2.1. Introduction

Aging is a biological process experienced by mankind overtime and space, but is mainly influenced by socio-cultural contexts. In other words, the society with its structure, culture and norms gives meaning to the process of aging (Smita 1999). Although aging is a universal phenomenon, the pattern of aging differs across humanity, ethnicity, nationality, race, population, socio-economic status, sex and culture.

In the Indian context, it can be stated that the changing demographic profile of the country has been accompanied by a new social order. The traditional norms and values of the Indian society lay a significant stress on showing respect and providing care to the old. This follows that the older members of the family are normally expected to be taken care of within the family itself. However, in recent times, the rapid socio-economic transformation has affected various aspects of the traditional society in India. With a gradual withering of the joint family system, the old members are exposed to various issues such as the absence of an assured and sufficient income to support themselves, health care, the loss of social role and recognition, emotional neglect and lack of physical support etc., thereby implying that aging is emerging as a major social challenge (CSO 2006).

However, in recent times, the condition of the old and the challenge of aging are receiving a due attention worldwide, focusing on a few priority issues confronted by the old, especially the growing challenge of providing adequate care and support. The demographic transition towards the aging population, therefore, calls for systematic efforts for understanding the problem and also for meeting the special requirements of the growing number of the old who are becoming increasingly vulnerable in view of the recent changes in the society, economy and psychology of the people (Sharma and Dak 1987).
Old age care, in simple terms, can be considered as fulfilling special needs and requirements of persons who have become old. Provision of care may encompass primary (care by family and kins) or secondary services (nursing homes, care centers etc.). Elderly care could be understood in terms of the following situations/dimensions:

- **Social Care:** Providing the elderly with social care in terms of maintaining their respect and dignity within the family and also the society at large.

- **Economic Support/Care:** Providing the elderly financial care i.e., covering their basic needs, when elders become unproductive or when they are not able to work (this may differ across individuals).

- **Psychological Care:** Making elder people happy emotionally through constant personal interactions and talking.

- **Health Care:** Helping the elderly during medical emergencies or during health problems i.e. keeping a check on their medicines, visit to doctors etc.

What can be inferred from the above is that ‘elderly care’ as such is not uni-dimensional rather it constitutes a complex whole comprising interrelated situations affecting the ‘caring’ of the old under settings and situations. The kind of care available for the old also depends upon differences present among the old people itself. For instance, there could be old persons who are economically well off, not requiring any care from others. However, those who are not well off need care and generally depend on others for taking their care. Hence, for many, the role of family and children becomes important in terms of keeping a close watch on their day to day needs and requirements. Thus, in the context of changing family structure, the care best suitable in family environment be it emotional economical or personal gets diminished for the elderly.

The following sections deal with the magnitude of aging problem along with other issues and concerns of old people in the family, the rural urban differentials of aging experience and external support available for the old people. Later sections focus on the issue of aging, gender and widowhood.
2.2. Magnitude of the Aging Problem

Being ahead in the process of demographic transition, the concern about population aging has been quite high in the developed countries, but it is only recently that India has started taking note of this problem. For decades together high birth rates accompanied by high death rates had kept the proportion of India’s old at low levels. However, since the 1960s, the proportion of the old has increased due to a steady decline in mortality and fertility rates and the consequent improvement in life expectancy. The number of the old is expected to touch 6.6 million by 2021 from 2.6 million in 1991 (Human Development Report 2001; Gulati and Rajan 1999).

Although the proportion of India’s old population is small as compared to that of any developed country, it is very large in terms of absolute numbers. While the age structure of the population in view of the demographic transition has magnified the problem of the old in the numerical sense (by substantially adding to their numbers), the recent socio-economic changes have further aggravated their problems (Kanbargi and Rao 1998).

