficult to see and read in bright light. Other disorders of the eye that might affect vision are the degeneration of the optic nerve or retina, usually associated with generalized disorders such as diabetes and hypertension. Sudden onset of blindness may indicate a clot in the central artery of the retina. There is a gradual loss of hearing with age. Partially deaf people undergo significant personality changes. They suspect that people consider them unintelligent because they cannot respond
appropriately. They begin to feel paranoid, overlooked, dismissed and avoided. Co-ordination of the nervous system and muscular systems diminishes. The forceful stride is lost and the elderly develop an uncertain, hesitant gait. Weakness and fatigue can occur frequently in the elderly due to loss of muscle mass, anemia, decreased thyroid and adrenal functions. They are prone to low serum potassium, congestive heart failure, a disturbance in heart rhythm and neurosis (Prakash 1999).

1.3 Loss of teeth

Loss of teeth and use of denture leads to preference for soft mashy food or liquid foods like soup and milk. Research evidence clearly demonstrates that there is a direct correlation between health problems and advancing age, although the health status of the aged varies from individual to individual. Health is an important factor affecting human life. Dental problems in old age can be due to change in diet, decrease in oral hygiene and diminished salivary flow. Physical impairments such as arthritis limit the movement of hands and arms. A decline in visual acuity may interfere with vision. Depression or decline in memory has been found to be a barrier to personal hygiene. Osteoporosis, experienced by many older women, also leads to dental problems. A major difficulty faced by old people due to loss of teeth and or implanting of artificial teeth is improper speech. In addition, the
individual who is unable to masticate food due to old age is in jeopardy both physically and mentally. (Prakash, 1999).

1.4 Nutrition

The way of life, nutrition and the services for the removal of illness affect human health to a large extent. It is not the mere absence of disease that matters but social, physical and mental well-being. One of the major problems for the aged is ill health. Besides physical illness, the aged are more likely to become victims of poor mental health, arising from senility, neurosis and dejection. Most of the aged are anemic and need to consume milk or milk products. The able aged can work as long as they are fit even in their eighties. The poor aged are compelled to go for work. Those who are well off also continue to work well because they do not want to sit idle.

As age advances there is a need to rectify dietary intake or to consume supplementary nutrients. Dietary counseling is essential." Vijayalakshmi (2000) visualized that the eating pattern and habits in terms of timings, choices, likes and dislikes, health state, food service, food preferences are likely to affect the food intake of the elderly. Most of the aged need medical care and many of them are unable to consult the doctor even in the primary health center because of their poor health or lack of locomotor ability. More
than the medical care, the aged need moral and psychological care. They need a shoulder to lean on and a listener for their words. This task can be fulfilled by the social worker.

Family problems

The family is the source of security and happiness. The youngsters who are given energy for the improvement of the family expect supporting services from the family in their old age. Interpersonal relations between family members is important and food, clothing, housing, attention, recognition, social and emotional security are the needs of the elderly. They expect the family and society to fulfill their needs. The needs of the aged differ according to the marital status. It may be different for the single, married, widowed, and destitute persons. (Jamuna and Ramamurthi, 1993). The problems of the aged are also different according to the factors such as gender, social class, residence and physical ability. These findings have focused attention on the role of the family in care-giving, its capability for caring in the face of societal change, imbalances in care-giving responsibilities, role of women in care-giving; and problems encountered by care-givers and care-recipients. It is generally found that the daughters or wives of the elderly are often burdened with the task of caring for dependent parents or spouse. Families are also faced with serious problems arising out
of improved chances of survival into old age, which impinge upon the
distribution of time and resources in the care and support of the elderly.
Elderly women may also face problems when their husbands retire from
their jobs and begin to manage the household, until now the domain of
women and the prerogative of the wife. Individuals work out choices,
negotiations and coping patterns consistent with their personal sets of
meaning. In effect, each person constructs his or her own social reality.

