CHAPTER – I

INTRODUCTION

1.1 BACK DROP

Ageing process is multi-disciplinary in nature, because it is a result of complex phenomena in connection with the physiological, psychological, and social. It is not at all a biological reality which has its own dynamic, largely beyond human control, but also subject to the constructions by which each society makes sense of old age. In the developed world, chronological age plays a dominant role. However, in many parts of the developing world, chronological age has little or no importance in the meaning of old age. Other socially constructed meanings of age are more significant such as the roles assigned to older people; in some cases it is the loss of roles accompanying physical decline which is significant in defining old age. Thus, in contrast to the chronological milestones which mark life stages in the developed world, old age in many developing countries is seen to begin at the point when active contribution is no longer possible.” (Gorman, 1999).

The longevity of human being is more difficult to ascertain as the lifespan is influenced by solitary factor alone. However, the very definition of ageing says that the deterioration is obvious physiological capabilities when compared to other factors. Even though, the ageing is a biological process we have to understand
from multiple perspectives. For instance socially as perceived by the members of the society, economically when retired from the workforce and some chronological criterion associates for other purposes. The retirement age, generally considered as a significant point for the aged, across and within the countries is not systematic. In Germany, it is 65 years, in the USA, the retirement age of male and female is 65 and 60 years respectively. In India, the retirement age varies from area to area. To substantiate the same we can understand that in Kerala and Jammu and Kashmir the retirement age is 55, 58 for central and state government employees, 60 years for government employees Including IAS, IPS, scientists and academicians, and 65 for judges and a few professors. The age of Old Age Pensions also varies from state to state, however the senior citizen concessions and benefits given by the Indian government are for those 65 years or above.

In the recent past, the phenomenon ‘population ageing’ has become a major concern for the policy makers all over the world in general developed and developing countries in particular. The problems arising out of it will have innumerous implications on underdeveloped, developing and developed countries. The major reason due to downward trends in fertility and mortality i.e. due to low birth rates coupled with long life expectancies. In this scenario, there is pressure on all aspects of care for the elderly, in terms of economic, health care, shelter care provided and so on. We need a
systematic analysis of this dimension is with more elderly living longer, the households are getting smaller and congested, causing stress in the joint and extended families. Even where they are co-residing marginalization, isolation and insecurity is felt among the aged due to the generation gap and changes in lifestyle.

In Indian traditional society, the aged were enjoying a respectable position in the family and society. Family has always been at the base of Indian society and the joint family is an ancient social institution in India. Because of the typical joint families, elder care was never felt as a problem (Jamuna D, 2000). The social and economic security of the elderly, rested in the hands of the younger generation of individual families, which considered such a duty to be sacrosanct and a part of their socio-cultural heritage. However, as in other parts of the world urbanization and large scale migration for economic reasons are changing societies and family systems. The average family size comes down heavily due to lower birth rates and socioeconomic reasons resulting in fewer caregivers. The family activities which required more people providing engagement for healthy elders to some extent are being gradually and very definitely replaced by technology. Women are increasingly stepping, outside the home for employment and higher education, consequently the marginalization of the elderly within and outside the families is on the rise. Although family ties in India are still living with their family members, the position of an increasing
number of older persons is becoming vulnerable. In the present scenario they cannot take it for granted that their children will be able to look after them when they need care in their old age, keeping in view the longer life span which implies an extended period of dependency. The changing roles and expectations of women have also had the impact of reducing the availability of caregivers to discharge the traditional family responsibility of caring for the older members (Help Age India, 2002).

1.2 DEMOGRAPHIC TRANSITION OF THE ELDERLY

Aging of the population also known as demographic aging, and population aging is a summary term for shifts in the age distribution (i.e., Age structure) of a population toward older ages. A direct consequence of the ongoing global fertility transition (decline) and of mortality decline at older ages, population aging is expected to be among the most prominent global demographic trends of the 21st century. Population aging is progressing rapidly in many industrialized countries, but those developing countries whose fertility declines began relatively early also are experiencing rapid increases in their proportion of elderly people. This pattern is expected to continue over the next few decades, eventually affecting the entire world. Population aging has many important socioeconomic and health consequences, including the increase in the old-age dependency ratio. It presents challenges for public health as well as for economic development.
There is of course some uncertainty with any forecast, but it is important to note that previous population forecasts underestimated rather than overstated the current pace of population aging. Before the 1980s the process of population aging was considered as an exclusive consequence of fertility decline and it was predicted that the pace of population aging would decrease after stabilization of fertility rates at some low levels. Population ageing is the most significant result of the process known as demographic transition. The reduction of fertility leads to a decline in the proportion of the young in the population. Reduction of mortality means a longer life span for individuals. Population ageing involves a shift from high mortality / high fertility to low mortality / low fertility and consequently an increased proportion of older people in the total population (Prakash, 1999). India is undergoing through such a demographic transitional phase. By the end of 2003, crude birth rate was around 24.8 per thousand population (26.4 for rural and 19.8 for urban areas), whereas the crude death rate was only 8.7 per thousand population (8.7 for rural and 6 for urban areas). Improvement of public health and medical services leads to substantial control of specific infectious diseases which has a great effect in reducing mortality rates. Improved sanitation, better maternal health and child care facilities reduced the infant mortality. On the other hand,
in the urban areas, family planning methods are greatly accepted which reduced the fertility rate.

Rapid decline in old-age mortality observed in developed countries in the last decades of the 20th century significantly accelerated population aging. Now the old-age mortality trends are becoming the key demographic component in projecting the size and composition of the world’s future elderly population. The future uncertainties about changing the mortality may produce widely divergent projections of the size of tomorrow’s elderly population.

1.3 AGEING SCENARIO

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 of the contemporary world. Initially experienced in the more developed countries, the process is now rapidly approaching the developing world. Although not a global phenomena yet, various predictions indicate that population ageing is going to become a major global issue in the years to come (Chakraborti, 2004). For most of the nation, regardless of their geographic location or developmental stage, there are two notable aspects of the global ageing process: one is progressive demographic ageing of the elderly people and the
other is about the feminization of ageing. The rapid growth of the older population has an identical importance in public policy.