Table 2.1: The Proportion of Old Population Across Major Indian States

<table>
<thead>
<tr>
<th>Major States</th>
<th>Percentage Share of Persons 60+ in the Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>J&amp;K</td>
<td>7.45</td>
</tr>
<tr>
<td>Himachal</td>
<td>6.66</td>
</tr>
<tr>
<td>Punjab</td>
<td>9</td>
</tr>
<tr>
<td>Uttarakhand</td>
<td>7.71</td>
</tr>
<tr>
<td>Haryana</td>
<td>7.49</td>
</tr>
<tr>
<td>Rajasthan</td>
<td>6.74</td>
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<tr>
<td>UP</td>
<td>7.01</td>
</tr>
<tr>
<td>Bihar</td>
<td>6.63</td>
</tr>
<tr>
<td>Manipur</td>
<td>6.71</td>
</tr>
<tr>
<td>Mizoram</td>
<td>5.52</td>
</tr>
<tr>
<td>Tripura</td>
<td>7.27</td>
</tr>
<tr>
<td>Assam</td>
<td>5.85</td>
</tr>
<tr>
<td>West Bengal</td>
<td>7.11</td>
</tr>
<tr>
<td>Odisha</td>
<td>8.26</td>
</tr>
<tr>
<td>Chattisgarh</td>
<td>7.22</td>
</tr>
<tr>
<td>Gujarat</td>
<td>6.91</td>
</tr>
<tr>
<td>Maharashtra</td>
<td>8.73</td>
</tr>
<tr>
<td>AP</td>
<td>7.59</td>
</tr>
<tr>
<td>Karnataka</td>
<td>7.69</td>
</tr>
<tr>
<td>Goa</td>
<td>8.33</td>
</tr>
<tr>
<td>Kerala</td>
<td>10.48</td>
</tr>
<tr>
<td>Tamil Nadu</td>
<td>8.83</td>
</tr>
</tbody>
</table>

Source: Census of India 2001.
While looking at the magnitude of the aged population (60+) across different states of India, it becomes clear that wide variations exist in terms of their proportion (table-2.1). The highest share of old people (sixty years and above) in the total population goes to Kerala (10.48%), closely followed by Punjab, Tamil Nadu, Maharashtra and Odisha.

Apart from an increase in the number of old over the years, there are considerable changes observed in the physical and socio-economic contexts of the older people in view of the transformation of the traditional joint family system into one of nuclear. The gradual marginalization of the old in the decision making process in an average family and the break down of ‘family’ as a traditionally cohesive social unit in terms of taking care of the old, sick, widows are mainly responsible for the problems that the old face today in the society (Human Development Report 2001). Even though there is no uniformity in the cohorts of old population who are suffering from the effects of profound socio-economic changes, the important factor is that the experiences of these changes differ (Rajan 2007).

2.3. Issues and Concerns

The scenario of increasing number of old people has enormous implications for the society at large. Being one of the most vulnerable segments of the society, their problems are varied and complex. At the macro level, problems that are arising include changes in the socio-economic and demographic structures, health, housing and other needs. At the micro level, they have to face physical, economic and emotional insecurities (governed by the traditional socio-cultural contexts) that accentuate the problems of individuals as they grow old.

With rapid advances in technology and science, there are changes taking place in the traditional family set up. The breakdown of the joint family set up, migration, changes in the attitude towards parents, (due to the influence of western culture, perhaps) changes in lifestyle and work environment have all affected the way people view the elderly and how the elderly view others and themselves. In many developing countries, the nuclear family norm is slowly transforming the traditional family network where the joint family in the recent past was the best social safety net for the old in terms of care and support. While the joint family network took care of all the
needs of the old, the changes that have occurred over time in the social and economic dimensions have greatly altered the forms of care and support given to the old (Raghaviah 2005).

For an individual, getting old also brings in various associated problems. These are identified by sociologists as the absence of roles and statuses hitherto enjoyed, isolation from near and dear ones, a decrease in authority within the family, declining health status and lack of finance, dependency, migration, having to manage lives against the rising costs of social security and medical care and losing stability of the family as a social institution (Bali 1999). This growing realization has highlighted few priority issues confronting the old, while stressing the need for greater and in-depth analyses of issues relating to the care and problems of the old population.

2.3.1. Changing Family Scenario and the Status Of Old People

The family remains as an essential social institution for the informal support of the elderly given the influence of tradition and culture. Family care is considered part of any culture. The family suffers social disapproval whenever tradition is not respected either because of irresponsibility or negligence. On the other hand, most of the religious doctrines in the world allude to the notion that responsibility towards the elderly belongs to the family. This responsibility is seen as one of the bases for culture (Kosberg 1992). Moreover ‘family’, has always played an important role in determining the status and security of older people. When an extended family system exists, older people become the beneficiaries of reciprocity within a network of mutual dependence. ‘Social security’ meant involvement in a large network of family relationships (Ward 1978).

