CHAPTER II

REVIEW OF LITERATURE

The researcher has reviewed a number of studies and their outcomes systematically and the same given in the following paragraphs.

2.1. AGEING PROCESS

Though the ageing is the biological process and it is a universal, inevitable, irreversible and applicable to almost all living species on the other hand ageing is a continuous process which also restricts our normal functions and makes the living organism prone to disease and death. As people become older, their physical health and cognitive abilities decline and the amount of lifetime available is reduced (Mara Mather and Laura L. Carstensen, 2005)\(^1\).

The ageing process is of course a biological reality which has its own dynamic, largely beyond human control. However, it is also subject to the constructions by which each society makes sense of old age. (Gorman, 2000)\(^2\).

Age classification varied between countries and over time, reflecting in many instances the social class differences or functional ability related to the workforce, but more often than not was a reflection of the current political and economic situation. Many times the definition is linked to the retirement age, which in
some instances, was lower for women than men. This transition in livelihood became the basis for the definition of old age which occurred between the ages of 45 and 55 years for women and between the ages of 55 and 75 years for men. (Thane, 1978)\textsuperscript{3}.

The analysis of data on persons 65+ years of age drawn from the 42nd Round of the National Sample Survey found that, among population over 60 years of age, 10 per cent suffer from impaired physical mobility and 10 percent are hospitalized at any given time, both proportions rising with increasing age. Of the population over 70 years of age more than 50 per cent suffer from one or more chronic conditions (Reddy, 1996)\textsuperscript{4}.

Gerontology as a field of study is a relatively recent phenomenon. Reflections on what it means to grow older as well as the search for youthfulness have been documented from the earliest historical records. The scientific study of aging, however, was not observed until about a century ago. Many disciplines such as Biology, Psychology, and Sociology have long been interested in aging, but Gerontology as a field draws from these and other disciplines to systematically study the aging process (Katz, 1996)\textsuperscript{5}.

The normal process of growing old involves a decline in vital organ functions, physical and sensory impairments, heightened sensitivity and susceptibility to decrease. In addition to primary ageing changes, factors like infectious diseases, faulty diet, drug
effects, psychological stress and other socio-familial factors hasten the rate of ageing changes. Therefore, many older persons in their later years of life suffer from different types of disabilities (Jamuna, 2004)\(^6\).

2.2. POPULATION AGEING AND ITS IMPLICATIONS

As a consequence, the International Year of the Family has appealed to the world to maintain, strengthen and protect the family to ensure continuity of its vital role in preserving dignity, status and security of its ageing members. (Achir, 1998)\(^7\).

Throughout Asia, the proportions of national populations aged 65 years and above are predicted to grow rapidly over the next 50 years. While this process of ageing was already well underway in the more economically developed countries in East Asia, it is just beginning to accelerate in Southeast Asia. This increase in the proportion of the elderly population creates new demands for social and economic support and simultaneously brings to the forefront the concern that changing household structures will translate into a decline in support for the elderly (Beard et al., 2001)\(^8\).

The younger generation in particular should be educated to be more sensitive to this category of the “very old”, whom one would put at home rather than bring out. The care and concern that we readily show to the physically and mentally challenged should be
extended to these people also. Caregivers thus need to be given all encouragement and support by society (K. Savitha, 2010)\textsuperscript{9}.

The social and economic problems of the aged are rising primarily because of the increasing number of elderly in the population. The problem of ageing is appearing as a major issue in modern aged because the improvements of medical science have raised the life expectancy of the people. As a result the number of old aged people is increasing all over the world. According to UNESCO estimate the number of older people aged above 60+ in the world is likely to go up from 350 million in 1975 to 590 million in 2005 (Chaturbhuju Sahu, 1998)\textsuperscript{10}.

The family has a clear advantage in providing personal care and attention. There does not seem to be a viable alternative to time transfers from children to elderly and these are likely to increase substantially as population’s age. To the extent that familial support systems encourage efficient investment in the human capital of children, they also offer an advantage (Andrew Mason – Ronald Lee, 2004)\textsuperscript{11}.