\* Psychological problems

Psychological problems such as senility, dementia sexual
problems and emotional disorders may arise due to reduction in income,
change in social status due to retirement and hormonal changes.
Forgetfulness is a gift of mankind. We can easily forget what we are not in
touch with regularly. The ‘slip of the mind’ is common to mankind but,
during old age, the degree is extended. In the case of people who have
intellectual skills (prayers, tales, folk songs) their memory remains till their
death. The aged women often chant the prayers and enjoy folk songs like
Thalattu, kummi, and ooppari etc. in rural Tamilnadu, The symptoms of
psychological problems experienced by the elderly are sadness, lack of
interest, loss of memory, inability to concentrate and thought of death and
suicide (Papalia, 1992). Social care of aged individuals is very important.
Inadequate pensions, poor living conditions, occupational insecurity, lack of social network, negative social attitudes, lack of retraining facilities and shortage of psychiatric and psychological services are some of the inadequacies in the care of the old.

The rural aged have the freedom either to give the house to their son or live in it till their death. Most of the aged are living in their own houses and the sons are expected to live with their parents or live separately, not disturbing the elders. In the joint family, when the main part of the house is occupied by other members, the aged are sometime forced to sleep outside. The rural aged would like to live in their own village in their later period. The problem of adjustment is more crucial for the persons who are required to retire from active life. Old people may be required to face the problem of adjustment due to the loss of spouse or loss of friend. They have a lot of free time and spending the same becomes a problem. When age increases, social contacts and mobility decrease and this, in turn, compels the old to stay at home. It is necessary to provide good and hygienic housing for maintaining better their health status. The aged are religious by nature and normally follow spiritual approach in their life. On the other hand, modern society is more individualistic and materialistic. This conflict in attitude is found to affect a large number of old persons, particularly in rural areas.
Stress

Stress is the response of individuals to the circumstances and environmental events that threaten them and tax their coping abilities. There is a relationship between the stress produced by life’s events and physical health diseases and difficulties in emotional or psychological adjustment. Stressful events such as death of spouse, marital separation, widowhood, empty nest, death of near and dear ones, personal injury, illness etc. reduce the immune system’s capabilities and leave the victim vulnerable to disease and infection. The immune system is an important biological determinant in the control of certain malignant diseases. When it is weakened, the acute stressors can produce immunological changes in healthy individuals (HIV, diabetes and cancer patients). The chronic stressors are associated with increasing downturns in immune system responsiveness rather than adaptation. This causes failure of close relationships and a burden to caregivers and leads to progressive dementia.

Psychological stress from an illness or chronic diseases incites other health related problems. The distressed persons have appetite disturbances, i.e., eating less or food of lower nutritional value. Individuals who are depressed and anxious may opt for alcohol and other drugs. Poor health may also lead to stress, less sleep, smoking, drinking habits. They may eat little
and become ill tempered. Change in family structure, shift in roles, increasing urbanization, disruption of relationships due to greater geographic mobility, environment and hereditary factors can also lead to behaviour problems. Daily hassles have a strong link with home upkeep, health outcome of the elderly and their overall adaptation. The ability of the elderly to cope with hassles is a good predictor of morale and life satisfaction. Acculturative stress refers to cultural change from continuous first hand contact. Each group has its prejudice and perception about the other. When they mingle with other groups or in the neighbourhood it may lead to alienation, social isolation and heightened stress.

Socio economic stress results from low socioeconomic status in society. Due to unemployment, widowhood or absence of savings the elderly suffered from financial problems. This leads to poor adjustment in the family.

Physical exercise, music, relaxation and meditation will be helpful to eliminate stress. To improve health behaviour and compliance therapy components such as group therapy, behaviour therapy and psychotherapy have to be practised to reduce stress and provide emotional support to the aged. The most effective way of relieving stress and burnout may be to change the conditions that cause it is by seeing to it that they employees
have opportunity to do work and to display their skill and knowledge, which will give them a sense of achievement and esteem.