Changes in family structures and relationships are one of the main areas of concern in the literature on aging. Throughout the world, family is regarded as a basic component of the social structure with a key role assigned to the family being that of providing care to family members at every stage of life. Care in respect of old age is perceived as a special responsibility (basically assigned to the family members), particularly in the absence of public support structures (Heslop 1999). It is seen as a self-sufficient and self-help institution providing help and care to its members, especially children and the old. However, recent demographic changes, coupled with other changes taken place in social and economic spheres in societies have led to
certain profound changes in the family structures with serious implications for the old with regard to their care within the family structure (Chang 1992). Other than this, as a result of increased longevity, there is an increase in the number of generations alive at one time and a decline in the number of family members within each generation. This has resulted in the newly forming adaptations such as single parent or childless families. With respect to aging, it implies increasing number of older family members with many of them living alone. So while the need for giving care to the older people has increased, the number of available family caregivers is diminishing (Heslop 1999).

Undoubtedly the family system is the most vital non formal social security form for the old; even most of them view it as the most preferred living arrangement in their later life and also as the most emotionally satisfying place to live. But owing to the modification or shifting of the family structure from joint family system to nuclear family system at both rural and urban levels, the responsible institutional care for the old has got reduced in the recent years. Unlike in the past, when the old were better adjusted to the joint family structure as all their needs and caring were taken care of by the extended family members along with their kith and kin without much difficulty, in the changing scenario, the position of old persons, particularly women, is more vulnerable as few persons will be willing to take care of non-lineal relatives. Hence, in the present times in the absence of such a specialized caring system, taking care of the old has become a serious problem (Bose and Shankardass 2004).

A caring joint family system is considered the best available option for older people as it gives them a sense of security in their twilight years. Under the joint family system, elders have always some role or the other to play of which he/she usually feels worthy. This keeps the old busy and occupied besides making their lives more meaningful. Currently, however, there is a decay of the joint family system and the resultant cultural influx in the society and social status of old people affecting their diverse roles considerably. They are perceived as a burden due to their disability or dependence, hence, adding to the difficulties in trying to adjust to the demands made on their behavior. Moreover, with older values, replaced with modern ‘individual-centric’ values, the family’s capacity to provide quality care to the old is decreasing (Ramamurthy 1978; Prakash 1999).
Aging is not a new phenomenon, but the problems that arise with aging appear to be a product of the modern age. The society is experiencing a series of changes in response to the broader processes such as globalization, urbanization, education, changes in values, employment opportunities and so on. The cumulative effect of these has been that they have altered the individuals’ way of life. Most importantly, these processes have given rise to the complex issue of the elderly care, by way of altering the caring pattern, especially in terms of the kind of care elders are habituated into a joint family system. Although the obligations of the family in terms of looking after the old with respect continue to be discharged as a duty by every head of the household even to this day, there are no alternative protective layers to address the fast emerging ranges of stresses and strains that have only been increasing the vulnerability of the old in general and women in particular. This implies concern for the old age care as much more complex and serious (Nayar 1999; Kanbargi and Rao 1998).

Regarding changes in the traditional support base i.e. family as a primary institution for caring of the old, Raju (2000) observes that the traditional norms and values of Indian society lay a significant stress on providing care for the old with respect, who in turn naturally feel obliged, to help the family in other ways. Thus, the institution of family can fulfill the needs of the old in respect of social, psychological and economic security. But according to him, such a system of mutual support is no longer possible in a highly modern industrialized society due to various factors. While pointing out the factors that tend to make family care of the old more problematic, he argues that due to the processes of urbanization and industrialization, economic production system has shifted from the family to the factory or workshop, resulting in the traditional hierarchical relationship giving way to a more egalitarian relationship. Other than this an increased demand for labor force, particularly women means, that now they are less available in the family to take care of the old. Besides one also sees a decline in fertility rates which means that there are fewer number of adult children available to share the responsibility of caring the old.

There have been fundamental changes in the value systems, lifestyles, and family structures of younger people due to the processes of urbanization and liberalization. In view of career ambitions, financial constraints, employment away
from home, or insufficient space in urban areas, the younger generation is often unwilling to take on the responsibility of taking care of older people for long periods of time. This is further compounded by the fact that women are often involved in career activities outside the household, with the result that daughters and daughters-in-law are no longer available as primary care givers. Moreover, the centuries-old joint-family system has almost got disintegrated leading to the collapse of the safety net for parents and grandparents especially in cities where there are problems of inadequate accommodation and high cost of living of the younger generation. Sometimes, if parents are living with the younger generation then there are chances of frictions or differences cropping up among family members, hence many do not prefer to take the burden of the old. Thus, the lack of an adequate support system is becoming a major problem that needs to be addressed urgently considering that the society is getting overburdened with increased number of older persons who need to be taken care of (Chadha and Prakash 2008; Pankajam 2004).