By 2050, India will be home to one out of every six of the world’s older persons, and only China will have a larger number of elderly, according to estimates released by the United Nations Population Fund (UNPF). Thirty years ago, there were no “aged economies,” in which consumption by older people surpassed that of youth. In 2010, there were 23 aged economies. By 2040, there will be 89. Japan is today the only country with more than 30 per cent of its population aged 60 or above. By 2050, there will be 64 countries where older people make up more than 30 per cent of the population. In simple terms, within a decade there will be one billion older persons worldwide. And by 2050, nearly 80 per cent of the world’s older persons will live in developing countries — with China and India contribute to over one-third of that number (The Hindu, 2012).

The population of the whole world is getting older and the whole world, sooner or later, will have to manage the consequences. This is happening because birth rates have declined, or are declining, almost everywhere, and additionally because older people are surviving to enjoy longer lives. In richer countries, birth and death rates started to decline in the 19th century or earlier. In the case of Japan, this transition has been particularly rapid and did not begin until the 20th century. In the poorer countries of the
world, rapid declines in birth and death rates have only emerged in the last few decades and in a few the process has not begun. But most demographers believe that eventually the whole world will have fewer children, but long lives. When death rates first fell, the population started to grow fast. The world increased from 2 to 6 billion people in 100 years, and in the process acquired a newly youthful population with its attendant burdens of dependency. Now as populations mature, we are leaving that behind, the rich countries much sooner than the poor ones. We exchange youthful dependants for elderly ones. If the decline in family size halted so that women continued to have about two children on average (which most women say they want) them with current death rates in the proportion of persons aged 65 and over in richer countries would eventually remain constant at about 20% of the total (with 19% aged 15 and under) compared with about 15% at present. Such a population would eventually remain constant in size.

With fertility at no more than the ‘replacement’ rate of just over two children, population, and the size of the workforce, will eventually cease to grow and would remain constant in size except for the contribution from a continued decline in death rates. With fertility below this replacement rate, as it is everywhere in the developed world outside the US, population and workforce will eventually decline in numbers. In some countries where fertility is exceptionally low, as in Italy, Germany, Romania, Russia and a few
others, deaths have already exceeded births. In the case of Italy and Germany, where birth rates have been low for a long time, population is prevented from declining only by continued high immigration (Council of Europe, 2000 and Eurostat, 2000).

Even if population decline is averted by replacement fertility, population ageing is bound to progress further, to an extent dependent on further improvements in survival. The lower the level at which fertility will stabilize, the more aged the eventual population structure will be. At an average family size of 1.8, about the level of the higher fertility European countries such as France and Norway, the percentage aged is about 23%. In 1.6 about the European average, it rises to about 28%. With continued lower fertility, like that seen in Japan and the Southern European countries, the proportion would rise to over 30%. Older populations and their problems will be a permanent feature of developed societies and by the end of this century for the whole world and thereafter for the whole future of the species.

1.4 AGEING IN INDIA

India has achieved longevity of its population during the last century, compared to other countries; the proportion of the aged population in India is less, nonetheless in absolute numbers is more. It has already reached this mark and is expected to have 21.3 percent of older people by 2050. At present China has the largest
number of elderly persons in the world and India is ageing faster next to China (Jamuna D, 2000). Both the number and proportion of the aged are increasing over a period of time throughout the world including India.

The population of persons aged 60 and above was 12 million in 1901, it reached 24 million in 1951, 57 million in 1991 and 76 million in 2001. It is projected to reach 127 million in 2025, 198 million in 2030 and 326 million in 2050. According to the 2011 census, the old age population has crossed 90 million. As per the United Nations, a country is an ageing country if the proportion of older people reaches 7 percent. According to the population projections till 2016, worked out by the expert committee headed by the Registrar General and Census Commission of India, the number of elderly population 60 years and above are steadily increasing. Such trend is more conspicuous after 1961 onwards mainly because of the significant reduction in death rate and consequent improvement in the life expectancy of persons. In other words, India’s population above 60 years will be doubled in size between 2001 and 2026, in 2001 elder’s population was 7.44% and it has increased 8.30% in 2011 and it will account for 12.17% of the elderly population in 2026, it shows nearly one percent has been increased between 2001 and 2011.
The following table provides the information for the percent of age population 60 years and above noted to be 5.63 during the 1961 census period, which has increased consistently over a period of time and reached to a level of 8.30 percent by 2011 census period. One may perceive that this percentage share is small at each consecutive census period, if anyone considers the actual number of elderly persons, the figures are 24 million and 90 million during the corresponding census periods.

Percentage Distribution of Aged 60 years and above by gender and Place of Residence in India, 1961 – 2011

<table>
<thead>
<tr>
<th>Census Year</th>
<th>Total</th>
<th>Gender</th>
<th>Place of Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>1961</td>
<td>5.63</td>
<td>5.46</td>
<td>5.80</td>
</tr>
<tr>
<td>1971</td>
<td>5.97</td>
<td>5.94</td>
<td>5.99</td>
</tr>
<tr>
<td>1981</td>
<td>6.32</td>
<td>6.23</td>
<td>6.41</td>
</tr>
<tr>
<td>1991</td>
<td>6.70</td>
<td>6.69</td>
<td>6.71</td>
</tr>
<tr>
<td>2001</td>
<td>7.44</td>
<td>7.09</td>
<td>7.82</td>
</tr>
<tr>
<td>2011</td>
<td>8.30</td>
<td>7.98</td>
<td>8.63</td>
</tr>
</tbody>
</table>

Source: Registrar General & Census Commissioner, India (2011)

Yet, the share of female elderly persons on the whole, appears to be higher than their male counterparts over a period of time. Such gender differentials in the share of an aging population are more striking during the recent census period.
A report released by the United Nations Population Fund and Help Age India suggests that India had 90 million elderly persons in 2011, with the number expected to grow to 173 million by 2026. Of the 90 million seniors, 30 million are living alone, and 90 per cent work for a livelihood. Further, the report says that the number of elderly women is more than that of elderly men. Nearly three out of five single older women are very poor, and two out of three rural elderly women are fully dependants. There is also an increasing proportion of elderly at 80-plus ages, and this pattern is more pronounced among women (Aarti Dhar, 2012). The study, undertaken in Kerala, Tamil Nadu, Maharashtra, Orissa, West Bengal, Punjab and Himachal Pradesh by Help Age, suggests that one-fifth of the elderly living alone. This proportion has registered a sharp increase in the past two decades and is more evident in the case of elderly women.