The resilience and adaptation shown by ethnic minority groups can teach others about coping and survival in the face of adversity. To avoid or reduce stress one must attempt to change circumstances when possible and seek resources and help. The aged can use defense mechanisms and unconscious strategies such as repression and denial to protect the ego from threat and anxiety. The most coping strategies are characterized by altruism, humour, suppression, anticipation and sublimation. The use of positive, active distortion and unrealistic optimism helps to control and maintain self-esteem.

In rural areas children often visit their elderly parents. Preservation of personal autonomy and rights can uphold the dignity of the elderly. In the absence of the spouse the daughters are expected to take care of their mother. The elderly can also provide assistance by taking care of the house and grand children. The children have to be socialized in such a manner that they inculcate feelings of strong societal or moral obligation to provide care to and fulfill the financial, emotional and physical needs of the aged. Social interaction and recreation facility helps the aged to reduce the stress. Social support serves the informal family care-givers and protects them from stress.
by providing direct aid, physical assistance, emotional support and validation of self-esteem. People with most resources such as capacity for mutuality, growth, competence, hope and insight tend to be satisfied with themselves and their lives. People with deficits such as psychological symptoms including anxiety, hostility and self-hatred, are found to be the least satisfied. Better health status of the elderly can initiate and sustain more social contact, interaction and emotional support. Social networks facilitate participation in public work. They become more active and popular in the society. The process of life management allows the older persons to effectively cope with the aversive effects of developmental changes. The most frequently reported physical symptoms of stress among the aged are headaches, stomachaches, muscle aches or muscle tension and fatigue. The most common psychological symptoms are anxiety, tension, anger, irritability and depression.

Adjustment

Adjustment is the flexibility in adopting appropriate behaviour towards changing ability, role, status, responsibility, environment and social network. Options for control and self-determination are important aspects of older adults for their mental health. Old age is an important time in life because, in that stage, they are dependent on their own resources for their
happiness. Adjustment has a positive relationship with health, income, active role, education, social network, social security and life satisfaction and a negative relationship with poor health, stressful events such as role change, widowhood and anxiety about the future.

Adjustment problems among the aged include depression, nutritional deficiency and higher mortality rates (Kaprio, Kisenvuo, Rita, 1987; Rosenbloom & Whittington, 1993; Zisook, the adjustment with 1987; Zisook, Shuchter & Lyons 1987). So for happy ageing adjustment with family members and society is an important factor.

Depression

Depression is a mood disorder. The predictor of depression among the aged are symptoms of poor health, loss events such as death of spouse, and low social support (Gatz, 1997). The depressed aged are sad and show a suicidal tendency. But the aged who experience losses do not always become depressed. The depressed aged have an irritable mood, diminishing interest or pleasure, weight loss or gain, decrease or increase in appetite, insomnia or hypersomnia, psychomotor agitation, retardation, fatigue or loss of energy, feeling of worthlessness or excessive or inappropriate guilt. They often suffer from a diminished ability to think or concentrate and recurrent thoughts of death or committing suicide. Medication psychotherapy and a
healthy life style with adequate exercise can ensure significant improvement and relief from depression.

Loneliness

Modern society emphasises self-fulfillment and achievement and the importance of attachment to commitment in relationships. The decline in stable close family relationships and the emergency of the nuclear family system are the reasons for the feeling of loneliness of the aged. Loneliness is associated with an individual’s gender, attachment, self-esteem, social skills, physical disability, diseases and immunological functioning. Low involvement in agriculture, education of children, female employment outside the house and mechanical life of the family members who do not have enough time to spend with their aged parents force the aged into loneliness. Early experiences of rejection and loss of partner cause a lasting feeling of loneliness. The lonely aged have a low self-esteem and blame themselves more than they deserve for their inadequacies and deficiencies in social skills and are unable to develop comfortable intimacy even with their partners.

