Chapter 1

1.1 Introduction

The traditional norms and values of Indian society laid stress on to show respect and provide care for the elderly. In past, the older members of the family were normally taken care of in the family itself. The common joint family and social networks provided an appropriate environment for the elderly to spend their lives.

Advent of modernization, industrialization, urbanization, occupational differentiation, education, and ‘growth of individual’ philosophy have eroded the traditional family values that vested authority with elderly. These have led to defiance and decline of respect for elders among members of younger generation.

Family support and care of the elderly are unlikely to disappear in the near future, family care of the elderly looks likely to decrease as India develops economically and modernizes in other respects. Rapid growth in the number of older population presents issues that must be addressed to proceed effectively. In spite of several economic and social problems, the younger generation generally looks after their elderly relatives. Though the young generation takes care of their elders, never the less, more than 1000 Old Age Homes are run in India.

Status of ageing people in India and The reduction in fertility level, reinforced by steady increase in the life expectancy has produced fundamental changes in the age structure of the population, which in turn has lead to the aging population. India had the second largest number of elderly (60+) in the world. India is home to one out of every ten senior citizens of
the world. Both the absolute and relative size of the population of the elderly in India will gain strength in future.

It might be interesting to note that two new branches of studies have come into existence

1-Geriatrics- Geriatrics is the medical specialty which focuses on the care and treatment of the elderly, usually patients who are 65 years of age or older.

2-Gerontology- The scientific study of old age, the process of aging, and the particular problems of old people.

Among the total elderly population, those who live in rural areas constitute 78 percent. Sex ratio in elderly population, which was 928 as compared to 927 in total population in the year 1996, is projected to become 1031 by the year 2016 as compared to 935 in the total population. Since women’s economic position depends largely on marital status, women who are widowed and live alone are found to be the worst among the poor and vulnerable.

Given the trend of population aging in the country, the older population faces a number of problems and adjusts to them in varying degrees. These problems range from absence of ensured and sufficient income to support themselves and their dependents to ill health, absence of social security, loss of social role and recognition and to the non-availability of opportunities for creative use of free time. The needs and problems of the elderly vary significantly according to their age, socio-economic status, health, living status and other such background characteristics. The prospect of loneliness often accompanies the process of aging.
In fact, many old people, unable to bear this loneliness, commit suicide, and many clamour for the right to die rather than be forced to live with the indignities and hopelessness of old age (commit aging suicide).

Aging also hardens the likes and dislikes of a person—his or her prejudices, perceptions, and value judgments that refuse to acknowledge the reality of aging. Among the several problems of the elderly in our society, economic problems occupy an important position. Mass poverty is the Indian reality and the vast majority of the families have income far below the level, which would ensure a reasonable standard of living. For elders living with their families-still the dominant living arrangement-their economic security and well being are largely contingent on the economic capacity of the family as a unit. Particularly in rural areas, families suffer from economic crisis, as their occupations do not produce income throughout the year.

Nearly 90 percent of the total workforces are employed in the unorganized sector. They retire from their gainful employment without any financial security like pension and other post retirement benefits. The organized sector workforce which includes the employees of the Central and State governments, of local government bodies, and of major enterprises in basic industries (e.g. manufacturing, mining etc.) constitute approximately 30 million workers and nearly one in every 10 members of the total Indian workforce of 314 million (Vijay Kumar, 2000).

The work participation rate among the elderly was around 40 percent. More elderly men participate in the economic activities compared to women. The participation is high in rural areas compared to urban areas. The bulk of the 60 plus workers were engaged in agriculture. Nearly half of the elderly are fully dependent on others, while another 20% are partially so (NSSO, 1998). Women are more likely to dependent on others, given lower
literacy and higher incidence of widowhood among them. The most vulnerable are those who
do not own productive assets have little or no savings or income from investments made
earlier, have no pension or retirement benefits, and are not taken care of by their children; or
eye live in families that have low and uncertain incomes and a large number of dependents
(Bose, 1996). Vulnerable groups like the disabled, fragile older persons, and those who work
outside the organized sector of employment like landless agricultural workers, small and
marginal farmers, artisans in the informal sector, unskilled labourers on daily, casual or
contract basis, migrant labourers, informal self-employed or wage workers in the urban
sector, and domestic workers deserve mention here.

Government under standardized economic security policy covers retirement benefits
for those in the organized sector, economic security benefits for those in the unorganized
sector and old age pension for rural elderly. The government pension bill in 2001 was more
than 1 percent of GDP or 1.5 percent of the revenues. The employees provident funds, though
gradually extended from 5 to 179 industries, the increase in the labour force coverage has
barely risen from 1 percent to 5 percent.

Little evidence is available on poverty among the elderly and the impact of cash
transfers; several studies have raised concerns about target population, administrative
efficiency and other such issues. Given high growth rate among the elderly and also high
longevity, there needs serious thinking on the part of planners to evolve suitable programs
and schemes and bring reforms in the existing pension programs.

Researcher has very sympathetically examined Adjustment made by Elders while
staying with Families and staying in man-made Institution of Old Age Home. We sought to
study perceptions of Our Respectable Elders and adjustment and difficulties experienced by
them in mainly southern four districts of Gujarat mainly Bharuch (Narmada), Surat, Navsari and areas around Industrial city of Vapi.

1.2 Statement of the Problem

A Comparative Study of Adjustment Problems related to Physical, Economical, Emotional, Familial and Social areas of Old Age People residing in Families and Old Age Homes.

1.3 Need of the Study

Industrialization and urbanization has brought changes to family structure. The family that existed in past has changed to nuclear family. This has affected the position of the elderly in the family and family’s capacity to take care of the Aged. With increased individual self-expression and freedom, loosening of the family is obvious. Independence and preference to live alone or with the spouse in their house has become norm.

Intergenerational relationships are now intimacy from a distance and by choice. Children do not feel guilt of being away from the parents.

In the eastern cultures, the change is still not fully accepted within the cultural framework. This leads to stress and strains in the elders. The Aged would like to live with the children and the children have the obligation to take care of the aged in the family.

The Elderly are left out in the new India. As Indians boast about their rise in GDP, seniors are increasingly feel left out of the picture. The irony is that while the new India is obsessed with youth, old India is growing rapidly. Over 80 million people are over 60 in India today. By 2050, a quarter of the population will be over 60. The problem for us is not
that there are 80 million older people. The real issue is a lack of infrastructure and financial security. The issue is that older people are not really prepared to adjustment required.

Are Indian Elders who live in Old-Age Homes are learning to adapt to concepts of renouncing life and move to the forest in these times? Some say the Old Age Home is the modern Forest. It helps us cut the ties of Maya of this world.

The purpose of this Research is to look at the many reasons that cause such Adjustment and analyze them by comparing against reality. This analysis is mainly from the Gujarati angle since Researcher is Gujarati and lives in Gujarat. The analysis would probably apply equally to other regions as well.

**1.4 Objective of the Study**

Following are the objectives of the study

(1) To explore the factors responsible for the Adjustment in the old age with and without respect to Gender.

(2) To study the difference (if any) in the degree of Adjustment between senior citizens staying with family and ones staying in Old Age Homes.

(3) To study the Adjustment on Physical, Economical, Familial, Emotional and Social levels.

(4) Study the present status in Four Districts of South Gujarat.

Questionnaire is developed in such a way as to elicit answers which can give insight into above objectives and which help to analyze adjustment of following types

- Adjustment in old age people staying in families than those staying in Old Age Homes with respect to old age males, females and combined.
-Physical adjustment old people staying in families than those staying in Old Age Homes with respect to old age males, females and combined.

-Economical adjustment in old age people staying in families than those staying in Old Age Homes with respect to old age males, females and combined.

-Family adjustment in old age people staying in families than those staying in Old Age Homes with respect to old age males, females and combined.

-Emotional adjustment in old age people staying in families than those staying in Old Age Homes with respect to old age males, females and combined.

Social adjustment in old age people staying in families than those staying in Old Age Homes with respect to old age males, females and combined.

1.5 Nature of the Study

1.5.1 Concept and Theories of Aging.

Aging is biological degradation of cellular and molecular institutions in the body.

“Ageing in the broader sense is as “change occurring in an individual as the result of the passage of time consists of two simultaneous components of anabolic building up and catabolic breaking down.” - Becker – 1959”.

“Ageing may be defined as a decline in physiological competency that inevitably increases the incidence and intensifies the effects of accidents, disease and other forms of environmental stress.” - Timiras -1972.

Theories of aging in the behavioural and social sciences have come from a variety of disciplines.
Theories come from the field of origination from Biology, Psychology and the Social Sciences.