The housing data from Census 2011 also point out that the number of households has increased substantially in the last decade, and the number of persons per household has come down substantially. Declining fertility, migration and nuclearisation of families are three possible reasons for such reduction in household size (The Hindu, 2012). Across the States, there is a substantial variation in the type of living arrangement, particularly in the proportion of elderly persons living alone. The percentage of those living alone or with spouse is as high as 45 per cent in Tamil Nadu,
Goa, Himachal Pradesh, Maharashtra, Punjab and Kerala. This indicates that with a demographic transition under way and youth migrating out for economic reasons, there will be a drastic change in the living arrangements of the elderly in rural and urban areas. The large segment of the elderly, those living alone or with spouse only, and the widowed who are illiterate, poor and particularly those from the Scheduled Caste and Scheduled Tribe families, low wealth quintiles will definitely require various kinds of support: economic, social and psychological. Thus, at present, are woefully lacking (Aarti Dhar, 2012).

1.5. PROBLEMS OF ELDERLY

In general, the elderly are living with many problems. The adaptability of the human organs makes it possible to compensate for many of the physiological impairments of ageing. The life span is influenced to a considerable degree by heredity or susceptibility to major diseases like cancer and heart disease running in the family. Increase in lifespan also results in chronic functional disabilities creating a need for assistance required by the elderly to manage chores as simple as the activities of daily living. With the traditional system the women in the house looking after the aged family members at home is slowly getting changed as the women at home are also participating in activities outside the home and have their own career ambitions. There is growing realization among elderly
that they are more often than not being perceived by their children as a burden.

There are more women than men in any elderly age group. Depression and osteoporosis are the common problems in elderly subjects. Some problems specific to males are hypogonadism, erectile dysfunction and enlargement of the prostate and females are post-menopausal disturbances, urinary incontinence and breast and lung cancer. However, the problems of special concern in both male and female elderly are malnutrition, falls and cognitive dysfunction. Men and women in general suffer from the same sorts of health problems but the frequency of these problems as well as the speed of the onset of death distinguishes them. In fact, cultural and social forces act to separate the sexes in their personal health ethos and their sick propensity. The impact of old age on women is different from that of men because of differences in their status and role in society. This is especially so because the proportion of widows in 60+ age group are considerably higher than of widowers. Sexuality is often overlooked as a health status particularly in elderly women. Clinicians should recognize the importance of sexual functions to the overall health of older persons particularly women. Religious participation and involvement are associated with positive mental and physical health. Family life is the key to the health of elders' especially older men. Lack of social support increases the risk of mortality and supportive relationships
are associated with lower illness rates, faster recovery rates and higher levels of health care behavior (Dhar, 2001).

1.6. HEALTH PROBLEMS

Among the problems of old age, health is among them because it is accentuated by an increasing number of physical handicaps more frequent and serious illnesses, mental disturbances and a general reaction among the aged that ill health is their major burden. In recent times, as a result of changing circumstances due to demographic transition, the rapid pace of industrialization and urbanization, disintegration of joint family structures into unitary ones, and the older people become more vulnerable to physical disabilities because of social, economic and emotional alienation and isolation. Older people usually suffer from chronic illness. The duration of both acute and chronic conditions is longer for the elderly and their chronic conditions are more likely to be lethal. Frequent chronic ailments among the elderly are Diabetes, Mellitus, Hypertension, Cardiovascular diseases, Cancer, Arteriosclerosis, Kidney diseases, Parkinson’s diseases, Arthritis, Dementia, etc. Most often elderly may suffer from multiple chronic conditions, visual defects, hearing impairment and deterioration of speech which can cause social isolation.

On the positive side, the health status of older people of a given age is improving over time now, because more recent
generations have a lower disease load. Older people can live vigorous and active lives until a much later age than in the past and if they're encouraged to be productive, they can be economic contributors as well. Also the possibility should not be excluded that current intensive biomedical anti-aging studies may help to extend the healthy and productive period of human life in the future (de Grey et al., 2002).

1.7. ECONOMIC PROBLEMS

Economic insecurity in the old age is a feeling of vulnerability due to lack of economic resources. The loss of physical ability to work and thereby to stand on one's own feet and also being laid off the work force due to old age, retirement, leaves the old with little or no revenue for economic sustenance. Around 90% of the elderly are from the unorganized sector which means no social security, no pension, no gratuity and no medical schemes which leaves the old economically insecure and vulnerable. Further, the children/relatives too are either unwilling or unable (due to economic inability) to take care resulting in economic insecurity. The poor have as it has never been in a position to make two ends meet, where would they have been able to amass wealth enough to sustain old age? Those elderly who can work but have no work should be encouraged to work for a wage which would lead them towards economic security. Those elderly who cannot work should
be facilitated to access various government schemes on social welfare. It is imperative for society and the government to recognize the potential of the elderly and help them to use their time productively which would generate an income leading them towards security economically.

With poor social security arrangements for the elderly, it is not surprising that around 37 million elderly in India are engaged in productive work, according to NSSO data for 2004-05. A majority of these workers are illiterate or have limited levels of education. Half the women elderly workers are from the two poorest consumption quintiles. This indicates that illiteracy and poverty push them to undertake work outside as a survival strategy, or out of compulsion. For many people, the sunset years of life often turn out to be traumatic. They live alone, handling rising costs, scrambling to find and pay people even to repair.

Senior citizens, most of whom have worked all their life, saving and scrimping in order to live a peaceful retired life, find that economic changes have thrown a spanner in the works. A large number of senior citizens have overnight found their life’s savings whittled down, as they manage the rising costs of essential commodities, including medicines, on what they had set aside for their retirement years. Life can be better at least if you are rich and old. The poverty deals a further blow on people weakened
physically, and sometimes emotionally, almost depriving them of their ability to cope, she says. If the elderly have money, they can shift to a retirement village, or pay for services that come at a cost.

1.8. SOCIAL PROBLEMS

Elderly suffer a low self esteem in old age due to their inability to manage on their own. Others in the family or community do not have time. Taunts and barbs from the younger able bodied do little to help. There is a further dip in self esteem when they are unable to do what they could do in their younger days. The old feeling of being useful members of society is replaced with a feeling of total dependency resulting in low self esteem of the elderly. The elderly suffer neglect from their own near and dear ones and from society because of the mind sets that elderly are a spent force and burnt out. Neglect also happens because the younger members in the family are busy with their own concerns or just not motivated or interested enough to include the elderly in their scheme of things or make them participate in their discussions or plans etc.