Most of the aged long to be with others. The feeling of isolation, alienation and loneliness interferes with their sense of life satisfaction.
To prevent loneliness the aged have to engage in social or religious activities. Social contacts help them to have better network participation and social interaction. Social gatherings strengthen their personal ties. They develop interest in caring for children, creating “surrogate” relationships with pets, television personalities and gardening. Establishing contact with a counselling center for advice can also help to improve their social relations and skills. The literate aged can use their time for story telling to children and solving crossword puzzles. They can use public libraries. Writing poems, songs and stories can be encouraged as creativity recognizes no age. Verdi wrote his best opera when he was eighty and Bernard Shaw, the famous English dramatist, continued writing till the age of ninety. Being active is the key to a happier, healthier and graceful old age and the best physician for human happiness.

Entertainment

The aged may suffer from lack of entertainment. Many of the aged can not watch TV programmes because of vision impairment. They can not improve their vision because it may call for surgery. The urban aged have the facility of visiting shopping centers, and markets where they can meet people, which itself decreases their tension. They need someone to listen, which will remove their frustration and tension. Half of the physical
problems will be solved when they are well received and attended to by others. Recreation contributes to maintaining individual’s mental and physical health. They can watch television, spend their time with grand children and chat with neighbors. Most of the elderly widows feel that their grand children are not permitted to talk freely with them by their in-laws. To avoid loneliness, it is important to maintain the elderly in their own environment. Their friends, neighbourhood and relatives, kith and kin play an important role in this respect. When their locomotor ability fails and they are unable to walk they love sitting and listening to the floating persons on the street. The health organization of the elderly should allow the opportunity for contact and interaction. New approaches and action can improve the quality of life of the aged in the new millennium. This realization, put into action at our own levels in the family, neighbourhood, at work and in the community, will definitely go a long way in counteracting the public’s negative impressions about the elderly.

Economic status

The occupational status is lost when one retires from service. The retired find it difficult to adjust with the changed situation and suffer mental strain. They may not be able to mingle with other aged people and this which brings loneliness to them. The economic status of the aged varies from
individual to individual. Widowed women living alone are affected due to a mechanical life as friends and neighbors fail to provide help, companionship and reassurance. Now formal agencies have emerged for the welfare of the aged. Retired professionals are expected to receive post retirement care. They are unable to have a post retirement career which affects their routine schedule and the economic status of the family and compels them to adjust to the new situation.

The labour force participation of the aged also increases due to longevity of life, increasing proportion of life spent in retirement, working spouse and privatization. Personal and organizational factors also determine the second career of retired persons. Upper income groups enter into post-retirement work because of their previous status of occupation, rich work experience, higher education and sound health. Work after retirement is a pre-requisite for the overall development of the elderly. It is better to keep the aged at work as idleness is the greatest enemy and presents the aged with a ticket to death. Health status is the main determinant to enter into the work force after retirement. There is a correlation between health status and post-retirement career. To sustain better health, the aged should opt for judicious diet, exercise, regular health checkup, healthy life style, practice of yoga and meditation, which will prevent diseases and promote better health status.
Family Care

In primitive societies the number of children in the family was high compared to the aged population. So the aged parents were taken care of by one or the other child. But there are more older people who need care and support now. Naturally, their economic position may not be adequate in taking care of the aged. So the problems of the aged will be worse than in the past. The aged parents who strictly follow the traditional values and customs are often unable to adjust with the younger generation. The aged are looked after by the family. For a widow, it is rather difficult to live alone in the village. In the case of a widower, he may stay back in the village itself with the help of his relatives.