2.3. SOCIO-ECONOMIC CONDITIONS OF THE ELDERLY

In the case of literacy status, most males were literate as against females. There was not a single female elderly who had education beyond the school level. Above one-fifth of the elderly were earners and as expected, dependency was greatly pronounced
among the female elderly as well as adult-old and old-old age
groups as against their counterparts. Obliviously, the proportion of
the female elderly belong to households engaged mostly in daily
labour and cultivation as well as very poor and poor economic
categories as against male elderly who belonged to the business and
poor and middle economic categories (Chakrabarti 2006)\textsuperscript{12}.

The empirical study among 226 elderly persons (120 Males
and 106 females) in the coastal districts of Andhra Pradesh
highlighted that a greater percentage (88\%) of the elderly persons
was illiterate – such proportion was more overwhelming among
women than men were as the reverse trend was noticed in the case
of those studied up to primary school level. Half of the elderly were
not working, one-fifth were working as agricultural laborers
followed by cultivators and less than one-tenth was working in
traditional occupations skilled and unskilled works (Rao’s 2007)\textsuperscript{13}.

The study among 300 rural elderly in Kerala revealed that a
large number of elderly (83\%) were literates and as expected the
proportion was higher among males than females. On the other
hand, while about half of the sample elderly were widowed, such
proportion was large in the case of females than their male
counterparts. In the case of their occupation, it was found that
slightly more than 65\% of the elderly were not working unemployed
and around one-tenth each were cultivators and casual labours.
The percent of unemployed/not working was higher among females as against males, whereas the reverse pattern was noticed in the case of other two occupational groups (Sebastian and Sekher, 2011)\(^{14}\).

Illiteracy was more prevalent among elderly females than elderly males, which parallels the pattern of illiteracy among the general population. However, there was a consistent decline in the percentage of illiterate elderly males and females in succeeding decades, i.e. 70.8 per cent compared with 65.4 per cent in the case of elderly males and 95.7 per cent compared with 92.3 per cent in the case of elderly females (H.B. Chanana and P.P. Talwar, 1987)\(^{15}\).

2.4. AGED AND THE FAMILY SYSTEM

In India, certain recent developments such as industrialization, high cost of living, migration of children to other places, disintegration of joint family, etc. have given rise to some stresses and strains which have made the position of the aged more problematic (Help Age India, 2002)\(^{16}\).

The agricultural economy, the patriarchal joint family system and traditional values such as reverence for age that bound parents and their adult children are the distinguishing characteristics of the ancient Indian culture. In the patriarchal joint family system, the oldest male member of the joint family is the head of the family.
Property inheritance is matrilineal (from father to son to grandson). In a joint family, all members of the family live, cook and eat together and share the responsibility of managing common land holdings a business. The oldest male member may also live with his siblings and their children and grandchildren under the same roof. In such a joint family, its elderly members, even if disabled, are easily taken care of by the other members. Elder care was not a problem (Suryanarayana, 1998)\textsuperscript{17}.

The elderly considered their family as the major support system because they preferred to approach the family in case of any problems and only in the absence of the family they sought help from the neighbours. The relatives were approached least because it was not easy to reach them (Bhamini Mehta et al., 2003)\textsuperscript{18}.

In India, the elderly are playing effective roles in the joint family system which provides them security and emotional support. In a study, it is found that nearly half of the elderly depend financially on their families. In addition 86.16 per cent is being supported by the government through pension scheme which raised their self-esteem and self-reliance to some extent (Sunder Lai et al., 1999)\textsuperscript{19}.

2.5. LIVING ARRANGEMENTS OF THE ELDERLY

The considerable light on the pathways that influence of living arrangement patterns of the elderly on the degree of familial

55
support, which can be viewed as a facilitating factor improving the general well-being of the elderly. The findings, which involve examining the effect of co-residence with children on a composite index of familial support indicates that such form of living arrangements, empower the elderly with increased familial support, which, in turn is more likely to lead to improved well-being. The important role of traditional modes of intra-family support systems for the aged in developing country settings that seem to withstand the ongoing process of erosion of joint family norms and the encompassing ‘cultural flux’ witnessed by many contemporary developing societies. Much of this holds true for rural India, where children still constitute the predominant source of intra-family support for the aged, in a situation marked by a dearth in formal institutional support mechanisms for these sections of the population (Papiya G. Mazumdar & Sumit Mazumdar, 2009).