1.5.1.1 Biological Theories of Aging-Senescence.

The word Senescence is derived from the Latin word senex, meaning old man, old age, or advanced in age.

Senescence or biological aging is the change in the Biology of an organism as it ages after its maturity. Such changes range from those affecting its cells and their function to those affecting the whole organism. There are a number of hypotheses as to why senescence occurs; for example, some see it as programmed by gene expression changes, others by the cumulative damage caused by biological processes.

Theories that explain Senescence have been divided between the programmed and stochastic theories of aging.

- Programmed theories imply that aging is regulated by biological clocks that operate throughout the lifespan. This would depend on changes in gene expression that affect the systems responsible for maintenance, repair, and defence.

- The Reproductive-Cell Cycle Theory suggests that aging is caused by changes in hormonal signalling over the lifespan.

- Stochastic theories blame environmental impacts on living organisms that induce cumulative damage at various levels as the cause of aging, examples of which range from damage to DNA, tissues and cells by oxygen radicals and cross-linking.
Aging also is seen as a progressive failure of homeodynamics (homeostasis) that involves genes for the maintenance and repair, stochastic events that lead to molecular damage and molecular heterogeneity, and chance events determining the probability of death.

Peter Medawar formalized this observation in his mutation accumulation theory of aging. "The force of natural selection weakens with increasing age—even in a theoretically immortal population, provided only that it is exposed to real hazards of mortality. If a genetic disaster happens late enough in individual life, its consequences may be completely unimportant". The 'real hazards of mortality' are, in typical circumstances, predation, disease, and accidents. So, even an immortal population, whose fertility does not decline with time, will have fewer individuals alive in older age groups. This is called 'extrinsic mortality'.

-Reliability theory of aging suggests that biological systems start their adult life with a high load of initial damage. Reliability theory is a general theory about systems failure. The theory explains why mortality rates increase exponentially with age (the Gompertz law).

1.5.1.2 Stress Theories of Aging.

These theories argue that excessive physiological activation have pathological consequences hence differences in neuroendocrine reactivity might influence patterns of aging. The focus of theories is on the possibility that neuroendocrine reactivity might be related generally to increased risk of disease and disabilities. Stress mechanisms are thought to interact with age changes in the hypothalamic-pituitary-adrenal (HPA) axis, which is one of the body’s two major regulatory systems for responding to stressors and maintain internal homeostatic integrity.
1.5.1.3. **Psychological Theories of Aging.**

Theory of selection, optimization and compensation (SOC) advocated by P. Baltes suggests that there are psychological gains and losses at every life stage, but that in old age the losses far exceed the gains. Baltes suggests that evolutionary development remains incomplete for the very last stage of life, during which a societal supports no longer suffice to compensate for the decline in physiological infra-structure and losses in behavioural functionality (cf. Baltes and Smith 1999).

1.5.1.4 **Theories of Cognition.**

A distinction is generally made between cognitive abilities that are fluid or process abilities that are thought to be genetically over determined and which tend to decline across the adult lifespan. Declining sensory capacities and reduction in processing speed leads to a decline of crystallized abilities. Most theoretical perspectives on cognitive aging can be classified into whether the proposed primary causal influences are distal or proximal in nature.

Distal theories attribute cognitive aging to influences that occurred at earlier periods in life but that contribute to concurrent levels of performance. Proximal theories of aging deal with those concurrent influences that are thought to determine age-related differences in cognitive performance.

1.5.1.5 **Theories of Everyday Competence.**

Theories of everyday competence seek to explain how an individual can function effectively on the tasks and within the situations posed by everyday experience. Hence, everyday competence might be described as the phenotypic expression of combinations of basic cognitive processes that permit adaptive behaviour in specific everyday situations.
Three theoretical approaches to the study are the first perspective views everyday competence as a manifestation of latent constructs that can be related to models of basic cognition. The second approach conceptualizes everyday competence which involves domain-specific knowledge bases. The third approach, the theoretical focus is upon the fit, or congruence, between the individual’s cognitive competence and the environmental demands faced by the individual.

1.5.1.6 Social-Psychological Theories.

Social psychologists that come from a psychological background are concerned primarily with the behaviour of individuals as a function of micro social variables. Theories that have received recent attention are control theories which contrast primary and secondary controls. Coping theories distinguish between accommodative and assimilative coping and Theories on age differences in on attributive styles.

There are also theories that blend psychological and sociological approaches, such as the convoy theory and the support-efficacy theory. Socio-emotional selectivity theory holds that the reduction in older persons’ social networks and social participation should be seen as a motivated redistribution of resources by the elderly person. Thus older persons do not simply react to social contexts but proactively manage their social worlds (cf. Baltes and Carstensen 1999).

Activity theory considered inactivity to be a societal induced problem stemming from social norms. Disengagement theory suggested that impending death stimulated a mutual psychological withdrawal between the older person and society.
1.5.1.7 Anthropological Theories.

Common theoretical themes include the complexity of the older population lead to differential experiences of aging in different cultural context, the diversity of aging within cultures, the role of context specificity, and the understand of change over the life.

1.5.1.8 Life Course Theories.

Life course theories represent a set of three principles.

First, the forms of aging and life course structures depend on the nature of the society in which individuals participate.

Second, social interaction is seen to have the greatest formative influence in the early part of life; such interaction retains crucial importance throughout the life course.

Third, social forces exert regular influences on individuals of all ages at any given point in time.

1.5.1.9 Social Theories of Aging.

Social theories of aging have often been devised to establish theoretical conflict and contrast. Two dimensions of contrast that have been used involve the cross-classification of normative versus interpretive theories and macro versus micro theories. But there are also intermediate theoretical perspectives that bridge these two approaches or that link different approaches. Modernization and aging theory would be an example of a normative macro theory. Self and Identity theories represent interpretive micro theories. Disengagement theory represents a normative linking theory, and the life course perspective discussed above represents a theory that is both linking and bridging (cf. Marshall 1999). Recent generalizations that cut across most social theories seem to focus on three changes in the
construction of the social phenomenon of aging. These changes suggest that life course transitions are increasingly tied to age with a movement from age segregation to age integration. Second, that many life transitions are less disjunctive, more continuous, and not necessarily irreversible processes. Third, specific pathways in education, family, work, health, and leisure are considered to be interdependent within and across lives. Life trajectories in these domains are thought to develop simultaneously and reciprocally, rather than representing independent phenomena (O’Rand and Campbell 1999).

A prominent example of a social theory of aging is presented by the aging and society paradigm (Riley et al. 1999). The distinguishing features of this paradigm are the emphasis on people and structures as well as the systemic relationship between them. This paradigm includes life course but it also includes the guiding principles of social structures as having greater meaning than merely provide a context for people’s lives. This theory represents a cumulative paradigm. In its first phase, concerned with lives and structures, it began with the notion that in every society age organizes people’s lives and social structures into strata from the youngest to the oldest, and raised questions on how age strata of people and age oriented structures arise and become interrelated. A second phase concerned with the dynamisms of age stratification defined changing lives and changing structures as interdependent but distinct sets of processes. The dynamism of changing lives began with the recognition of cohort differences and noted that because society changes, members of different cohorts will age in different ways. A second dynamism involves changing structures that redefine age criteria for successive cohorts. In a third phase the paradigm specified the nature and implication of two connecting concepts, that of the interdependence and asynchrony of these two dynamisms, that attempt to explain imbalances in life courses as well as social homeostasis. A fourth phase deals with future transformation and impending changes of the
age concepts. It introduces the notion of age integration as an extreme type of age structure as well as proposing mechanisms for cohort norm formation.

1.5.2 Concept of Adjustment.

Good adjustment is related to a feeling of satisfaction with own life, and it is a major marker of successful aging (Ramamurti and Jumuna, 1993a). Morale is the emotional component of life satisfaction. It may be defined as a reflection of an individual's feelings about past, present and future (Chown, 1977). In this sense, it becomes synonymous with the degree of satisfaction with life. Acquiring and maintain to high morale reflects good adjustment.

A comprehensive definition of adjustment to aging or successful aging would combine all the elements: survival, health, life-satisfaction, well being and morale. The term, Adjustment, in gerontological literature tantamount to internal and external equilibrium of human beings. Burgess (1960). Two aspects of adjustment in old age: personal and social. The existence of inner harmony is personal adjustment and a harmony with the world around us is social adjustment.

1.5.2.1 Adjustment in relation to Aging.

Personal adjustment finds its context in social adjustment Havighurst (1950) defined adjustment in old age in terms of:

1) The quantity of inter personal relationships,

2) The gradual taper off inter personal relationships as aging progresses,

3) A degree of congruence between inter personal relationships and current personal vigour,
4) A retention of basic family ties and

5) The ability to recover from stress and illness with due speed.