Role of Religion

Religion is the key to a happy life in old age. Wolf (1959) reported that religious beliefs, prayer and faith in god, all helped the aged to overcome many of the common problems of old age such as loneliness, grief or unhappiness. There is a positive correlation between religious activity and feelings of happiness, adjustment and life satisfaction. During old age religion gives emotional, spiritual, social and psychological security, consolation and strength to face misfortunes and loss of every kind, including demise of near and dear ones. Among the aged the belief in karma
or fate is strong and life’s every action has a reaction, every deed has a consequence, one’s past deeds shape one’s present life, and one’s present deeds will shape the life after death or will determine the career of the soul. People, particularly rural women, become more religious during periods of crisis in their lives. They offer prayers and contributions to the god, for saving them from the crises. All the aged are anxious to have peace at the end of their life. Indian culture advises that individuals have to leave their material mundane responsibilities and practice spiritual life in isolated forests. By this they can achieve a transpersonal consciousness which helps to attain enlightenment, peace and bliss, free from all sufferings.

Elders in traditional Indian society

In traditional Indian society, older people had a sense of honour and authority. The decision-making in the family and the community were mostly assigned to them. They were revered for their experience and wisdom. The transition to a modern society and the disintegration of the joint family system led to the loss of the traditional authority of older people in decision making. Owing to hard work and poor nutrition, the health of older people declines. Poor eye sight, cataract, hearing impairment and joint pain are common ailments. A host of other factors like illiteracy, ignorance, non-availability of medical care and personal care also add to the sufferings.
of the aged in rural India. They still rely on the indigenous medical system. Besides, older people are often victims of mental disorders on account of their fear about death and feelings of dependency, anxiety, boredom, loneliness and helplessness. The treatment and the diagnosis of psychological problems are not yet prioritized. Many old people suffer from mental illness, which their families may not even be aware of.

Aged population in India

The elderly population in 2001 is 7.08 per cent, i.e., 71697634. It has been estimated that by 2011 A.D, India will have an aged population of 8.18 per cent, i.e., 9786907 persons. In 2020 A.D, China will have the first place in having 230 million senior citizens in the world and India will be in the second rank with 142 million aged people. The aged have to be cared for in tens of their basic needs. They need medical assistance. They feel happy to live in the family environment where their near and dear ones are all around them. Attending functions also makes them happy and healthy.

"Older people in rural areas

The elderly women in the rural areas are largely landless labourers, surviving on day-to-day earnings, without any long-term savings. They are no longer physically strong because of their age and hence their capacity for work is progressively reduced. In the unorganized sector, there is no
retirement, and though the government recognizes old-age poverty, the pension scheme for the destitute elderly reaches only 2.76 million out of an estimated 28 million below the poverty line.

Health care is relatively inaccessible. In some cases one primary health center covers up to 10 villages, making it unfeasible for an older patient to travel to consult a doctor and get free treatment. For the majority living in the rural areas, the elderly are dependent on their children. According to the 1991 census, the old-age dependency ratio is higher in the rural areas, at 13.26 per cent, than it is in the urban areas, at 9.6 per cent. Even though the support of dependent parents is still considered the responsibility of the eldest son, this also depends on a number of factors, including the status of the son, cost of living and the size of the dependent family. Older people in rural areas live a poorer quality of life than their urban counterparts. They are severely disadvantaged by economic hardships, chronic health problems, functional impairment and illiteracy.

Status of aged women

The current status of older women in developing countries is the outcome of generations of systematic discrimination. Given the neglect of basic nutritional and educational needs, the burdens of childbirth and childcare, the denial of property rights and the exclusion from decision-
making, the women face hardships and become totally dependent during their old age. The aged women can make an “invisible” contribution to their family and society at large, performing domestic tasks and caring for children. They can engage in a range of income-generating activities in rural areas such as collecting firewood, carrying drinking water, attending to the domestic chores caring for the infants etc. Older women are routinely expected to manage the crises that arise in households. They are the custodians of the family, the culture and the tradition. They are far less likely than men to be consulted when community problems or dilemmas are anticipated. The skills of leadership, diplomacy and the vast experience that older woman have acquired are rarely rewarded. Cultural taboos, lack of education and the sheer pressure of domestic work in the family keep the older women out of participation in public bodies. Yet, older women have led campaigns, managed organizations, and even have served on councils etc. Their influence has been positively felt in all walks of life.