Amongst older people today, the divorced and never married constitute but a small proportion—something that will change as the baby-boomer generation ages. Lifelong singlehood, it would appear, promotes self-reliance. As the prevalence of a greater diversity of relationships increases as the baby-boomer generation ages, more gerontological research will focus attention here. The sibling relationship received some attention in these early days, revealing itself as especially important to the never married, the
childless, the divorced and the widowed (Johnson and Catalano, 1981)\textsuperscript{21}.

Among 900 elderly from rural areas of a district in Tamil Nadu highlighted that about two-fifths were living with their son’s family and less than one-tenth with daughter’s family. On the other hand, above one-fourth of the elderly were living alone and one-tenth with spouse. Logistic regression analysis on ‘Living alone’ showed that the chances of living alone (vs others) was 1.6 times higher for elderly aged 70-79 years as compared to 60-69 years aged persons, 2.5 times higher for females as against to their male counterparts. It was also found that elderly who had served in government had three times more chances of living alone compared to those who had no work. An increase in the individual income significantly increased the chances of elderly living alone. When such analysis was carried out for those ‘Living with Sons’ (vs other), it was noticed that the chances of living elderly living with son was less for those aged 70-79 years and those belonged higher individual monthly income (1000& above) as compared to those aged 60-69 years and belong to lower income (500 or less) (Muthukrishnaveni, 2010)\textsuperscript{22}.

2.6. ACTIVE AGEING

A study conducted on a sample of Assamese- and Bengali-speaking populations of the Hindu and Muslim religions in Assam
found that due to low education, poor economic conditions and rural backgrounds, the scheduled caste people reported poor access to health care facilities. Moreover, elderly persons having sanitary latrines and tapped or tube well water were healthier than those without proper sanitation and tapped/tube well water. Use of electricity is also associated with good health among the elderly. In addition, elderly persons who have a separate sleeping room with their spouses have better health than the elderly who share sleeping quarters with other family members. The findings revealed that socioeconomic, demographic and ecological factors have an important role in the health of older people. Most elderly people could have better health if they received better health care and followed healthy lifestyles (Nath et al., 2000)23.

In this study examined the actions or behaviors elderly use to maximize the functioning and benefits in old age, regardless of what appear to be unfavorable objective circumstances. Successful aging has been widely applied in studies examining the successful adaptation. The theory of successful aging introduced the idea that individuals must engage in three sub processes to produce beneficial outcomes: selection, optimization, and compensation. Individuals who engage in these processes to maximize gains over losses (or desirable states over undesirable states) are more likely to age successfully (Baltes’s 1987; Baltes & Smith, 2003)24.
2.7. MAJOR PROBLEMS OF THE AGED

Gender is a very important variable that influences the quality of life at all ages. The population over 70 years of age, more than 50 percent suffer from one or more chronic conditions. Lack of social support, breaking up of joint family system, changing lifestyles; all aggravates health and nutritional problems in the elderly age group. While elderly people in India may have reasonable access to family care, they are inadequately covered by economic and health security (Susuman, 2005)\textsuperscript{25}.

The health problems of elderly tend to increase with advancing age and very often the problem aggravated due to neglect, poor economic status, social deprivation and inappropriate dietary intake. Hence a large majority of landless rural aged were suffering from one or the other health problem and physical disabilities (Chandra Paul Sigh, 2005)\textsuperscript{26}.

While cultural and ethical values continue to protect the majority of elderly, it is likely that changes in family structure, the declining numbers of children and the increasing numbers of women who work outside of the home have weakened the family as a care giving institution (Sibai, 1997)\textsuperscript{27}.

2.8. ECONOMIC PROBLEMS OF AGED

Older people are particularly vulnerable to the effects of economic change; those without savings, assets or capacity to
generate income are among the least able to withstand economic shocks. Comparisons between households with and without older people show that, almost without exception, poverty rates in households with older people are up to 29 per cent higher than in households without (Mark Gorman, 2004)\(^{28}\).

The success of a social security system depends on two critical factors. First is the ability and willingness of the working class to make adequate savings in order to maintain the same standard of living during their old age. Second is the availability of the economic, financial and regulatory frameworks that meet the expectations of the savers by offering risk-adjusted returns. Hence, financial experts must design suitable retirement schemes for the major percentage of Indian workers that is no less attractive than any other saving instrument, either financial or physical such as gold (Prakash Bhattacharyya, 2005)\(^{29}\).