The literature on aging suggests that the adjustment problems associated with the aged are the result of physical, psychological, social, spiritual, environmental and cultural factors.

According to Taylor (1983), adjustment process in old age centres around three themes: A search for meaning, in the experience, an attempt to regain mastery over the event in particular and over one's life in general, and an effort to restore self-esteem through self enhancing evaluations.

Aging entails increased exposure to losses. Adaptation to losses becomes a principal task of the later stages of life (Pfeiffer, 1977). There is a risk for different types of losses for the elderly, a situation that has led various authors to refer to old age as 'a season of loss' (Pfeiffer, 1976). The older people experience a loss in their level of income, a loss in their friends, a loss in their feelings or activity and productivity within the society, a loss in their roles, loss of identity, loss of power, and loss of independence and so on. Hence the need for the 'integration of loss' is an important adjustment task of the aged.

Ramamurti (1995) categorizes the problems in relation to adjustment of the aged as:

1) Physical fitness and health problems,

2) Financial problems,

3) Psychological problems, and

4) Problems of interaction in a social - familial setting.
1.5.2.2 **Adjustment (Developmental) Tasks of Old Age.**

Havighurst proposed the developmental tasks of an aging person as:

1) Adjust to decrease in physical strength and health,
2) Adjust to retirement and reduced income,
3) Adjust to the death of a spouse,
4) Establish to an explicit affiliation with one's age group,
5) Adopt and adapt to social roles in a flexible way, and
6) Establish satisfactory physical living arrangements.

1.5.2.3 **Patterns of Adjustment to Aging.**

The two diametrically opposite patterns to adaptation in old age, the activity theory and the disengagement theory do not account satisfactorily for all aspects of a happy old age; for there are some individuals with low role activity but high life satisfaction and vice versa.

1.5.2.4 **Intervention: Towards Adjustment in Old Age People.**

Counsellors need to be alert to issues involved in counselling the elderly who are depressed, widowed, lonely, neglected and abused. Intervention here refers to socially sanctioned practices to prevent, modify or eliminate disordered or undesirable behaviour.

Intervention may be physical, psychological, social, institutional and environmental manipulation (Eisdorfer and Stotsky, 1977). Intervention is generally in response to a crisis. Counselling intervention is an important approach to elderly population since more than any other client in a counselling relationship, the elderly need to experience unconditional
positive regard so that they may able to achieve ‘integrity’ They need to experience a therapeutic relationship with counsellors in which they can verbalize their formerly unallowable feelings of pessimism, hurt, guilt and despair so inconsistent with self-esteem and previous cognition of self-confidence and pride. Activities doing no harm reduce discomfort, enable decision making, clarifying vocation, consolidating the self, reconciling with family and friends, and providing a resource for the spirit in relation to the self. Based on the developmental tasks of aged individuals, the principal goal of counselling for the elderly is to help them to achieve a sense of integrity to find meaning in life.

Some important counselling needs of the elderly. They are, 1) Affection, 2) Belonging, 3) Independence, 4) Achievement, 5) Recognition, and 6) Self-esteem.

Fry (1984) identified the emergence of several recurrent counselling themes centring on the elderly need to:

1) Strengthen a spiritual faith,

2) Know their worth,

3) Be useful and worthwhile to others,

4) Restore their decline energy, and

5) Feel that they will be remembered and cherished after death.

The older persons in the midst of physical, psychological, spiritual and environmental changes express a need for change. Older persons often exhibit a strong desire to resolve problems, to put their life in order, and to find satisfaction and a second chance - thus make
them prime candidates for therapy. Group therapy is also advocated as an ideal way to help old people to manage their stresses more effectively.

1.5.2.5 Adjustment in Palliative Care.

Adjustment in Palliative Care

Adjustment disorders are the most common complaints in palliative care. Following the diagnosis of an incurable illness, patients may go through the stages of

Denial

Anger

Bargaining

Depression

Acceptance

These states may exist simultaneously and are not necessarily experienced by all. In particular, palliative care patients may fear

Physical disfigurement and pain

Loss of autonomy

Financial hardship

Abandonment by friends and family

Becoming a burden

The end of existence
Loss of control of bodily functions during the final stages of life

1.5.3 Concept of Old Age.

1.5.3.1 Common changes in Old Age.

Common changes in appearance during Old Age:

A. Head region:

1. The nose elongates.

2. The mouth changes shape as a result of tooth loss or the necessity to wear denture.

3. The eyes seem dull and lustreless and often have a watery look.

4. A double or triple chin develops.

5. The cheeks become pendulous, wrinkled and baggy.

6. The skin becomes wrinkled and dry, and dark spots, moles or warts may appear.

7. The hair on the head becomes thin and turns gray or white, and tough, bristly hair appears in nose, ears and eyebrows.

B. Trunk region:

1. The shoulders stoop and seem smaller.

2. The abdomen bulges and droops.

3. The hips flabbier and broader than they did earlier.

4. The waistline broadens to give trunk a saclike appearance.

5. The woman’s breast become flabby and droops.
C. Limbs:

1. The upper arms become flabby and heavy, while the lower arms seem to shrink in diameter.

2. The legs become flabby and veins prominent, especially around the ankles.

3. The hands become scrawny and the veins on the back of the hands are prominent.

4. The feet become larger as a result of sagging muscles, and corns, bunions and calluses often appear.

5. The nails of hands and feet become thick, tough and brittle.

D. Common changes in the sensory functions in old age:

1. Vision: There is a constant decline in the ability to see at low levels of light (illumination) and decline in colour sensitivity. Most of the old people suffer from presbyopia-farsightedness -Diminishing Elasticity of the lenses.

2. Hearing: Old people lose the ability to hear extremely high tones, as a result of atrophy of the nerve and the organs in the basal turn of the cochlea, although most can hear tones bellow high C as well as younger people. Men tend to experience greater hearing loss in old age than women.

3. Taste: Marked changes in taste in old age are due to atrophy of the taste-buds in the tongue and the inner surface of the cheeks. This atrophy becomes progressively more widespread with advancing age.

4. Smell: The sense of smell becomes less acute with age, partly as a result of cells in the Nose and partly because of the increased hairiness of the nostrils.
5. Touch: As the skin becomes drier and harder, the sense of touch becomes less and less acute.

6. Sensitivity to pain: The decline in the sensitivity to pain occurs at different rates in different parts of the body. There is a greater decline, for example, in the forehead and arms than in the legs.

7. Sexual changes: Generally there is decline in sexual potency during the sixties, which continues as age advances, which continues as age advances. Older men are less “masculine” than they were in prime of life just as women are less “feminine” after the menopausal changes have taken place. However, even though sexual potency has declined, there is not necessarily a decline in sex desire or in ability to have intercourse. The male climacteric comes later than the menopause and requires more time.

E. Common changes in Motor abilities in old age:

1. Strength: Decline in strength is most pronounced in the flexor muscles of the forearms and in the muscles which raise the body. Elderly people tire quickly and require a longer time to recover from fatigue than younger people.

2. Speed: Decrease in speed with aging is shown in tests of reaction time and skilled movements such as hand writing.

3. Learning new skills: Even when the elderly believe that learning new skills will benefit them personally, they learn more slowly than younger people.

4. Awkwardness: Old people tend to become awkward and clumsy, which causes them to spill and drop things, to trip and fall, and to do things in careless, untidy manner. The
breakdown in motor skills proceeds in inverse order to that in which the skills were learned, with the earliest learned skills being retained longest.

Common changes in mental abilities in old age:

1. Learning: Older people are more conscious about learning, need more time to integrate their responses are less capable to deal with new material that can not readily be integrated with earlier experiences, and are less accurate than younger people.

2. Reasoning: There is a general reduction in speed with which the individual reaches a conclusion in both inductive and deductive reasoning. This is partly the result of the tendency to become increasingly cautious with age.

3. Creativity: Older people tend to lack the capacity for or interest in, creative thinking. Thus significant creative achievements are less common among older people than the younger ones.

4. Memory: Old people tend to have poor recent memory but better remote memories. They may due partly to the fact that they are not always strongly motivated to remember things, partly to lack of attentiveness, and partly to not hearing clearly and distinctly when others say.

5. Recall: Recall is affected more by age than recognition. Many older people use cues, especially visual, auditory, and kinaesthetic ones, to aid their ability to recall.

6. Reminiscing: The tendency to reminisce about the past becomes increasingly more marked with advancing age. How much the individual reminisces depends mainly on how pleasant or unpleasant the elderly find their living conditions now.
7. Sense of humour: A common stereotype of the elderly is that of humourless people. While it is true that their comprehension of the comic tend to decrease with advancing age, their appreciation for the comic that they can comprehend increases.