Many older persons live in fear of the unknown which stems from their overall decline in health, and their economic and social status. Some fears are related to death, loss of their spouses. Elderly who suffer from fear need to be reassured. Those, for whom fear is considered to be irrational, needs to be counseled and, if
necessary, treated. In the case of those with real or rational fear, the cause must be identified and preventive measures taken where and when possible. The elderly suffer a low self esteem in old age due to their inability to manage on their own. Others in the family or community do not have time. There is a further dip in self esteem when they are unable to do what they could do in their younger days. The old feeling of being useful members of society is replaced with a feeling of total dependency resulting in low self esteem of the elderly.

Isolation is a state when a person feels cut off from society, and feels they disconnect. The elderly suffer isolation from two front’s physical and Psychological. Physical isolation happens because children have most likely moved away to earn a better keep. The elderly suffer isolation psychologically because children/relatives are unable to give time because they have to busy themselves in the task of earning their own bread and butter. Their friends, who could be good company, are most likely in similar situations, dependent on others to take care of their needs. All this leads to physical isolation. Psychological isolation among the elderly proves to be lethal for the elderly because they feel unwanted and that works on their psyche. This problem can be resolved to quite an extent if the younger people around the elderly are sensitized that it is not enough to just provide for the elderly it is essential to make them wanted included in the activities of the family. The
Government and the NGOs can also play an important role in facilitating the elderly to fight the isolation by setting up day care centers which could usefully engage the older persons and help them to feel included.

1.9. ADJUSTMENT PROBLEMS

When caring for an elderly, it’s easy to become focused on their physical needs. Caring for an elderly requires patience, kindness and hard work from the care giver. Depending on the situation, this work may be physical, mental or both. One who may already be dealing with aging issues of their own may become trapped in a cycle of caring for another, sleeping, waking up, and starting all over again the next day. To avoid this, those senior citizens caring for an elderly relative need to build a support system of helpers, get plenty of rest, take time off when possible, and continue living their own life. If the elderly needs are time-consuming, they may use all one’s energy, especially if an elderly is already having physical difficulties of their own such as arthritis or back issues etc. The care giver may often get frustration and it creates a more stress for them so that they need to look at the relaxation as an important part of their care giving. Having a support system of other relatives, perhaps grown children/ grandchildren and maybe a nurse or another part-time caretaker, can be a big help.
Higher costs of housing and health care are making it harder for children to have parents live with them. This is a common fact both in rural and urban areas. As the National Policy on Older Persons (NPOP) puts it, due to shortage of space in dwellings in urban areas and high rents, migrants prefer to leave their parents in native place. Changing roles and expectations of women, their concepts of privacy and space, desire not to be encumbered by caring responsibilities of older people for long periods, career ambitions, and employment outside the home implies a considerably reduced time for care giving. (Government of India, 1999).

When older seniors can no longer care for themselves, they may become frustrated. This can sometimes may be converted as an anger toward care giving adult children and others close to them. Reminding a frustrated elder of his accomplishments (even such little things as having gotten dressed and looking nice) can help. Telling an elder that caregivers love him and are only attempting to help can be comforting. Caregivers may find their patience tested when an elderly parent speaks, moves, thinks, or eats slowly or with difficulty. If the elder is slowing down in mental and physical ways, it is still important to allow him to maintain as much dignity as possible.
1.10. ELDER ABUSE

The elderly most often are run down again and again with abuse which can be verbal, physical, and psychological. Most often they are abused by their own children and their near and dear ones which leaves them traumatized. In most cases, elderly are abused by individuals who want to reiterate and display their power and authority. The elderly are also abused because of their lack of awareness of their own rights and entitlements. Sensitization of the younger generation in this regard is of utmost importance. The aged are abused in the following way

Physical elder abuse is the use of physical force that may result in bodily injury, physical pain, or impairment. Physical elder abuse may include acts of violence like striking, with or without an object, hitting, beating, pushing, shoving, shaking, slapping, kicking, pinching, and burning. The inappropriate use of drugs and physical restraints, force-feeding, and physical punishment of any kind also are examples of physical elder abuse. Emotional or psychological elder abuse is defined as the infliction of anguish, pain, or distress through verbal or nonverbal acts. Emotional/psychological elder abuse includes but is not limited to verbal assaults, insults, threats, intimidation, humiliation, and harassment. In addition, treating a nursing home resident like an infant; isolating a nursing home resident from his/her family,
friends, or regular activities; giving a resident the "silent treatment;"
and enforced social isolation are examples of emotional/
psychological elder abuse. Abandonment in the form of elder abuse
is the desertion of a nursing home resident by a nursing home
worker, who has assumed responsibility for providing care for the
resident.

Sexual elder abuse is defined as non-consensual sexual
contact of any kind with a nursing home resident. Sexual contact
with any person incapable of giving consent is also considered
sexual elder abuse. It includes but is not limited to unwanted
touching, all types of sexual assault or battery, such as rape,
sodomy, coerced nudity, and sexually explicit photographing.
Financial or material exploitation is the illegal or improper use of
a nursing home resident’s funds, property, or assets. Examples of
this elder abuse include, but are not limited to, cashing a nursing
home resident’s check without authorization/permission; forging a
resident’s signature; misusing or stealing a resident’s money or
possessions; coercing or deceiving a resident into signing any
document (contracts or will); and the improper use of conservator
ship, guardianship, or power of attorney.

1.11. ELDER ABUSE PREVENTION

In supporting older people to uphold their rights, Elder Rights
Advocacy (ERA) is guided by the United Nations Declaration on the
'Rights and Responsibilities of Older Persons (1991)' that include the following: Independence - including access to basic needs, health care, work, education programs, the right to live at home as long as possible and be in supportive, safe environments. Participation - in social activities and opportunities to share their knowledge and skills. Care - that maintains their optimum level of physical, mental and emotional well-being. Self-fulfillment - to pursue their potential and access education, cultural, spiritual and recreational resources. Dignity - to be treated fairly, to be valued in their own right, to live in dignity and security, to be free of exploitation, physical and mental abuse, to be able to exercise personal autonomy.