In his study the author highlight that while children as the major source of income for 37 percent; such percentage was much higher among female elderly than their male counterparts. Further, while the highest percentage of elderly mention that maximum household expenses paid by children; such percent was much higher among female elderly than that of male elderly. The next in that order was own / self – 40 percent ; but such percent was
obviously very high among the male elderly as against female elderly (Rahman et al, 2009)^30.

In the majority of cases sons were financially supported their aged parents. But changes too noticed. For instance, this study revealed that two-fifth of aged widows relied on others for financial support at the time of illness. Few spend their own savings, some ignored medical treatment and even miniscule proportions were took support from daughters (Sushma et al, 2004)^31.

In this study describes that about half percent hospital expenditures were met with children and for 44 percent such expenditure was met by themselves. As expected among males such expenditure were mostly by themselves, whereas children’s role dominates in the case of female elderly’ hospital expenditure. Further, a greater majority would receive financial assistance from children. Here too, the percentage was more among female than the male elderly (Sujitkumar, 2009)^32.

2.9. HEALTH PROBLEMS OF THE AGED

Population aging is also a great challenge for the health care systems. As nations age, the prevalence of disability, frailty, and chronic diseases (Alzheimer’s disease, cancer, cardiovascular and cerebrovascular diseases, etc.) are expected to increase dramatically. Some experts raise concerns that the mankind may become a “global nursing home” (Eberstadt, 1997)^33.
The incidence and prevalence of chronic as well as non-chronic diseases is obviously high among the elderly. The major chronic diseases are 1) respiratory diseases, 2) loco-motor illnesses and 3) blood pressure. The duration of illness is comparatively longer among males. The majority of the aged have been treated by private physicians. Since the social and health problems of the elderly are peculiar and considering their growing population size, a huge infrastructural development will be necessary to take care of their health and social needs. This is even more important in view of the reduction in family size, the nuclearization of families and the erosion of family kinship ties even in rural areas of the country (Nair, 1989)\textsuperscript{34}.

Joint problems are a common feature among the elderly in Kerala while the disease like cough and blood pressure was also reported by a sizable section of the elderly population. The age wise differential showed that the chronic diseases such as cough, joint problem are common in the old-old category. Heart disease and blood pressure are more frequent among the young old. Sex wise differentials are clear with the burden of joint problems and blood pressure being more among economically dependent persons than their counterparts who are independent or partially dependent on others for their livelihood (Dillip, 2001)\textsuperscript{35}. 

62
Another study found joint pain as the number one problem followed by failing eyesight and cardiac problems. It is interesting to note that in spite of the high level of prevalence of diseases among the elderly at most 63 per cent of them reported that their health status was good (Hema Nalini et al. 2002)\textsuperscript{36}.

The extension in life expectancy has been accompanied by an increase in the level of chronic diseases, including heart disease, diabetes, hypertension and arthritis. Also of concern is the weakening of traditional informal support systems, both community and family and the marginalization and elimination of the elderly’s social and economic roles (Eldermire, 1997) activities of daily living and frailty indices have all been suggested. One future need is greater development and use of universal and accessible design in all aspects of the built environment (Crews et al., 2006)\textsuperscript{37}.

An analysis of 52\textsuperscript{nd} round of national Sample Survey, 1995-96 (2212 elderly – 1338 from rural areas and 874 from urban areas), had drawn the following conclusions with regard to the prevalence of major chronic ailments. On the whole, the prevalence rate of major chronic diseases was 675 (per 1000 persons); the rates were comparatively higher in the case of cough, joint problems and blood pressure than in the case of piles, heart diseases, urinary problems and diabetics. The clear pattern of higher prevalence rates of all the chronic diseases under consideration was noticed among older-old
(70+ years) than young-old (60-69 years). But the differentials in these rates were not consistent with their gender, marital status, place of residence, monthly per capita consumer expenditure of households and economic independent status (Dilip, 2003)\textsuperscript{38}.

A study conducted to find out the health problems of the aged in Nagaland found that a majority of the aged suffer from one or a combination of ailments but many of them either regard themselves to be in excellent condition or are indifferent to their health and consider it as common in old. Despite of all ailments and handicaps, the medical facilities available for the aged are inadequate and many aged are compelled to seek help from private practitioner’s in spite of their poor economic status (Ketshukietue Dzuwichu, 2005)\textsuperscript{39}.