8. Vocabulary: Deterioration in vocabulary is very slight in old age because elderly people constantly use words most of which were learned in childhood or adolescence. Learning new words in old age is more infrequent than frequent.

9. Mental rigidity: Mental rigidity is far from universal in old age, in contradiction to the stereotype of elderly as mentally rigid. When mental rigidity sets in during middle age, it tends to become more pronounced with advancing age partly because the elderly learn more slowly and with more difficulty than they did earlier and partly because they believe that old values and ways to do things are better than new ones. This is not mental rigidity in the strict use of the term but a carefully reasoned decision.

1.5.3.2 Common problems in Old Age.

1.5.3.2.1 Diseases found in Elders.

Mood, Depression, Disturbed Sleep, Reduced Concentration, Disturbed Appetite (Weight Loss), Reduced Energy, Helplessness And Hopelessness, Reduced Libido, Bleak view of the Future, Complaints of Physical Illness, Guilty Feelings, Diurnal Mood Variation, Suicidal Ideation, Irritability, Agitation Mood, Anxiety, Circumstantialities, Mania, Obsessions, Delusions, Schizophrenia, Insomnia, Hallucinations Sensory Impairment (i.e. Visual Impairment or Deafness) Ability to follow the Conversation, Ability to remember Facts and Names, ask the same questions/repeat statements

Therapy types used in Elders,-
Cognitive behavioural therapy

Behavioural therapy

Psychoanalytic psychotherapy

Family therapy

Interpersonal psychotherapy

Other therapies

Delirium (also known as Acute Confusional State) is common in the elderly. Vascular disease, Cardiovascular disease, Stroke, Rheumatologic illness, Temporal arthritis, Endocrinological disease, Diabetes mellitus (DM), Hyperthyroidism, Nutritional deficit, Thiamine deficiency, Vitamin B12 deficiency are frequently found for treatment.

1.5.3.2.2 Isolation.

Experience of isolation or loneliness occurs in all human beings but it becomes a complex problem in Old Age. It is known that isolation is not a necessary accompaniment to age and that ageing is not solely responsible for the progress of isolation in older persons. However, there is a deep relationship between ageing and isolation.

Isolation is associated with a number of physical, social and psychological conditions. Generally it is believed that older persons living alone or with their spouses feel isolated. But today older persons living in nuclear or joint families also feel loneliness or isolation due to various reasons, particularly due to lack of social integration, less or no interaction amongst family members, etc.

Types of Isolation
1. Social Isolation

It is the persistent withdrawal or absence or avoidance of social interaction. People feel isolated when others ignore their presence or do not give them due importance.

2. Emotional Isolation

It is a condition of isolation when the people are emotionally isolated, but may have a supportive social network.

Isolation

Due to isolation in their life, elderly were found affected with the following problems

- Nervousness and anxiety
- Panic and aggressive nature
- Eating disorders leading to health disorders
- Addictions & substance abuse
- Feeling of insecurity
- Financial imbalance

Loneliness

Due to loneliness in their life, older persons were found suffer from the following;

- Feeling of unhappiness and dejection
- Increased substance abuse / smoking
- Uneasiness & distress
- Reduced self-esteem
- Increased trauma levels
- Health disorders like blood pressure

They were self-conscious towards the following,

a. Their physical appearance
i. Gray hair or baldness
ii. Wrinkles on the body, particularly on face
iii. Poor eyesight/ hearing ability
iv. Other old age related problems like weaker teeth, to lean back, etc.

b. Social appearance
i. No knowledge of modern technology like computers, mobile, Internet, TV, etc.
ii. Being ignored at public places/functions, etc.

c. Financial appearance
i. Less / no income
ii. Less income generation ability iii. No employment

1.5.3.2.3 Retirement.

Retirement

Retirement has come to be partially synonymous with ageing it represents a major state and role change in older person’s life whether it comes voluntarily or as a result of
mandatory retirement effects and impact of retirement often with conflicting results. About retirement Atchley states it can be viewed as both- as cause and an effect Impact of Retirement

Louis Lowy states: Retirement is a process and retirees and their spouse experience it differently at different points in time. A smaller number of retirees never manage to find sufficient rewards in leisure to replace the satisfaction they had from work. They do not feel justified to derive satisfaction from leisure because they have never perceived leisure as legitimate way to spend ones time. These individuals’ retirees involuntarily and reluctantly and not surprisingly quickly become bored. It has generally been assumed that the male experience the greatest impact of retirement. In the past this was largely true, but now more and more women enter the labour market and making career is an important part of their life.

The most important reason for early retirement is ill-health another important factor is fluctuation in the economic situation. In most cases retirement regulations set the limit at 60 for women and 65 for men although the majority of workers discontinue work either before or after the prevalent retirement age.

The demand for mandatory retirement is rooted in both organizational and personal needs and thus has gained upper hand. The overall trends are towards curtailment and standardization of the work span. Yet since the majority of ageing workers are reluctant to retirees and many are forced by adverse economic circumstances to seek work, there is considerable pressure to increase employment opportunities. Attempt to solve this problem have developed in two major directions. First, there has some exploration in possibilities of marginal employment in existing enterprises. For example retired company directors and experts often act as consultant in their own or in other firms, in the lower echelons of the
occupational ladder. There are old men jobs such as watch man and janitor, second have been developed for those who can no longer earn a living in any other way.

Effects of Retirement

Retirement has far reaching repercussions on most aspects of life. In the first place, it usually brings about noticeable fall in the standard of living. However the most important aspect of retirement is the loss of their cardinal role. The society’s emphasis is in productivity and achievement. This leads to a fixation of the occupational role, which becomes core of personal identity. Cessation of work disrupts basic life routines. No less problematic is the fall in status. Another source of strain is the disruption of peer-group solidarity with colleagues, which is for the majority of men the main source of companionship outside the family. Thus the combined effects of retirement usually lead to serious disorientation. Many retired worker experiences feeling of depravity, boredom and isolation and in some cases retirement leads to sudden physical and mental deterioration.

However such negative features are not universally associated with retirement. Lowered morale stems in many cases, mainly from ill-health and economic deprivation. Higher the retirement income the more closely it approximates living costs and smaller the gap between pre-retirement and post-retirement income more optimistic is the old person’s evaluation of retirement and the easier adjustment to it.

Informal Relations

During the period of ageing there is a gradual lessening of the amount and intensity of Interaction. The majority of aged people do not wish to maintain extensive social contacts. Evidence on the patterns of informal relations during the ageing process, gives the general
impression that for men, is the continuation of pre-ageing level of interaction and then decline while the patterns typical of women is upsurge and decline.

Leisure

The majority of ageing people spend at least part of their day doing nothing whatsoever. And the amount of time spent in idleness increases with age. Once the rhythm of work and leisure is upset free time is often experienced as unstructured. After retirement, activities that were fully absorbing and gratifying throughout adulthood often lose much of their meaning; same hobbies do not necessarily facilitate adjustment to retirement and may even have a confining or isolating effect. Similarly leisure time activities that are part of full-fledged family life may lose much of their attraction after the onset of ageing. Retired are free at time when most other members of the community are occupied and this may increase ageing people’s feelings of alienation from the community.

Economic Aspects

Money alone does not assure independence, self-esteem and good health. It is an enabling condition; however the overriding economic fact about the aged, that age 65 and over is that, most of them are still living on considerably less than an adequate income.

1.5.3.2.4 Inter generation Relationship.

Informal Relations

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impression that, for men, is the continuation of pre-ageing level of interaction and then
decline while the pattern typical of women is upsurge and decline.

1.5.3.2.5 Abuse of Old Age Persons.

Definition of Elder Abuse

Elder abuse is a single or repeated act or lack of appropriate action that occurs within
any relationship where there is an expectation of trust which causes harm or distress to an
older person. In general term elder abuse is an intentional, negligent act by a family member
or caretaker or any other person that causes harm or a serious risk of harm to an elder person.

Each year hundreds of older persons are abused, neglected and exploited by the
society. Many victims are people who are older, frail, and vulnerable and cannot help
themselves and depend on others to meet their most basic needs. Abusers of older adults are
mainly family members only.

(a) Physical Abuse: It can be inflicted by slapping, bruising, or restraining by physical or
chemical means.

(b) Neglect: The failure of caretakers or family member to provide food, shelter, health care,
or protection for a vulnerable elder.

(c) Exploitation: The illegal taking, misuse, or concealment of funds, property, or assets of a
senior for someone else’s benefit.