1.12. CARE GIVING TO THE ELDERS

The words "carer" and "caregiver" are normally used to refer to unpaid relatives or friends who support people with disabilities. The words may be prefixed with "Family" "Spousal" or "Child" to distinguish between different care situations. Family plays an important role in providing health care to the needy old persons. The caregivers are normally the spouses and the majority of the caregivers in our society are women since women have the time, patience, tolerance, nursing ability and helping tendency. The illness of old people cannot be cured and only palliative care can be provided. Due to frailty, the dependence of old persons increases
with age and care giving to them will not be so easy. When the old person is suffering from a disability or dementia, care giving becomes very difficult and complicated. There are two types of care giving – formal and informal. Formal care giving is a paid service provided by the health professionals like doctors, nurses and attendants in hospitals and similar institutions. Informal care giving refers to unpaid services rendered by family members, friends and relatives.

Care givers are coming under two categories – primary and secondary. Primary caregivers are those who are mainly responsible for providing care to the patient and the secondary caregivers are those who support the primary caregiver in his care giving activities. For example, if the wife is a caregiver for her sick husband, she is the primary caregiver and her sons, daughters-in-law, grandchildren, friends and relatives who assist her are the secondary caregivers.

Around half of all carers are effectively excluded from paid employment through the heavy demands and responsibilities of caring for a vulnerable relative or friend. Their work has huge economic and social impact. With an increasingly aging population in all developed societies, the role of carer has been increasingly recognized as an important one, both functionally and economically. Many organizations which provide support for
persons with disabilities have developed various forms of support for carers as well. Even though most families take great joy in providing care to their loved ones so that they can remain at home, the physical, emotional and financial consequences for the family caregiver can be overwhelming without some support, such as respite. Respite provides the much needed temporary break from the often exhausting challenges faced by the family caregiver. Close to 80% of all long-term care is now provided at home by family caregivers to children and adults with serious conditions, including mental and physical health issues. Parents and family caregivers are the backbone of the long-term care system.

Senior Care India, for instance, has launched services for senior citizens in Chennai. These include payment of bills, visits to the doctor, and delivery of medicines and there is a monthly charge for services. Often it is the running between pillars to post that is a huge problem for senior citizens and it can be avoided. For instance, the Central Government Health Scheme provides for medical treatment for retired staff, but the process of getting medical clearance for procedures is long and frustrating. Often, when senior citizens are ill, mobility becomes an issue. “Patients have to be stabilized even before they can reach a health care facility. Providing identity cards to the aged, keeping them informed of welfare services they can avail of, and arranging for mobile medical services at the doorstep are all strategies that would help.
1.13. PROBLEMS OF CAREGIVERS

If the caregiver is a spouse, child or somebody who loves the elderly patient, witnessing his suffering will be a very sad experience for the caregiver. The sorrow and the inability to mitigate the suffering of the patient will increase the frustration of the caregiver and affect him psychologically. The burden of woman caregiver will be tremendous as she has to balance her time between the elderly person and the rest of the family. Providing assistance to the old person in the activities of daily living like toileting, bathing, dressing etc., may be an unpleasant experience affecting the self esteem of the caregiver.

Caring an elderly person is a very stressful job. Due to advanced age, the cognitive abilities of the elders will decline and their demands on the caregivers will be more. At times they may abuse the caregiver and behave irrationally. This will add to the mental agony of the caregiver. In some cases, older couple may live alone and children may be living away. Care giving by the spouse will be very tiresome. Sleeplessness, untimely intake of food, attending to visitors and providing timely care will result in fatigue and depression. Unless the caregiver takes care of his personal health, he may fall sick. The caregiver is likely to be affected psychologically and physiologically due to pressure, exhaustion, stress and strain of care giving. In order to provide proper care
giving, the caregiver has to take adequate measure to keep his body and mind fit to meet the challenges of care giving.

Financial problem is one of the major problems to provide care to the elders. When the entire family is struggling for survival, the grown up children cannot provide proper care to their sick parents. Unavailability of affordable medical care in urban and rural areas is also another major problem of care giving. Availability of people in the family to provide informal care to the elders is dwindling steadily due to migration of the younger generation for better career opportunities, disintegration of joint family system, women's employment and modern developments. Old persons who are poor, living alone and do not have children will have to depend on relatives and friends for support. When their health deteriorates, getting proper medical care becomes difficult and they have to suffer without anybody to care them.

1.14. ACTIVE AGEING

The aged can get proper care from the family and it is the basic support system for them. The processes of modernization and urbanization affect the social institution including the family though the living conditions of the elderly also change. Durkheim’s organic solidarity brings out when the society is expanding for various purposes that may have some results. When the change occurs in the social institution affects the living condition of the
elderly. Old age homes and other voluntary organizations can come forward to provide care to those who does not avail the family cares.

The activity theory of ageing which propounds that engaging in some kind of activity or work facilitates old people to adjust to later years of their life and also helps them in avoiding loneliness. Activity theory is essentially a theory of successful aging. It is based on the premise that the social and psychological health of a person is escalated by continued activity in a variety of roles. Help Age India (2011) has found out that 47 percent of the elderly facing their economic needs for their own income and they are standing on their own legs. So the aged can maintain both physical and mental health that those who followed these theories in their life.

We know well that all inventions and better contributions may be brought out because of vast experience in the concerned field like education, communication and social processes. It shows that the age is not a criteria to enlarge the knowledge and expansion of thought provoking ideas of the aged. A significant proportion of the scientists across the world contribute to the science and technologies are unparalleled. Many politicians irrespective of the parties are aged and their decisions are converted as policies and programmes of the country which are respected in planning processes. When compared to other countries, the proportion of the aged population in India is less, but in absolute
numbers we have more aged and still they contribute their mite inspite of their working hours have been reduced considerably. Though the social institutions which include the family have reduced or transfer some of the functions to other institution they contribute but their presence and involvement bring the institution to take the new roles as shaping the social order. The social development is an invisible phenomenon and it has multi-dimensional and it can be achieved only through the involvement and contributions made by the all members including the aged.

1.15. THEORIES OF AGEING

The subculture theory of aging shows how aging is viewed from the conflict perspective. This perspective asserts that the elderly compete with younger members of society for the same resources and social rewards and suffer a variety of disadvantages because of their lack of social power. The subculture theory of aging states that older persons form subcultures in order to interact with others with similar backgrounds, experiences, attitudes, values, beliefs, and lifestyles. This happens not only by choice but because of segregation, social differentiation, and discrimination based on age. This theory assumes that aged people sever social ties with people from other age cohorts and increase them with others of similar age. These result in intensified age consciousness, creating social bond based on age that becomes more important than other variables that differentiate people.
The activity theory of aging comes from symbolic interactionism. It contends that it is the extent to which an individual remains engaged in meaningful social activity that determines the quality of life in old age. An individual’s sense of self and social identity depends largely on the statuses and roles he or she fulfills. Consequently, limited social interaction and the loss of social roles lead to lower self-esteem, loss of a sense of self, and decreased life satisfaction. Elderly people who remain actively engaged in desired activities are more satisfied with the quality of their lives.