In a study conducted in Kerala, it was found that only 6 percent of the aged were in good health while 6.9 per cent in moderate health, 20 percent in poor health and 5 per cent were in very poor health. The attitude, both professional and general seem to be that the illness was an essential part of old age and most of the illness of the old have no cure but only palliative (Nayar, 2000)\textsuperscript{40}.

Out of the total elderly living in rural India, about 45 percent are suffering from chronic disease and 5.4 percent are immobile. The elderly suffer from problems like ophthalmology, bone and
joints, hearing, gastrointestinal, cardiovascular, respiratory nervous system, skin, endocrine and nutritional disorders (NSSO, 1991)\textsuperscript{41}.

Age related changes in immune system render people susceptible to a variety of infections and tumors. Though tuberculosis related mortality has declined, it is still not eradicated effectively and the prevalence rate is reported to be higher in the older age group (Dey et al., 1997)\textsuperscript{42}.

The nutrients least adequately supplied in the diet of the aged Indian are calcium, iron, vitamin A, riboflavin and niacin. Health is a key contribution factor to the quality of life and is therefore closely associated with low socioeconomic conditions (Bali, 1997)\textsuperscript{43}.

The analysis of data obtained from a 1987-88 special survey conducted in the 42nd round of the NSSO, the 1981 NSSO on disabilities and death surveys in rural areas, found that the elderly suffer from conditions specific to this population that are accumulated over the life cycle (Rao et al., 1998)\textsuperscript{44}.

The prevalence of the inflammatory joint disorder in the elderly is underestimated at the present time. Rheumatoid Arthritis (RA) was commonest rheumatologic disorder observed. 41 patients with RA who developed the disease at or after 60 years were compared with 100 younger adults with RA. A relatively higher male to female ratio was observed in late onset category. The pattern of joint involvement revealed that shoulder joint was more often first
affected. However, on a statistical comparison between all large and small joints involved, no significant difference was noted. Deformities were more common in elderly. Surprisingly erosive type of RA was less frequently observed in the elderly. The ESR was significantly higher in elderly RA patients. The rheumatoid factors’ positivity was comparable in both groups (Meena et al., 1995)\textsuperscript{45}.

2.10. PSYCHOLOGICAL PROBLEMS

There are both positive and negative connotations of getting old. On the positive side, especially in the traditional Indian context, old age is associated with wisdom, respect and the potential for spiritual growth. It relieves them from family responsibilities and gives them freedom of action. On the negative side, it is associated with physical and mental decline, stereotyped as self-pitying, unhappy, complaining and unproductive. They often suffer from depression caused by loneliness and alienation. These negative effects probably derive from a loss of authority, the absence of a meaningful role in social life, marginality in social relationships, material insecurity, dependence and attenuated intergenerational relationships (Bali, 1999)\textsuperscript{46}.

The Behavioral and emotional processes that allow adults of different ages to regulate negative emotions in ways that favor positive feelings in relationships. The extensive research of Sociology, Anthropology, Social work, and other fields have
conducted with regard to adults' social relationships. Sociologists have found that relationships between parents and offspring vary as a function of gender; mothers and daughters have both closer and more problematic ties than do fathers and sons (Rossi and Rossi, 1990)\textsuperscript{47}.

Psychologists tend to focus on micro factors embedded within the individual, such as developmental stage, motivation, social cognition, personality, interpersonal interactions, and emotions. Psychologists have considered how older adults benefit from their relationships with other people and how their emotional processes may differ from those of younger adults. For example, psychologists have examined individuals’ motivation to maintain different types of relationships (Carstensen, Fung, and Charles, 2003)\textsuperscript{48}.

2.11. SOCIAL PROBLEMS OF ELDERLY

Evidences showed that the traditional means of support -sons are becoming less reliable. The experience of the elderly, on the other hand, shows that the elderly were in a worse economic situation that would be expected from the Indian Cultural ideal. In particular, the poor and women are most affected in terms of old-age support. The evidence about the link between fertility and old-age support suggests that while existing living conditions make children the main source of support in old age; they are becoming
less reliable as a result of recent economic and social changes (Dharmalingam, 1994)49.