The issue of old age care was not much of a problem in the past as there were many children to look after the old; even if some of them were forced to migrate to other places in search of better employment opportunities, parents never used to worry much. However, considering that single-child families are becoming the norm of late, parents are forced to live alone, if the child, were to leave them for some reason or the other. In such a situation, it is seen that elders long for care and their feeling of loneliness and insecurity increases if they do not hear from them often, as they seek company to talk, for whiling away their time while expecting somebody to attend to them in their old age (Rajagopalan 2010).

A different viewpoint is put forth by Nalini (2004) on the changing conception of family and the new role of the old. She shows how the old, as grandparents, are taking up new roles of child care, a common feature in many extended families, thereby witnessing some kind of a bonding between generations. Although, while accepting that the Indian joint family system has been undergoing a drastic transformation towards the nuclear family system, creating caring problems for the old, she argues that this does not mean that family and its role as a whole has lost its importance. One factor that has to be accepted despite changes is the tendency of Indian families clinging on to the notion of the traditional joint family system and the
associated emotional bonds. She points out that in the present times; one important feature that can be observed in any family is the tie-up between generations. So, elders, as grand parents, are taking up the role of child care, if both husband and wife are working. This also helps them involve themselves in some activity after their retirement, thus having their presence felt in the family. On the basis of a study conducted in Madurai City, Tamil Nadu, among hundred grand parents, she concludes by stating that, migration, women's empowerment, new social institutions or the modern culture have actually not crushed down the social family structure as such and that one still sees the existence of, a close bond between the old and younger generation within the family. In many families, the presence of the old continues to serve two purposes- caring of the old and child care both in urban and rural areas.

No doubt ‘family’ is the most sought after social institution for old age care, but in reality, the capacity of the family to care for the old in a given social context. To a large extent, it is dependent on the social and economic circumstances of the family and the social and cultural norms within which it functions and its changing structure resulting from industrialization and urbanization as well as the availability of quality support services. Further, a large number of families who live below the poverty line, for instance, cannot possibly provide the care and support for the elderly that they are traditionally expected to (Chang 1994).

2.3.2. Health Issues

With a significant increase in the proportion and the number of the old, their health care also becomes very important. It is a major concern for a society as old people are more prone to morbidity than young age groups. It is often claimed that aging is accompanied by multiple illnesses and physical ailments. Besides physical illnesses, the old are more likely to be victims of poor mental health, which arises from senility, neurosis and the extent of life satisfaction. The health status of the old, therefore, should constitute an important aspect in any study of the old population. Many primary surveys report that the old in India in general, and the old population in the rural areas in particular, face serious health problems that should be appropriately addressed (Rajan 2007).
Health is not only a biological or medical concern, but also a significant personal and social concern. In general, individuals with a declining health can lose their independence and social roles become isolated, experience economic hardships, be labeled or stigmatized etc., which may change their self perception and may lead some to live in institutionalized settings of old age homes (Kumar 1991).

It is also said that poor health experienced by the older people is generally considered as the second serious problem, coming after economic problem. Especially among low income groups, the health status of old people becomes part of a vicious cycle of hard work, and poor nutrition. But as far as health problems of old people across genders is concerned, it is seen that most often women show higher rates of morbidity (Nagla 1987). While citing differences between the two sexes in terms of health status, Wan (1982) points out that women are sicker, but men die sooner.

Health problems and medical care a major concern, for a majority of the old. It is observed that a large chunk of the rural and urban old population is more susceptible to chronic diseases, besides physical, as well as mental disabilities, as they grow older. However, despite being weak and unhealthy, a majority of the old refrain from seeking medical aid due to many impediments hence, their health need goes unquestionably worse or unattended. It is observed that the health care facilities are minimal, hardly availed of due to utter ignorance on the part of the old people; rampant poverty and the belief that the failing of health is a normal occurrence in old age. As far as common diseases among the old are concerned, some clinical studies have found that multiplicities of diseases are normal among the old, ranging from difficulties in walking and to remain standing for sometime, partial or complete blindness, partial deafness, hypertension, rheumatism heart problems, high blood pressure and difficulty in moving some joints, indigestion to mild breathlessness (Raju 2000; Acharya and Das 1989). Given the prevalence of ill health and disability, dissatisfaction exists among the old, with regard to the provision of medical care with respect to the fact that the sick old lack a proper family care and that public health services are insufficient to meet the health care needs of the old (Kumar 1991).