The exchange theory on aging often combines elements of the three major sociological perspectives in the analysis of aging. It contends that norms of reciprocity govern interaction and that elderly people engage in meaningful social interactions as long as they are mutually beneficial to all parties. Compatible with the interactionist approach, according to exchange theory the benefits exchanged need not be measured in terms of financial rewards or productivity but may be largely symbolic and directly linked to interaction with others. Borrowing from the conflict perspective, some exchange theorists conclude that the elderly experience decreased social status because they have lost the skills, power, and other valuable resources they once exchanged for social prestige.
The theory of aging that comes from the functionalist perspective is called the social disengagement theory. It contends that as people age they gradually withdraw from social participation and simultaneously are relieved of social responsibilities. This mutual disengagement is functional for elderly persons because they relinquish social statuses and roles that they are no longer of or interested in fulfilling, and they are relieved of many of the social pressures faced by younger adults. This relaxes normative expectations for older adults and provides a wider range of tolerance of their behavior. They are then free to participate or not in any leisure activities of their choosing. This disengagement can be considered a "rehearsal" for death which is a person's final and permanent act of social disengagement.

1.16. POLICIES AND PROGRAMMES FOR ELDERLY

The Ministry of Social Justice and Empowerment put in place the National Policy on Older Persons in 1999 with a view to addressing issues relating to aging in a comprehensive manner. But the programme failed at the implementation level. The Ministry is now formulating a new policy that is expected to address the concerns of the elderly. The idea is to help them live a productive and dignified life. There is a scheme of grant-in-aid of the Integrated Programme for Older Persons, under which financial assistance is provided to voluntary organisations for running and maintaining
projects. These include old-age homes, day-care centres and physiotherapy clinics. While the scheme, indeed the concept, is still alien to India, the Ministry is considering the revision of cost norms for these projects, keeping in view the rising cost of living.

The most recent intervention has been the introduction of the National Programme for Health Care for Elderly in 2010, with the basic aim to provide separate and specialised comprehensive health care to senior citizens. The major components of this programme are establishing geriatric departments in eight regional geriatric centres and strengthening health care facilities for the elderly at various levels in 100 districts. Though the scheme is proposed to be expanded during the Twelfth Five Year Plan, the regional geriatric centres are yet to take off because of lack of space in the identified institutions. The enactment of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, was a legislative milestone. However, its implementation has been poor.

1.17. NATIONAL POLICY ON OLDER PERSONS (NPOP)

Government of India announced the National Policy on Older Persons in 1999 to reaffirm its commitment to ensure the well-being of the older persons in a holistic manner. Reiterating the mandate enshrined in Article 41 of the Constitution of India, the Policy has brought the concern for older persons on top of the National Agenda. The NPOP while promising to safeguard their interest in
terms of financial security, health, legal, social and psychological security, also envisages a productive partnership with them in the process of development by creating opportunities for their gainful engagement and employment. The Policy also appreciates special needs of older persons and therefore lays emphasis on empowerment of community as well as individuals to adequately meet the challenges of the process of ageing. The NPOP broadly provides for the following to fulfill these objectives:

Financial Security

Financial security through coverage under the Old Age Pension Scheme for poor and destitute older persons, better returns on earnings, savings of Government, Quasi-Government employees’ savings in Provident Fund, etc., creating opportunities for continued education, skill up-gradation ensuring thereby continued employment, self employment and income generation and provision for Pension Scheme for self-employed, employees of the non-formal, and non-governmental sector. The NPOP recognizes special health needs of the older persons to be met through strengthening and reorienting the public health services at a Primary Health Care level, creation of health facilities through non-profit organization like trust, charity, etc., and implementing health insurance. The NPOP provides for earmarking 10 percent of the houses, housing sites in urban as well as rural areas for older persons belonging to
the lower income groups, special consideration to the older persons falling in the category of Below Poverty Line (BPL) and destitute in housing schemes like Indira Awas Yojana, loans at reasonable interest rates and easy repayment installments with tax relief for the purchase of houses etc.

Education and information needs

Education and information needs of older persons too have got adequately reflected in the National Policy. Education and information material relevant to the lives of older persons should be developed and made available through mass media. Education, training and information being the important human requirement, the NPOP provides for proactive role in ensuring the same by disseminating knowledge about preparation of Old Age. It is also emphasized for schools to have programme on inter-generational bonding.

Welfare and Institutional Care

Institutional Care has been provided for in the NPOP as the last resort. The care in non-institutional settings up i.e. within the family and the community needs to be strengthened and encouraged. This apart, the State should also create an infrastructure in partnership with voluntary organizations to provide for poor, destitute and neglected older persons whose care cannot be ensured within the family. This is to be ensured through Old Age Homes and other such institutional facilities that would be
needed. Voluntary efforts need to be encouraged for creating facilities for day care, outreach services, multi-service citizen centres, etc.

1.18. SUPPORTIVE SYSTEM FOR THE ELDERLY

National Social Assistance Programme (NSAP)

The National Social Assistance Programme came into effect from 15th August, 1995. NSAP is a social assistance programme for the poor households and represents a significant step towards the fulfillment of the Directive Principles enshrined in Article 41 and 42 of the Constitution of India, recognizing the concurrent responsibility of the Central and State Governments in the matter.