(d) Emotional Abuse: inflicting mental pain, anguish, or distress on an elder person through
verbal or nonverbal acts, e.g. Humiliation, Intimidation, or Threat.

(e) Abandonment: desertion of a vulnerable elder by anyone who has assumed the
responsibility for care or custody of that person.
(f) Self-Neglect: characterized as the failure of a person to perform essential, self-care tasks and that such failure threatens his/her own health or safety.

Property speculation has led to large increases in house values. This appears to have resulted in multifarious problems for the elderly who are mostly the owners of property.

Many elders are being harassed by their own children to sell and move to cheaper areas, in order to fund their children's lifestyle. There are also problems such as the harassment of elderly tenants by landlords seeking to evict in order to increase rents. Bullying tactics (or 'mobbing') used by property owners on renters are also on the increase.

Senior Citizens are harassed by

- Malnutrition
- Verbal abuse and name calling
- Threats
- Physical injury, mental stress, Anxiety, or Insecurity
- Kept away from Grandchildren
- Even physical needs not met.
- Not allowed to walk about outside or talk to people of own age group, not allowed to receive phone calls.
- Isolated from friends and family-When you call the house you are told the older person is unable to speak to you; matters are handled by third-party.
- Changes in personal hygiene and inappropriate clothing
- Seniors not allowed spending money the way he/she wants.

- Force a senior to sell or give away property or sign Power of Attorney.

- Belongings are missing.

- Older person is fearful or seems afraid to speak in front of household member or companion.

- Sudden changes in Senior's will.

- Unusual Activities in bank Accounts- ATM withdrawals when the person cannot walk or get to the bank; accounts changed from one branch to another; several withdrawals in short time for large amounts of money; request for large cash withdrawals inconsistent with normal banking practices.

- Power of Attorney, or will, drawn up when older person seems unable to comprehend the financial implication.

- Recent change of title to house in favour of a “friend”, when the older person is incapable to understand the nature of the transaction, or eviction notice arrives when person thought they owned the house.

1.5.4  Concept of Family.

1.5.4.1  Definitions of Family.

“The family is a group of intimate people emotionally involved and related either by blood, marriage or adoption, responsible for the reproduction and rearing of children and living together”. The family is a group of persons who are related by family affinity or law,
resulting from birth, marriage hall or adoption recognized by the law, whose purpose consists
of solidarity and mutual assistance between its members for the common good.

The family constitutes the basic domestic units that originates in the bond between a
man and women, and is characterized by a close and lasting relationship of solidarity between
its member’s. their ascendants or descendents, natural or legal, share customs and values in a
stable manner. The family is the foundation of society since it is within the family that
individuals originates and attains their fullest development.

Family members

Nearly all older people are connected to society by a complex web of close and
distant kins, as well as by friendships. Most of elderly have children, grand children. And
those who never married are living with aunts or uncles, siblings or cousins.

1.5.4.2 Structure of the Family.

There can be nuclear or consanguine family. For instance, in the consanguine family
there are brothers, sisters, and cousins and grandmothers and grandfathers.

Size and composition

For the family structure there should be husband, wife and least one dependent issue.

Nuclear family

The nuclear family units consist of an adult male and an adult female and one or more
dependent children. This is the smallest unit of the family in terms of size and compositions.
Modern age of westernization, urbanization and industrialization has given rise to this type of
the family. The nuclear family is the future family of urbanized and industrialized societies.

Consanguine family
It is a type of the family organization in which the main emphasis is based upon blood relationship rather than the marital relationships of parents, children, brothers and sisters. Blood relation is the primary factor that determines husband or wife in the family. The family normally forms as extended family with two or more generations living together.

Conjugal family

It refers to a type of the family organization on which primary emphasis is laid on the husband and wife relationships rather than blood relations.

**1.5.4.3 Functions of Family.**

Following are the functions of the family institution.

• To raise and socialize children.

• Care of the old and dependents.

• An outlet of sex.

• Selection of mates.

• Security and protection.

• To inculcate love and affection among family members.

• Economic units.

• Rules of descendants and rights of property.

• Education.

• Political.
• Recreation.
• Social control.
• Religions.
• Health.

It is believed that no other agency can replace family institution to perform its functions effectively and perfectly. It is expected that the family will continue to exist as the basic units of society in all human societies in the time to come.

Roles of Old Age Family Member

The older persons like anyone else, have many family roles like parents spouse, aunt, uncle, cousins, brothers, sisters and occasionally the child of living parents. The marital relationship is perhaps the most important relationship experienced in the adult years. During retirement the husband spend, much more of his time at home.

Older people maintain active relationship with their children. Many of elderly deeply resent their own dependency. They would rather retain mastery over their environment than have to call on others for help.

Friends are usually as important to older people as their kinship relations. Like most social relationship and associations, among the elderly, friendship tends to be retained from middle age rather than being and cultivated in old age. Older people do not cordially replace lost friends hence circles of friends diminish, as they grew older.

Peer-Friends Roles
Spouse is the greatest source of companionship in old age. Since the friendship role is a flexible one that offers intimacy, individual’s ability to make friends and to be a friends, is usually a good indicator of him as a socially active person.

1.5.4.4 Ageing and the Family.

Family ties are particularly important for the aged. We rely rightly or wrongly, on the family bonds of affection and obligation to make up for the shortcomings in society. Kins can function as important resources for the elderly to meet health or financial needs with servicing gifts and monetary contributions. They can provide affection and companionship at a time when the older person’s social network may be circumscribed by infirmity, finances, transport dependence and geographic proximity.

Ageing and the Modern Kinship System

Demographic analysis of the family cycle reveals that the post parental stage has lengthened considerably and now lasts an average of 16 years the relationship between spouses is determined by the key events, which affect the process of ageing like termination of child rearing tasks, retirement and dissolution of the marital bond by death.

In the first phase of ageing, the burden of adjustment falls on the wife, who loses her cardinal role while her husband is at the peak of her career. During the second phase the main burden falls on the husband, who loses his major role as a member of the occupational system and has to redefine his relationship with his wife. The process of ageing therefore brings about a shift in the basis of solidarity between husband and wife who move into a more equilateral relationship with each other and with the world around them.
There is considerable evidence that in spite of the fact that widows face more serious economic problems than widowers, women overcome the shock of bereave more easily than men. Men be aware!

The Parent Child Relationship

During the last stage of ageing the parents, who have hitherto given more to their children than they have received from them, gradually become the main beneficiaries of the exchange. Although the importance to support parents in the economic sense is on decline with the development of public and private pension schemes, there is considerable evidence that this trend has not undermined the final sense of responsibility for assistance in such tasks as housekeeping, personal care, and nursing during periods of illness comes from children. In general, daughters are much more involved in the relationship than sons. The mother daughters bond is particularly strong and persists throughout the process of ageing, especially in working class families.

Aged parent are seen more attached to their children than vice versa. Most children have a more or less strong sense of duty towards their ageing parents but the intensity of such a commitment varies according to the nature of bonds between their capability, values and style of life and the possibilities of reciprocal services. There is also some evidence that there is an inverse relationship between the urgency of the need of the parents and the children’s readiness to help.

Grandparents
Grand parenthood is one of the key events in the onset of ageing and it occurs early in the process. Grandparents are tangible reminders of the passage from adulthood to old age, and they start to arrive at a time when such awareness is still alien to the self-image.

There has been a decline in the significance of grandparents in the life of their grand children even though close contacts are often maintained throughout childhood and adolescence in modern times.

Distant kins

Ageing people maintain contact with a variety of distant kins. Consanguine kin tends to be more important than affined ones. Wife’s relatives are more important than the husbands.

It should be noted that at times, secondary and tertiary relatives replace and substitute primary ones. When ageing parents have Sons and no Daughter then they have more contact, to get enough assistance. If they have no offspring then they rely on nieces and nephews. Considerable interaction between ageing people and their kin occurs in most sectors and strata of modern society.

Ageing and Modernization

Modernization is the process whereby a country is transferred from a primarily rural way of life to a predominately urban one through the applications of highly developed technology. Increased in longitivity of life usually accompanies advances in health technology. Thus more people live longer, which results in an increase in the proportion of old age persons increasing competition in jobs. Increased applications of power, improvement of transportation, communications, and distribution system and large scale economic operations create new jobs which require specialized and professional skills. These
also demand separation of the home setting from the work setting. The young are usually selected to fill these new work roles.

This trend not only leaves the parents in older, less prestigious, and perhaps static and sometimes obsolete positions, it also deprives them of one of the most traditional roles of older people.