Traditionally, society has not prepared elderly individuals to contend with the stresses and problems of the ageing process. They experience a loss of social roles, loss of esteem, limited economic resources, and depleted social networks. Ethnic minority individuals experience an added problem due to their minority and disadvantaged social status. In a society dominated by the glamour and youth, the role of the elderly has been seriously devalued. Growing old means the deterioration of physical and mental mechanisms that are necessary for effective performance in society. In a capitalist society old age is viewed as a handicap (Dorothy Smith Ruiz, 1985)50.

2.12. RURAL AND URBAN AGED

Above two third of the Indian elderly population live in rural areas and engage in agriculture. Elderly men are more in rural population since women normally migrate to urban areas with their grown up children owing to dependency and widowhood. Agriculture is the main occupation for the elderly and the induction of mechanization in agriculture has adversely affected the work opportunities of the elders. (Jamuna D, 2000) 51.

In the agricultural sector and in the rural and urban informal sectors, there is no set age at which people retire and stop working.
Both men and women continue to work as long as they are physically able, although the type of work they do may change and they may work with diminished capacity. This is true for both men and women (Dandekar, 1996)\textsuperscript{52}.

This study revealed that the proportion of aged males and females depending on their children for economic support was higher in both rural and urban areas and more so in the males. The proportions of urban female elderly who depend on their spouses were comparatively higher than the proportion of rural aged females invariably in all southern states. Conversely, the urban male elderly who depend on their spouses were lesser compared to the rural male elderly in all the southern states (Ravishankar, 2010)\textsuperscript{53}.

A study on the psycho-social perspectives, problems and strategies for the welfare of the rural female aged found that a majority suffered from joint pain, blood pressure and chest pain. A few complained of asthma, piles, loss of weight, diabetes and skin disease. Only 30 per cent among the rural aged were in good health (Pappathi et al., 2005)\textsuperscript{54}.

A study on rural aged found that disengagement from work is very rare among the young aged (60-70 years) males. The most prevalent illness among the aged are loss of eyesight, arthritis, tuberculosis, asthma, skin diseases, urinary infections and general
body pain. Very few have reported that they are living in good health (Lalitha, 1998)\textsuperscript{55}.

A study of health status of the rural aged in Andhra Pradesh, found that health problems tend to increase with advancing age and very often the problems aggravate due to neglect, poor economic status, social deprivation and inappropriate dietary intake. It was found that a higher proportion of the total respondents (sample of 300 elderly) stated that they were suffering from serious illness and lack of medical facilities in the village and poor economic condition might be responsible for the lower health status of the village (Rao, 2003)\textsuperscript{56}.

2.13. CARE AND SUPPORT FOR THE ELDERLY

In Kerala, the dominant caste namely Nair’s were following the matriarchal culture till recently. The impact of matriarchal culture is seen in the present day society also. Unlike other parts of India, aged in Kerala prefers to stay with their daughters and not with their sons. Major caregivers in the family are the women members and the aged prefers women members of the care giving. At the same time for ‘emergencies’ the aged depend on their sons and close male consanguinal kins. Females are considered as a ‘care givers’ were as the males are considered as ‘providers’. He said women members are more responsible for care giving the older adult (Kattakayam, 1997)\textsuperscript{57}.
The author's provide poignant examples in healthy persons' efforts to cheer up individuals with cancer. The recipients of this 'support' consider it to be unhelpful, with such unrelenting optimism seen as disturbing and unauthentic. In addition, although conceptually social support is seen as having beneficial effects, we do not know the extent to which causality works in the other direction. That is, individuals with greater wellbeing may well attract more social support. Within this literature, furthermore, there is also confusion between care giving and the broader concept of social support (Wortman and Conway, 1985)58.

The grandparents themselves may be partly responsible for the insecurity in their grandchildren’s lives. In particular, the grandparents’ poor parenting behavior may have contributed to their own children’s emotional difficulties and subsequently, to their poor parenting behaviors. In support of this, research on the inter-generational transmission of attachment indicates that insecure attachments can be passed down through generations (Bretherton, 1994; Benoit, and Parker, 1994)59.

Many elderly have very small informal networks and that some have no informal care available at all. Moreover, informal carers are by no means a homogeneous group and different types of carers have different needs. Age, gender, living arrangements and
relationship with elderly all play important roles in the type of informal care given and expected (Ilango, 2002)\textsuperscript{60}.