The National Old Age Pension Scheme (NOAPS)

The Scheme covers older persons/destitute having little or no regular means of subsistence from his/her own source of income or through financial support from family members or other sources. The age of the applicant must be 65 years or above. At present 50% of the older persons under Below Poverty Line (BPL) destitute are covered under NOAPS. The Central Government contributes Rs.200/- per month per beneficiary. The State (Provincial) Governments are advised to add a matching amount or more as their contribution in the federal set-up. During the Tenth Five Year Plan (2002 – 07) a total of 110,793,860 elderly was covered and US $ 1002.20 million approximately was incurred on this count.
Annapurna Scheme covers all the other elderly below poverty line who are not covered under the NOAPS. A provision of 10 kilograms of rice or wheat is provided to the needy elderly. Under the scheme US $ 56 million was incurred and 43, 03,491 elderly were covered in tenth plan (2002-07). Some of the public sector insurance companies provide life insurance coverage up to 75 years of age and many private insurance companies have 55 years as the last entry age. The Insurance Policy Schemes announced for older persons include Jeevan Dhara (18-65 years), Jeevan Akshay (30-75 years), Jeevan Suraksha (25-60 years), Senior Citizen Unit Plan (18-54 years). In addition, Health Insurance Schemes covering Mediclaim Policy and other individual and Group Mediclaim Policies are also offered by Nationalized as well as private insurance companies. The government is taking steps to enforce a uniform policy on all Insurance Companies as regards entry age of Senior Citizens. The government has launched a Reverse Mortgage System for senior citizens to extract value out of their property and lead a hassle free life by securing a regular income as a loan against their existing property.

Integrated Programmes for Older Persons

The Ministry of Social Justice & Empowerment, Government of India is implementing an Integrated Programme for Older Persons with the objective of improving the quality of life of senior citizens
by providing basic amenities like shelter, food, medical care and entertainment opportunities and by encouraging productive and active ageing through providing support for capacity building of Government/ Non-Governmental Organizations/Panchayati Raj Institutions/ local bodies and the Community at large. Under the Scheme, financial assistance up to 90% of the project cost is provided to nongovernmental organizations for establishing and maintaining old age homes, day care centres and mobile medicare units. The Scheme has been made flexible so as to meet the diverse needs of older persons including reinforcement and strengthening of the family, awareness generation on issues pertaining to older persons, popularization of the concept of lifelong preparation for old age, facilitating productive ageing, etc.

The Scheme has been revised w.e.f. 1.4.2008. Besides increasing the amount of financial assistance for existing projects, several innovative projects have been added as being eligible for assistance under the Scheme. Some of these are: Maintenance of Respite Care Homes and Continuous Care Homes; Running of Day Care Centres for Alzheimer’s Disease/Dementia Patients, Physiotherapy Clinics for older persons; Help-lines and Counseling Centres for older persons; Sensitizing programmes for children particularly in Schools and Colleges; Regional Resource and Training Centres of Caregivers to the older persons; Awareness
Generation Programmes for Older Persons and Care Givers; Formation of Senior Citizens Associations etc.

The eligibility criteria for beneficiaries of some important activities/projects supported under the Scheme are: Old Age Homes - for destitute older persons, Mobile Medicare Units - for older persons living in slums, rural and inaccessible areas where proper health facilities are not available, Respite Care Homes and Continuous Care Homes - for older persons seriously ill requiring continuous nursing care and respite. During 2007-08, Government has spent more than 16 crores of rupees for assisting 660 such programmes around the country which covered around fifty thousand beneficiaries.

Construction of Old Age Homes

A Non-Plan Scheme of Assistance to Panchayati Raj Institutions/ Voluntary Organisations/ Self Help Groups for Construction of Old Age Homes/ Multi Service Centres for Older Persons was started in 1996-97. Grant-in-aid to the extent of 50% of the construction cost subject to a maximum of Rs. 15 lakhs was given under the Scheme. However, the Scheme was not found attractive by implementing agencies and was discontinued at the end of the X Plan (2006-07). Section 19 of the Maintenance & Welfare of Parents & Senior Citizens Act 2007 envisages a provision of at least old age home for indigent senior citizens with
150 capacities in every district of the country. A new Scheme for giving assistance for Establishment of Old Age Homes for Indigent Senior Citizens in pursuance of the said provision is under formulation. The Ministry also incurred an expenditure of US $70,000 for construction of Old Age Homes during Tenth Five Year Plan.

Health Security

Growing old is also marked by failing health and advancing age may bring with it enumerable health complications. Restricted physical mobility coupled with crippled health makes it difficult for older persons to access the health facilities if they do not enjoy the support of the family or have a care institution within their easy access. Realizing the real situation wherein the older persons live, Para 36 of the National Policy envisages covering of health insurance and financial security towards essential medical care and affordable treatment process. Some of the initiatives by the Government is enabling a separate counters/O.P.D. In hospitals and free medical services in Central Government Health Scheme, Government Hospitals to facilitate easy accessibility to the elderly including Geriatric Units in the Hospitals.

Many of the Government and public hospitals have started Memory Clinics, Mental Health Programmes to facilitate proper
diagnosis of Dementia to enable slowing down the process and preparing the caregivers and the family to manage Alzheimer’s and Dementia Care. The National Institute of Social Defense (NISD) under the Ministry of Social Justice & Empowerment has initiated training of caregivers and functionaries as a special initiative on the centenary of Alzheimer’s.

1.19. PROTECTION OF LIFE AND PROPERTY

The older persons become a soft target for miscreants within and outside family. Disputes relating to maintenance and property and inheritance adds to their vulnerability. It is, therefore, necessary to ensure the safety and well-being of Older Persons through the creation of necessary infrastructure and legal provisions. It is felt that it is high time to back the moral obligation of children to look after their parents in their old age by a legal obligation. India is moving ahead to safeguard and protect the Best Interest of Older Persons through Central Legislation, which is on the anvil, by Ensuring Care and Protection of Older Persons within the family, ensuring early settlement of maintenance claims through a Tribunal, prevention of destitution by enough Institutional facilities, provision for Old Age Homes covering all the districts to ensure that facility to accommodate 150 needy elderly in each of them.
Maintenance and Welfare of Parents and Senior Citizens Act, 2007

The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 was enacted in December 2007 to ensure need based maintenance for parents and senior citizens and their welfare. The Act provides for: Maintenance of Parents/ senior citizens with children/ relatives made obligatory and justiciable through Tribunals, revocation of transfer of property by senior citizens in case of negligence by relatives, penal provision for abandonment of senior citizens, establishment of Old Age Homes for Indigent Senior Citizens, adequate medical facilities and security for Senior Citizens. The Act has to be brought into force by individual State Government. As of 3.2.2010, the Act had been notified by 22 States and all UTs. The Act is not applicable to the State of Jammu & Kashmir, while Himachal Pradesh has its own Act for Senior Citizens. The remaining States yet to notify the Act are - Bihar, Meghalaya, Sikkim and Uttar Pradesh.