Many new jobs are in urban areas that result in migration in large number from rural to the urban cities. This geographical separation of generations promotes the development of nuclear families and the break down extended families. Interdependence in daily activities is therefore reduced and more emphasis is placed on independent household.

Urbanization also accelerates social mobility when adult children achieve a social status higher than their parents. They may view their parents as backward and fail to hold them in high esteem.

The educational programs are always targeted towards the young with an emphasis on mass public education for children and vocational training for adolescent and young adults. Due to this, children, in countries under going modernization, are always more educated than their parents, which further devalues parents. Improved and advances in education has lead to lowered status of the aged. Widowhood

Widowhood is not the exclusive province of the old. The average life span for males is shorter, of course but one must also remember that women tend to marry men who are older than them.

Women may have lower remarriage rates than men because they are reluctant to marry and care for another man. Widowhood at any age brings a special kind of social stigma. Widowhood may evoke fear or embarrassment in friends and family. No one knows
quite how to help a bereaved person and people often decide, it is best to leave the grieved individual alone. As a consequence someone who loses a spouse also loses those friends and family members who are unable to deal with new status as a single person. After the pain of losses begin to recede, this kind of discomfort arrives.

Widow

Some think that since the male role is more prestigious than that of the female, the loss of a husband is more devastating than loss of a wife. Furthermore it is harder for a widow to find a new husband than it is for a widower to find a new wife. A widow loses a friend, a companion and a sexual partner. She also loses an escort and a provider. Usually her socio-economic status plummets. Many widows are unable to support themselves. Some have never worked and others have not worked since the time they were married.

Widowers

Men are relatively unprepared to live out their lives alone. Fewer men than women are widowers and men are usually widowers at a later age than women. The death of a spouse may ruin a man’s plan for life in retirement. He never imagined what life to live as a widower.

Widowers men often find themselves emotionally estranged from others family members but dependent on them for the necessary tasks of daily life i.e. cooking, shopping and keeping house, since they lack these mundane skills.

1.5.5 Concept in details of Old Age Homes.
Senior citizens have come under considerable stress due to the compulsion to live without the support of their near and dear ones. Today, elder’s life span is prolonging. Fast change is the hallmark of present day lifestyle. Joint families that ensured a secured life for the aged are in fast disintegration. As a result, most elders are left alone. They face exploitation, abuse and desertion. With none to live with and care for them, elders have to look for an alternative home for security, companionship, care and a life of dignity.

In the West, care system for elders is well defined. Institutions for elders are well organized and state controlled. But here in India, we are yet to go a long way to ensure an effective support system for already grown number of elders yet as the need arises, Old Age Homes, though a new concept to us, are coming up in large numbers today.

Senior citizens have started to enquire about Old Age Homes. It is necessary to assess the Old Age Home facilities. Interaction with the residents, the staff and the management provided great insight into the living conditions, facilities and services, essential requirements and also the problems faced.

Some Homes offer free services. Some are on pay and stay basis. While the number of elders seeking Old Age Homes is increasing, the causes vary. In most cases they are exploited and abandoned by ungrateful children. Some children are unable to keep their aged parents with them for unavoidable reasons. Whatever the reason, for the aged who cannot be independent and fend for themselves, an Old Age Home is the best alternative. But such elders need a lot of mental preparation. They should bear in mind that even the best Old Age Home cannot be a right substitute for their own home and family. The best is to continue to live with or under the direct care of their children in spite of differences and difficulties. There are cases elders are too demanding and fault finding. They do not understand and
adapt themselves to the present day circumstances their children are in. Children should also never consider their aged parents a burden and desert them.

When entering an Old Age Home really becomes inevitable and unavoidable, as it is a lifetime issue, extreme caution is required to take a final decision in choosing a Home. Studies reveal that even the best facilities and services available may not be up to expectations and satisfy for a long. One must be emotionally prepared for a totally new life with changed environment, food habits, restrictive rules and regulations.

For a satisfying life in an Old Age Home, one should always keep in mind the trustworthiness and stability of the management and its commitment to provide for the physical, emotional and social needs of the residents unto the last are to be preferred to the physical features of the Home, other attractions and promises. If one is considering moving into an Old Age Home following points are kept in mind.

First Advantages and Disadvantages of Old Age Home

Advantages and disadvantages of institutional living for the elderly:

Advantages:-

1. Maintenance and repairs are provided by the institution.

2. All meals are available at reasonable costs.

3. Provisions are made for suitable recreation and amusements.

4. Opportunities are available for contacts with contemporaries with similar interests and abilities.

5. Greater chance for acceptance by contemporaries than when with younger people.
6. Elimination of loneliness because people are always available for companionships.

7. Holiday celebrations for those who have no family are provided.

8. Opportunity for prestige based on accomplishments that would not occur in groups of younger People.

Disadvantages:-

1. It is more expensive than to live in one’s own home.

2. Like all institutional food, it is usually less in appeal than home cooked food.

3. Choice of food is limited and often repetitions.

4. Close and constant contact with some people who may be un congenial.

5. The location is often some distance away from shops, amusements and community Organizations.

6. Location is usually at some distance from family and friends.

7. Living quarters tend to be considerably smaller than in former home.

Obtain a list of Old Age Homes from an NGO or from the Yellow Pages of the Telephone Directory or from Newspaper.

Collect specific data / information for them like Location, Nature of accommodation - whether single rooms, dormitories Facilities available, Costs, expenses, deposits, donations medical facilities, food, transport system for mobility, Reputation of Old Age Home Select few Old Age Homes your needs and affordability.
Visit each of the Homes that are short listed to find During such visits interact with the service provider and Inspect the entire premises talk to residents about their experience in the Home in absence of the staff of the Home.

Critically examine the facilities available and determine if they are adequate and operational. For example, one 14” TV located in one room for 20-30 residents, beams only DD channels would be wholly inadequate, even though it would technically amount to providing a TV.

Obtain information on attitudes and commitment of the staff of the Home. Evaluate their approach, responses to their needs and their willingness to help.

Insist upon written commitments by service provider regard to facilities, amenities, standard of concern and care etc.

Carefully examine all documents that are required to sign like Application Form, Terms and Conditions, Applicable Rules, Restrictions imposed etc.

Verify whether deposit is a refundable or non-refundable deposit. Obtain accurate information regard to fixed costs and recurring costs. Confirm that this information is recorded in the documents.

Do not sign any papers without study and understanding their contents. Do not sign any blank papers.

Study restrictions imposed during one’s stay. Obtain information on entertaining visitors.

Take time to evaluate the merits of each Home before decision. Choose the one that suits required needs.

Choose a Home that offers communication facilities as otherwise one will be at the mercy of the service provider.
Do not keep valuables, Jewellery or large cash at the Home, unless one has verified the security arrangements.

Obtain receipts for all payments.

Leave clear instructions in regard to the person/s to be informed when one is sick or ill.

Assess Impressions after Visit

Is the atmosphere friendly, safe and comfortable?

Do any individual residents seem to be unstable or be cause of any disruptions?

Are all areas well lit? Is the temperature inside comfortable for the residents?

Do the residents seem happy with the way staff communicates with them?

Are residents treated with respect as well as in a friendly manner?

Are there enough staff?

Do the staff seem trained for elder care, and are they caring and attentive? Can one or more of the staff speak your language?

Are there other people with similar needs to yours?

Location

Is there transport provided or within easy access?

Is there easy entry and exit from the premises (level ground etc.)? Will it be easy to see one’s family and friends?
Is it easy to get to local shops, a club, temple, dispensary, hospital, and other places that one may want to go to?

Facility

If the facilities are on more than one floor, is it easy to navigate?

Are there call-buttons in the bedrooms, bathrooms and common areas?

Is the building security appropriate for the suburb and location?

Is there a garden for residents?

Are there smoke detectors and fire extinguishers?

Is there easy wheelchair access, including to the garden? Accommodation

Can one have one’s own bedroom?

Do the rooms have an attached bathroom and toilet?

Can one meet the other person to see that one may get on, before one share a room?

Old Age Homes

How are shared rooms screened for privacy?

Is there provision for married couples and singles?

Can you bring your own furniture and belongings?

Is there secure storage?

Can you have a TV and telephone in your room?

Is there air conditioning or can one have it installed? Bathroom/toilets
Are there toilets near all communal rooms?

Are toilets, bath and showers old age friendly and private?

Management

Have you seen the “Old Age Home Operational Manual” about visitors, smoking, etc.?

Does the resident have a say in the development and enforcement of the rules?

Will a member of staff be assigned to your welfare?

Are night staff awake or on call?

What qualifications and training does the staff have?

Is the home certified/accredited?

Can you get up and go to bed when you choose?