The most important factors determining the giving of financial support to elderly are class, income and number of emotionally close relatives. Professionals give more often than the lower classes, almost twice as often as the non skilled workers. Family type has some effect, mainly that couples with young children gives less practical support than others (Bjomberg and Ekbrand, 2008)\textsuperscript{61}.

The emotional support was provided by hardly one third of the supportive ties (children), whereas the proportion of ties extending small financial support is timely help was a great by ties. Further, more than half of the ties were involved in running errands and other minor service requiring physical mobility. Immediate kin like parents, siblings and secondary kin were found supportive relation to widows to a large extend (Aruna and Reddy, 2001)\textsuperscript{62}.

The trend in the size and growth rate of the elderly population in the country will become a major social challenge in the future when vast resources will need to be directed towards the supported care and treatment of the old. To solve the emerging problems of the elderly effectively, a holistic approach has to be followed considering the social, economic and cultural changes that have taken place in Indian society. (Siva Raju, 2002)\textsuperscript{63}.  

72
With regard to care providers during illness, it was reported by nearly one-fifth of the elderly that there was no support available to them and thereby, they look after themselves. The female elderly largely took their own care during ill-health but were main care provider to their spouses. Mostly children provide care to the elderly persons, of which sons or daughters played an important role in taking care of their elderly parents, followed by daughter-in-law. The elderly persons mainly rely on their spouses when they need something or want their work to be done followed by son and daughters (Nasreen’s, 2009).  

In view of caregivers slightly more than half of the elderly help in domestic chores of the households such as taking care of the home, doing shopping and disposal of household waste, followed by cleaning house and its surroundings, cooking and fetching water. About one-fifth elderly use to help in bills payment, booking LPG, etc., and few extend their services are most useful in engaging or schooling of children. Though the percentage of male caregivers in stating that elderly help is useful in cooking, shopping, cleaning house or surroundings and disposal of household waste are slightly higher than their female counterparts. Caregivers expect financial support about three-fourths reported that they would like to get financial support from elderly own income and rest one-fourth accepted that they are expecting some money from elderly’ savings, pension, Old Age Pension, house rent, etc. concerning the
caregivers giving money to elderly for their day-to-day affairs, it can be noticed that to some extent more than half of the caregivers accepted that they use to extend such support; female caregivers to a large extent tend to expect monetary support from the elderly as against the male caregivers (Audinarayana. N, 2012).  

2.14. WELFARE PROGRAMMES FOR THE ELDERLY

The National Policy for Older Persons (NPOP) was introduced in January 1999 by the Government of India with an objective to ensure certain benefits to older persons. The NPOP has identified principal areas of intervention and action strategies. These include: financial security for the elderly in both the formal as well as in the informal sector; health care and nutrition; shelter and housing; development of trained human resources in medical colleges and schools of social work; and attention to the needs of vulnerable groups among the elderly such as the destitute, widows and those who are disabled. In addition, there is scope for an equitable share in the development and overall improvement in quality of life. Also, the policy suggests the formulation of a National Council and a National Association of Older Persons, the establishment of a separate bureau for older persons in the ministry, preparation of sectorial annual five year plans for the elderly and a detailed review of the implementation of the national policy in every three years (Government of India, 2000).
National Old Age Pension Scheme (NOAPS) is the central scheme only applicable to that segment of the older population who does not have a regular means of subsistence or does not have own source of income, that is, they are more of less destitute without any support even from family members. The amount of money received by the older people is different in different states. In rural areas, village panchyats, and in urban areas, municipalities take the responsibility to facilitate the beneficiaries. In some states like Maharashtra, Karnataka, West Bengal and Kerela, widow pension scheme are prevalent. But identifying the deserving target group still remains a challenge for the government (Senior Citizen’s Guide [SCG], 2000)67.