Helpline Services for Older Persons

The State Governments and Office of the Commissioner of Police in collaboration with NGOs have initiated special protective measures for safeguarding the elderly and one such innovative approach is “Helpline Services” in some big cities. Help Line is nothing but a telephone line which may be used by people with
specific problems in order to contact advisers and counselors who are specifically qualified to deal with them. The Rationale for starting the Help Line is because of the increasing isolation and neglect of elderly and the consequent need for professional assistance and to ensure availability of services on the telephone.

The decision to set up a separate unit to address these issues was taken in the wake of increased isolation and neglect of older persons in the city. Support is sought from Delhi Police, Legal and Security experts and other service organizations. The Helpline services are available to elders within Delhi city limits on all weekdays. At Help Age Help Line we are using computer software for maintaining and updating information & maintaining caller’s records in a systematic and organized manner. Secondly we are using telecom equipments for coordinating and recording conversations with experts and volunteers. The following department and NGO’s providing this service in some big cities.

1.20. SCHEMES OF OTHER MINISTRIES

Ministry of Health & Family Welfare

The Ministry of Health and Family Welfare provides the following facilities for senior citizens of: separate queues for older persons in government hospitals, two National Institute on Ageing at Delhi and Chennai have been set up, Geriatric Departments in 25 medical colleges have been set up.
Ministry of Rural Development

The Ministry of Rural Development has implemented the National Old-age Pension Scheme (NOAPS) – for persons above 65 years belonging to a household below poverty line, Central assistance is given towards pension @ Rs. 200/- per month, which is meant to be supplemented by at least an equal contribution by the States so that each beneficiary gets at least Rs.400/- per month as pension. In June 2010, the Chief Minister of Tamil Nadu, doubled the old age pension amount from Rs. 500 to Rs. 1,000 per month.

Ministry of Railways

The Ministry of Railways provides the following facilities for senior citizens: separate ticket counters for senior citizens of age 60 years and above at various (Passenger Reservation System) PRS centres if the average demand per shift is more than 120 tickets; 30% and 50% concession in rail fare for male and female senior citizens respectively of 60 years and above respectively.

Ministry of Finance

Some of the facilities for senior citizens provided by the Ministry of Finance are: Older persons who are above 65 years of age also enjoy an income tax rebate up to 15,000 of actual taxes with provision for deduction of Rs.20, 000 spent on account of
medical insurance premium and Rs.40, 000 spent on account of medical treatment of taxable income. Senior citizens are exempted from Income Tax upto 1.95 lakh as per the union Annual Budget, 2007. Deduction of Rs 20,000 under Section 80D is allowed to an individual who pays medical insurance premium for his/ her parent or parents, who is a senior citizens of 65 years and above, an individual is eligible for a deduction of the amount spent or Rs 60,000, whichever is less for medical treatment (specified diseases in Rule 11DD of the Income Tax Rules) of a dependent senior citizen of 65 years and above, banks are providing 0.5% -1% additional interest to older persons of 65 years and above on fixed deposit. The public facilities for the elderly are initiated by the Government which includes reservation of seats for the elderly in the public transport, railways and airways etc.

Department of Pensions and Pensioner Grievances

A Pension Portal has been set up to enable senior citizens to get information regarding the status of their application, the amount of pension, documents required, if any, etc. The Portal also provides for lodging of grievances. As per recommendation of the Sixth Pay Commission, additional pension are to be provided as per details given below to older persons:
As per recommendation of the Sixth Pay Commission, additional pension to be provided to older persons:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% pension to be added</th>
</tr>
</thead>
<tbody>
<tr>
<td>80+</td>
<td>20</td>
</tr>
<tr>
<td>85+</td>
<td>30</td>
</tr>
<tr>
<td>90+</td>
<td>40</td>
</tr>
<tr>
<td>95+</td>
<td>50</td>
</tr>
<tr>
<td>100+</td>
<td>100</td>
</tr>
</tbody>
</table>

1.21. OLD AGE HOMES

There is a marginal, but steady, increase in the number of elderly preferring to move into paid old age homes in the city. With the population of the elderly growing rapidly, the problem faced by them rare also on the rise. Due to family life styles, the senior citizens (particularly those from poor families) are looking for a reliable support system and services tailored to their needs.

This was the concept that led to the founding of the pioneering initiative “Elders Helpline” in Tamil Nadu in February 2004. It was initiated by Help Age India in coordination with the Chennai city police. It sought to render efficient service to the disadvantaged elders who are neglected, abused, harassed and financially exploited.

According to elders Helpline volunteers, 83 elders sought shelter assistance in February 2004-05, 98 elders moved into paid homes for the aged in March 2005-February 2006 and till August
2006, 72 persons had approached them and sought assistance to get accommodation in paid homes for the aged, which means that, by the end of this year, the number is likely to cross the 100 mark, they added.

The Helpline service (1253 toll free number) has been functioning at the control Room in the office of the Commissioner of Police Egmore round-the-clock, manned by social workers, volunteers and city police personnel.

1.22. TYPES OF OLD AGE HOMES

There are two types of old age homes in India. One is the “Free” type which cares for the destitute old people who have no one else to care for them. They are given shelter, food, clothing and medical care. The second type is the “Paid” home where care is provided for a fee. Nowadays, such “Retirement” homes have become very popular in India and they are well worth considering.

1.23. RELEVANCE OF OLD AGE HOMES IN INDIA

Many factors have contributed to the alienation of the elders. Migration of young couples from the rural areas to cities in search in search of better employment opportunities to fend for themselves, elders who have been in control of the household for a long time are unwilling to give up the responsibility to their children, youngsters on their part are sometimes resentful of the attitude of their parents, many youngsters have moved to places far
away from their native homes and in the recent past to many countries abroad. So even if they want to they cannot accommodate their parents in their own homes, elders are sometimes too incapacitated or unwell to look after themselves or get medical care especially in an emergency. All these have made the old age homes seem more relevant in the Indian context ever before.

To sum up, dealing with the issues of the elderly involves intensive research as it involves so many dimensions. It requires intervention of social scientist, government and non-government organization. The reciprocity of age and society is relatively less explored. This chapter introduces the process of aging significance of aging persons, marital and work status and various problems facing them. The role of old age homes was also discussed. Thus, this chapter forms the basis for the findings of the project.

The above discussions have brought out the series of thought provoking ideas on ageing, issues, dimensions, schemes. The ideas which have been analyzed in the paragraphs certainly provide a concrete platform to tell the happenings of the elderly across the world and in India. In this process, the next chapter has been devoted exclusively to reviewing the earlier studies on the topic.