Will your room be cleaned at least weekly?

Can you help around the nursing home or other Old Age Home if you want to? Are daily papers delivered?

Is there a mail service?

Is it possible to buy small items such as gifts and stamps?

Meals

Do the menus give you a regular choice of dishes and styles?

Do the menus include foods items you like?

Can you have a meal in your room?
Are the menus balanced and nutritious?

Will special diets be catered for?

Can you get/make snack whenever you want? Are meals only at set times?

Activities

Are regular social events and outings organized?

Do the activities interest you? (E.g. yoga, music, handicraft, outings)

Common Rooms

Is there a choice of TV and/or lounge rooms?

Is there a quiet room for reading or games with no TV?

Is the furniture clean and comfortable?

Is there more than one TV room for choice of programs?

Is there a non-smoking policy?

Religion

Will you be able to practice your own religion?

Are there regular visits by a practitioner from your religion? Telephones

Can you have a telephone in your room?

Is there a place you can telephone without people overhearing you?

Do you need a special telephone and can it be provided? (e.g. for hard of hearing)
Visitors

Can our family and friends see you at any time?

Are there private meeting places for you and your guests?

Can you make/offer your guests a drink or snack?

Can your visitors stay for a meal or even overnight?

Health care

Can you keep the same doctor you have now?

Will you have access to a doctor visit the Old Age Home regularly?

Is there referral facilities or tie up with a hospital?

Does a doctor visit the Old Age Home regularly?

Do other health professionals visit the Old Age Home regularly? (e.g. Dentist, Physiotherapist, Yoga, and Naturopathy expert etc.)

If your care needs change, can you continue to live at the Old Age Home?

Personal care

Can you have a say in the way you are looked after/helped?

Is personal care available when you need (washing, dressing or going to the toilet)?

Can relatives or friends help you if you want?

Can you bring your own care giver/attendant?
Does a hairdresser or barber visit regularly?

Terms and Conditions

What would be covered in your agreement?

What are the Facilities guidelines, fees and costs (Refundable/non refundable)? What does the daily fee cover?

What services are included in your payment? What extra services do you pay for?

When is the accommodation bond payable? How much might be bond be?

Are standard resident fees payable in advance or arrears? What happens if you run out of funds?

How long a trial period of respite care can you have?

What notice must be given if you want to leave the Old Age Home?

In what circumstances might you be asked to leave?

1.5.5.1 Luxurious Old Age Homes and Retirement Townships in India.

The fading joint family system in India and other factors have given rise phenomena of Old Age Homes. Old aged is a lifestyle solution that developers are now ready to provide.

Some Elders have started to walk out of their own home for peace and joy. A big number of financially independent senior citizens now prefer to stay in retirement resorts instead of in the old-age homes that they feel are “overcrowded” and “unsafe”.
Insecurity, loneliness and lack of companionship becomes a daily reality for these elderly persons whose children are either settle abroad, or in some other state, for better career opportunities.

The concept of retirement resorts or complexes is gradually emerging as viable option among the senior members of society who are financially independent.

Townships and residential colonies exclusively for senior citizens are now coming up in the state where they can relocate and spend the sunset of their lives without bother about pay electricity bills, cooking and prompt medical care.

We have not covered this niche area of financially strong section of Elders in our Research.

1.5.5.2 Enabling Elders.

Enabling Environment for Elders.

Elders must be able to move themselves with respect in any Building complex especially entrance and exits, stairs and lifts, toilets etc.

There should be clearly defined barrier free paths for pedestrian and vehicular movements within any complex.

Appropriately placed signage’s for all including elderly with physical, hearing and visual disabilities should be incorporated throughout the complex.

Parking for private vehicles of elderly and wheelchair users should be reserved. The existence and location of ramp should be clearly indicated.
Staircases in public buildings should be located so as to achieve equal access from all parts of the complex.

Corridors in Old Age Homes should be fitted with hand rails on both sides. Corridors, Passageways and pathways in landscaped areas should have defined edges using contrast colours or materials.

At least one lift in a multi storied building should be able to accommodate a wheelchair.

Wash basin should be placed at the other end of the wall having the WC. It should not have a pedestal beneath. All other fixtures like soap tray, toilet paper holder, towel holder should be placed within reach of a seated person.

Noise pollution is on the rise in cities which causes deafness in most elderly. To cut noise in buildings thick bushes and trees with heavy foliage should be planted along the periphery of the complex.

1.6 Area of Study

Gujarat is located on the Western most part of India. Since inception of the state, the structure of its economy has changed significantly. Not only the State's GSDP and Per Capita NSDP have increased but it has shown all signs of a developed and urbanized economy. The investment climate and industry friendly policies of Gujarat have made it industrially Vibrant State. Gujarat is among the top few States in India to attract investments and create jobs. The State has also made tremendous progress on socio-economic front through strategic interventions in social sectors.
The details, in brief, of important sectoral developments of state economy, in the year 2010-11 and 2011-12 (latest available) have been given in the following paragraphs.

Population

The provisional population of India at 0.00 Hrs. as on 1st March 2011 is 121.02 Crore comprising 62.37 Crore males and 58.65 Crore females. The population of Gujarat at the same date and time is 6.04 Crore comprising 3.15 Crore males and 2.89 Crore females. Of this, the rural population stands at 3.47 Crore and the urban population 2.57 Crore. In absolute numbers, the rural population has increased by 29.30 Lacs and the urban population by 67.83 Lakh in the last decade.

Gujarat stands at 10th rank amongst the States in the country in respect of population and at 21st rank in population density. In terms of percentage, Gujarat accounts 5.96% of the area of India and 4.99% of the population of India.

In percentage terms, the rural population formed 57.42 % (decrease of 5.22 % during the decade) of the total population with the urban population consisting 42.58 %.

Population of Gujarat was 5.07 Crore at the beginning of the 21st Century. As per Census2011, Gujarat has population of 6.04 Crore persons showing a decadal growth rate of 19.17% as compared to all India growth rate of 17.64%. The growth rate of population in rural and urban areas was 9.23 % and 35.83% respectively.

The Sex Ratio in the country which was 933 in 2001 has risen by 7 points to 940 in 2011 while the Sex Ratio in the state decreased to 918 in 2011 from 920 in 2001. In rural areas of the state it has increased by 2 points from 945 in 2001 to 947 in 2011, while in urban areas it has been 880 in 2001 as well as in 2011. Thus the sex ratio of the state was 918
against the national average of 940 and in urban areas of the state it was 880 against the national average of 926.

The population density of the state is 308 persons per sq.km in census 2011, where as it was 258 persons per sq.km. In census 2001.However, the population density of Gujarat was below the National average of 382 persons per sq.km.

The literacy rate of Gujarat as per the provisional population totals of census 2011 is 79.31%. In rural areas the literacy rate is 73.00 % and in urban areas it is 87.58%. The decadal change works out to 10.17 points, 11.71 points in rural area and 5.74 points in urban area respectively. The male literacy rate which is 87.23% (Rural 83.10%, urban92.44 %) is higher than the female literacy rate of 70.73 % (Rural 62.41%, Urban82.08%). The increase in female literacy rate is significantly higher in all areas i.e. total (12.93 points), rural (14.57 points) and urban (7.58 points) in comparison to corresponding male literacy rates - total (7.57 points), rural (8.99 points) and urban (4.10 points) over the decade. It is significant to note that the gap in literacy rate among males and females has reduced to 16.50 in the state from 21.86 in 2001. The gap is 20.69 points in rural areas and 10.36 points in urban areas.

Human Development in Gujarat

The Human Development Index is the composite index of three basic indicators:

(1) Longevity (i.e. Life expectancy at Birth),

(2) Knowledge (Primary - Secondary enrolment and adult literacy) and

(3) Per Capita Income.

These all three indicators have been given an equal weight age (1/3).
India ranked 134 out of 187 countries in the Human Development Index in Global Human Development Report (UN Human Development Report 2011). The absolute value of Human Development Index has increased from 0.512 in 2010 to 0.547 in 2011, an increase of 6.84 percent over the period. Among the top five states, Kerala topped the index, followed by Delhi, Himachal Pradesh, Goa, and Punjab.

As per India Human Development Report 2011 published by Planning Commission of India, Gujarat ranked 11th among all the states of the country.

The three districts viz. Ahmadabad, Surat and Vadodara are contributing 29% of the population of Gujarat. Nearly 50% of the State's population resides in the 7 districts viz. Ahmadabad, Surat, Vadodara, Rajkot, Banaskantha, Bhavnagar and Junagadh.

The Sex Ratio in the country which was 933 in 2001 has risen by 7 points to 940 in 2011. The increase in rural areas has been 1 point from 946 to 947. The increase in urban areas has been 26 points from 900 to 926.