Rationale of the study

In a developing country like India, the traditional joint family provided a built-in-system for the care of the aged. With the emergence of the nuclear family, the female members are mostly employed outside and there is a dearth of personnel for care and attention of the aged. The family
is not capable of giving protection to the aged nor the country has resources to meet the emerging needs of the elderly. Hence, ageing is becoming a social problem, particularly in the rural regions.

The older women constitute a considerable number among the aged population. The majority live in rural areas. Although traditionally women occupied a unique position in the rubric of Indian culture, the status and position of women has shown a declining trend in the recent years. India being a backward and developing country, the status of the aged women has not been on par with the status of men in familial, social and psychological spheres (Jamuna, 1989). The census figures also indicate that the number of aged women in India is fairly large and most of the aged live in rural areas.

A review of the available literature on the aged in India indicates that most of the studies are conducted on aged men and very few studies have been attempted on elderly women. Studies on the rural female aged and analyses of their psycho-social characteristics and problems are very fare.

An intensification of research activity on ageing in India is seen after 1975. This activity increased further as 1999 was declared the International Year of Older Persons by the United Nations. India brought out the national policy on older persons in 1999. Elderly women were not considered worthy subjects of investigation in gerontological research. Research on their status
remains a low priority area in the mainstream of social science research and research studies on women in later life have yet to take off. In the absence of quality data, it is extremely difficult to categorically state the condition of ageing women in India today.

The problems of the aged are becoming complex day by day. It is time to take steps to care for them and strengthen them with the support of the family and the society. Neglect can only add to miseries as today’s youth will be the tomorrow’s aged. The situation cannot be changed through one-sided action. The aged as well as the youth on whom the aged depend for support have to accept changes and plan together for making the family a living supportive to the well being of the aged. To work out an action plan, it is essential to obtain a complete picture of the present situation. The aged living in the rural areas have not been covered under various welfare schemes. The problems of the rural aged have not been analyzed and understood properly. This is absolutely necessary for developing strategies and policies for the welfare of the aged. Senior citizens invariably have several health related problems and their cumulative effect often aggravates their emotional and mental problems. They suffer from anxiety, loneliness, adjustment, alienation and other psycho-social problems. There is a felt need to examine the status and problems of the elderly women in rural regions.
with a view to formulating welfare programmes for them. This has motivated the researcher to undertake the present investigation. The present study is a sincere attempt to investigate and profile the socio-economic conditions, psycho-social perspectives and problems of the aged in rural India. There are a few studies conducted about old age homes but these studies have failed to analyse the psycho-social problems of the female aged population. Therefore, the present study is a pioneering effort attempting to probe the problems of the rural female aged.

Chapterization

The research report has been presented in five chapters. Chapter I introduces the topic of study and deals with the concept of ageing and the life cycle theories of Buhler, Jung, Kuhlen and Erikson. The problems of the elderly in Indian society and the status of the rural female aged have also been discussed along with the need for the present investigation. Chapter II reviews the related studies which are classified and presented under social, psychological, health, economic situations and programmes for the welfare of the aged. The statement of the problem, its objectives, definition of terms, the universe and the sample, the tools for data collection have been explained in the Methodology Chapter III. The Chapter IV deals with the analysis of the data and interpretations of the findings. The section I present
the area profile of the study. The profile of the rural female aged and their psycho-social perspectives and problems have been presented with details in section II. The qualitative analysis based on case study has been given in section III. The old age home profiles are presented in section IV of the analysis chapter. The concluding chapter gives a brief summary of the study along with the salient findings and strategies for empowering the rural females for a happy ageing. The bibliography has been classified and presented under New paper articles, Journals and Books. The tools used for the data collection, the interview schedule and the format for focus group discussion are attached as appendix “A” and “B” at the end of the report.