Annapurna is a scheme for older destitute under which they can avail, free of cost, food grains of 10 kg per month. The categories of elderly who are otherwise eligible for NOAPS, but due to some problems they may not be getting for which Annapurna scheme is extended to them as an alternative. Senior citizens are getting concessional railway and airline tickets. Indian Railways are providing 30 per cent concession in all classes available in train, the Indian Airlines and Jet Airways, the Sahara Airlines provide a discount on basic fare for travel on domestic flights in economy classes only. There is a provision of income tax rebate under section 88B of the Finance Act, 1992, to the senior citizens of 65 years and above (Tattwamasi Paltasingh and Renu Tyagi, 2012)68.
In the developing world, the household is a critical institution for older adults, who often require social, economic and physical assistance. Most industrialized countries have public pension and health systems to support the elderly, but in many developing countries little or no such public support is available. As a result, older adults in Africa, Asia and Latin America tend to rely heavily on household members and family for their well-being and survival. It was noted that as countries become more developed, extended families weaken and families become more nuclear. Therefore, countries with higher levels of education tend to experience more internal migration and to have more extensive government-funded social security and health programs for older adults (Population Briefs, 2001)\(^69\).

2.15. THEORETICAL FRAMEWORK

Man life consists of different phases and it starts from infancy and ends with aged. The chronological age has always been argued by theoreticians from multi-faceted angles and try to focus their attention for each phase in human life is important and what is the significance of the respective phase in shaping human life. Every individual is socialized and stabilized by the innumerous institutions to perform well as expected by the society. In this process, Sociology has a clear vision through the evolutionary, functionalist, conflict and symbolic interactionist perspectives and views the society and its order in
strengthening the individual who is passing through the various stages. So, as we are well aware that ageing is not the passage of time but it is the manifestation of biological changes occurring in the body over a period of time and it is irreversible, universal and progressive. In this backdrop, there are several theories, apart from the sociological dimensions, explaining the psychosocial and biological aspects of ageing too. For instance, activity theory, disengagement theory and continuity theory explain the psychosocial dimensions whereas somatic mutation theory, glycation theory and other theories provide the biological background. On the other hand, social theories on ageing examine the relationship between individual experiences and social institutions.

Robert Havighurst’s propound that the activity theory which is based on how the elderly adjust to age-related changes such as retirement, poor health and loss of roles, this theory holds that a person’s self concept is related to the roles held by that person like familial role, recreational role, volunteer and community roles. The previous roles, which have been lost because of age, have to be substituted by new roles in order to maintain a positive sense of self and to remain active at the same time. If the aged engage in more activities, they tend to get greater life satisfaction and develop positive outlook which enable them to adjust to the old life.
Cumming and Henry described the disengagement as an inevitable mutual withdrawal resulting in reduced interaction between the ageing persons and others in the social system he belongs to. The elderly do not contribute to the society as the younger persons and hence they are burdened to the society. Disengagement theory stipulates that the relationship between the person and the society will be severed or altered once the person become aged and the society and the individual will slowly withdraw from each other. It has been observed that older persons are not as much involved with life as when they were younger. Disengagement theory says that the mutual withdrawal of the society as well as the old cannot be avoided and the ultimate form of disengagement is death. As the ageing persons withdraw more and more from social roles, they come closer to the final preparation for separation from the social order. By gracefully removing oneself from the society and making room for others, one is free to die without disrupting the equilibrium of the society.

The continuity theory is one of the psychosocial theories which discuss how people develop in old age. It says that older adults will usually continue the same activities, behavior, personalities and relationships as they did in their earlier years of life. According to this theory, the elderly try to maintain this continuity of lifestyle by adopting strategies that are connected to their past experiences. The basic personality, attitudes, and
behaviors remain constant throughout the lifespan for all people. The continuity theory can be classified as a micro level theory because it pertains to the individual and more specifically it can be viewed from the functionalist perspective in which the individual and society try to obtain a state of equilibrium.

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 results in intensified age consciousness, creating a social bond based on age that becomes more important than other variables that differentiate people.

In this backdrop, the present study follows the activity theory which throws its light on the elderly that they can take some kinds of roles which are suitable to them according to their experience, education and interests. Now, the society is living in the process of
liberalization, globalization and privatization which allow any individual to come to center stage to deliver their best if they have the wish. So, the old age is not a constraint and instead it is providing plenty of options where the organizations and institutions mostly depend on knowledge and experience instead of chronological age.

In this scenario, the present research has been carried out in the rural area of Attur Taluk, Salem districts of Tamil Nadu where many elderly are living. To follow up, the next chapter concentrates a methodological framework.