While the Sex Ratio in the state decreased to 918 in 2011 from 920 in 2001. In rural areas of the state it has increased by 2 points from 945 in 2001 to 947 in 2011, while in urban areas it has been 880 in 2001 as well as in 2011. Thus the sex ratio of the state was 918 against the national average of 940 and in urban areas of the state it was 880 against the national average of 926 (Chart-5 & 6).

Density of Population: Population density is defined as number of persons per square kilometre area of well delineated administrative units.

The literacy rate of Gujarat as per the provisional population totals of census 2011 is 79.31%. In rural areas the literacy rate is 73.00% and in urban areas it is 87.58%.
Gujarat No.1 in Providing Jobs: Gujarat stands first in providing jobs to the candidates through Employment Exchanges for the last eight years in the country as per reports published by the Directorate General of Employment & Training, New Delhi. The number of placements in year 2009 was 153500 which is the maximum among all the states.

1.6.1 Old Age Homes in Gujarat.

Introduction

Population ageing is an obvious process of demographic transition. It is only now Asia too is facing a steady growth of the old aged due to decline in fertility and mortality and improved medical and health care. India and China are the two most populous in the world; it is expected to have a significant elderly population base. In fact, in India certain States grapple to reduce high fertility rates while others experience an increase in their elderly population.

Between 1901 and 1951, the proportion of population over age 60 increased marginally from 5 percent to 5.4 percent, while by 2001 this had increased to 7.0 percent. The elderly population grew at a relatively faster rate than the general population, since 1951, the size of the elderly rose in absolute terms is likely to reach 113 million in 2016. In India, proportion of elders is much higher in the rural areas than in the urban areas; also growth of elderly is greater indicating that elderly women will outnumber elderly men in the future.

There is therefore need to study various aspects of fast growing old age population to ensure the design of appropriate policy and programs to meet the needs of this group. India is a traditional society, faces a unique situation in erosion of values. The elderly are ill-equipped to cope with their lives due to infirmity and disability. The onus to care elderly is now
relatively more on the States than on the families and is compelling creation of institutional framework.

As per recent statistic, there are 1018 Old Age Homes in India today. Out of these, 427 homes are free of cost while 153 Old Age Homes are on pay and stay basis, 146 homes have both free as well as pay and stay facilities and detailed information is not available for remaining homes. A total of 371 Old Age Homes all over the country are available for the sick and 118 homes are exclusive for women. A majority of the Old Age Homes are concentrated in the developed states including Gujarat

Perspectives of the Elderly Living in Old Age Homes

Decision for Institutional Living

Reasons under changing familial values of Gujarat indicate the physical and psychological state of the elderly are lack of physical space who live with children and grandchildren and a financial burden on family members. They will like to live a life of dignity and self respect which the elderly felt they did not enjoy to stay with married children. Almost three fourths of the men and a little over half the woman reported that it was their own decision to live in an Old Age Home.

Health related problems faced by elders in Old Age Homes-Cataract, Auditory, Dental, Mobility, Arthritis/Joint pain, Weakness of muscles, Back pain, Anaemia /Weakness, Loss of appetite, Sleeplessness, Lapse in memory, Depression Speech difficulty, Partial
paralysis, Respiratory/Asthma, Urinary, Prostate, Hernia, Hypertension, Low blood pressure, Cardiac, Diabetes, Gastric/acidity, Constipation, Skin disease are commonly found.

Psycho-emotional and Social Aspects of the Elderly Living in Old Age Home

Advantages and Disadvantages of Institutional Living

Regarding the various advantages and disadvantages of living in an Old Age Home, all basic needs taken care of by good and caring staff are the major advantages reported. It is interesting to note have stated that they consider the stress free environment, peace of mind and absence of conflicts (with children) as the major advantages, probably indicating that women may have been better able to cope with the emotional upheavals of familial living. For women, the proportion reporting the freedom to pursue religious activities as desired is a little more than the same reported by the men again indicate the basic difference between the sexes on their interests and pursuits.

Not surprisingly, almost equal proportions of the men and women have reported that they consider the low or no cost of services/all their basic needs being taken care and being well looked after to be the major advantages of living in an Old Age Home. Arrangement is of benefit to them as either they cannot look after themselves or they have no one to take of them.

The feeling of isolation living away from family and friends and the outside world, in general, is the major disadvantage they feel they are living in a jail and the resentment they feel having to live according to the rules of the institute. Lack of clean accommodation, bathrooms, toilets, shared accommodation with unknown people, as also food of their liking, loss of self respect and the feeling of living on concessional items causes them pain.
They felt that if they had someone who would look after them they would prefer to live with family, otherwise institutional arrangement is better. Among the reasons reported for preferring institutional living arrangement the major ones reported are for self-respect/peace of mind/absence of familial conflict followed by fulfilment of all basic needs/requirements and not having to depend on the whims of family members. Lack of familial affection, support and absence or no close family members to take care of them came last as reasons.

The feeling of comfort and belongingness with one’s own children, being able to share the joys and sorrows together and finally the sense of security of dying in the presence of loved ones. The rights they can exercise over family members, the respect they would have (in society) living with family members and the ease of adjusting with one’s own family than with strangers.

Elderly still consider children as the prime support in old age.

Summary and Conclusions

The results indicate that the demand for institutional living arrangements in the face of weakening traditional familial support has increased as grown-up children find it difficult to simultaneously care for their own children and ageing parents. This compels elderly to move out of the family. Familial conflicts as a cause finds confirmation from the fact that more than fifty percent of the elderly had been living in a joint family before coming to the Old Age Home. Physical ties of the elderly men and women with their adult children have weakened or snapped completely.

1.6.2 List of well-known Old Age Homes in Gujarat.

1. Shree Bhagwat Vidhyapith
Location - Sarkhej Gandhinagar Highway, Ahmedabad-380055

2. Help age India
Location - Satellite, Ahmedabad-380015

3. Jeevan Sandhyasmruti Vruddhashram
Location - Sola Road, Ahmedabad-380063

4. Divyaadham Mandir
Location - Changodar, Bavla-382220

5. Krishna Vruddhashram
Location - Ghandinagar, Gandhinagar - 382010

6. Manav Sewa Samaj Kalyan Trust
Location - Lambha, Ahmedabad-361322

7. Nachiketa International Trust
Location - Bapunagar, Ahmedabad - 380 024

8. Shree Jain Ashram
Location - Vatva, Ahmedabad-382440

9. Sanyas Ashram
Location - Ellis Bridge, Ahmedabad - 380006

10. SCR
Location - Navrangpura, Ahmedabad-380009

11. Shah Maganlal Trikamlal Keshavlal Trikamlal
Location - Income Tax, Ahmedabad-380014

12. Shree Jain Ahsram
Location - Vatva Ahmedabad - 382 440

13. Shree Manilal Ghandi Vanprasthashram
Location - Vatva Ahmedabad - 382 440

14. Trithangan Visamo Ghardaghar
Location - Satellite, Ahmedabad - 380015

15. Vruddhashram Vanprasth Ashram
Location - Naranpura, Ahmedabad-380013

16. Trimandir Dada Bhagwan Temple
Location - Adalaj, Gandhinagar-382421

17. Vikas Gruh
Location - Paldi, Ahmedabad - 380007

1.6.3  Government Administered Schemes in Gujarat.

1-Indira Gandhi National Old Aged Persons Assistance Scheme (Vayvandana Scheme) (IGNOAPS)
2-Schemes Economic upliftment Indira Gandhi National Old Aged Persons Assistance Scheme (Vayvandana Scheme) (IGNOAPS)

1.6.4 Government Acts and Legislations.

To protect the elder persons, the Parliament of India as a welfare State has passed many Acts beside the fundamental law of the nation, i.e. Constitutional Law. Let us see these in detail.

The Maintenance and Welfare of Parents and Senior Citizens Bill, 2007 The objective of the Bill is to provide for more effective provisions for the maintenance and welfare of Parents and Senior Citizens. The most important provision of the Bill is to make the maintenance of parents by their family as a legal right Various Concessions.

The Government has provided concession to senior citizens for 30% concessions in train and 45% to 50% concession in air journey to senior citizens. Banks are providing 0.5% -1% additional interest to senior citizens.

(NOAPS) The Scheme covers older persons/destitute having little or no regular means off subsistence from his/her own source of income or through financial support from family members or other sources.

Annapurna Scheme

Annapurna Scheme covers all the other elderly below poverty line who are not covered under the NOAPS. A provision of 10 K.G. rice or wheat is provided to the needy elderly.