As regards limited attention given to Gerontological health care, Gangadharan (2005) argues that demographic changes have influenced the health condition of people. The life expectancy, which was forty-two years in 1947, has increased to sixty
five years today, but sadly geriatric or medical care continues to be one of the neglected sectors. While other countries are moving ahead in terms of providing better geriatric facilities such as nursing staff for old age care, home care etc., India is still lagging behind in this respect. There are no separate wards or Intensive Care Units in hospitals excepting mere OPD geriatric services in a few hospitals. The Heritage Hospital in Hyderabad, established in 1994, is India’s only multi-specialty geriatric hospital offering affordable medical and non-medical services to old patients. It provides medical care to the old through various services such as Heritage Home Care Services, Doctor-on-Call Service and Help line Services. This apart, there is only one hospital in Chennai that provides postgraduate (MD) education in Geriatric Medicine. Therefore, for a better care of the old in terms of their health, it is important to encourage a holistic health care for the old through various health specific geriatric programmes.

2.3.3. Economic Issues

For a majority of the world's older population, the term of 'old age' is not a mere chronological definition. It also refers to the changing social roles accompanying the physical change and reduced capacity to contribute or maintain a livelihood (Heslop and Gorman 2002). A majority of the old becoming non-productive due to various reasons such as physical ailments, lack of work or skills and reduced opportunities to employ physical strength (often the most critical asset of many) raises the question of their immediate economic insecurity. Besides reduced economic status also lowers their overall status in the family as the old are held as non-contributors and hence a burden. At the same time, it can also take on the form of a social problem, in terms of who should provide the old with economic and social support and how they cope with the situation of a diminishing financial status and the changing social set up. The economic issue of the old is thus a predominant problem by itself.

A great anxiety of old age no doubt relates to the financial insecurity among many old people especially, those who are poor. The World Bank (2001) has estimated that nearly thirty-five percent of the population in India lives below the poverty line. The rural areas constitute a higher percentage of households living below the poverty line (a population of nearly 36.7 percent). So with a large
proportion of the population living below the poverty line (lower income group), the financial situation of many old persons are said to be fragile. Further, as people survive for a longer duration of seventy-five years or more, they need more intensive and long-term care, which in turn, tends to increase the financial stress within the family. This situation gets exacerbated by the fact that a large proportion of the total work force is employed in the unorganized sector without any financial security such as pension or other post-retirement benefits. Hence, aging also means social exclusion, isolation, physical weakness and vulnerability, as part of the experience of a poor economic status. Besides, there are chances that in respect of some, old age itself becomes a form of social exclusion (Horslep and Gorman 2002).

Tibbitts and Shekldon (1952), point out several aspects of the problem of aging which are multidimensional-social, economic, physical, psychological and environmental. But, according to them, the social problems of aging are always, accompanied by economic constraints as both are interrelated to each other. Going further, they argue that the amount of money the old possess can determine not only the possible span of their lives, but also the quality of their lives like a clean, pleasant and safe environment besides helping them spend their remaining years in relative comfort. Authors also point out that most of the old experience a loss of income (nearly two-thirds) after retirement; as a result, they face certain common problems such as fear of crime, poor health, loneliness, feeling unwanted, not enough friends etc. Regarding the impact of economic dimension on aging, they observe that income sometimes plays an important role in determining the behavior of the old, in that people who earn higher incomes are more likely to think of themselves as bright and alert, open minded, adaptable, and physically active than those with lower incomes. However, this observation can be contested with more research on this issue.

Old age usually brings in with it a relatively diminished participation in productive and economically gainful activities. As a result, not only resources but, also the need patterns of the old undergo a change. Many of the problems confronting the old can be traced to the loss of income following a total or partial withdrawal from occupation besides the loss of social status enjoyed while in occupation. Those who are entitled to retirement benefits also find it difficult to meet their day-to-day requirements because of a decrease in their income and an increase in the cost of
living. The plight of the old in the unorganized sector is even worse, as they have practically little or nothing to fall back upon in their later years. They have to depend on their sons and daughters (in the absence of their own regular source of income) who, sometimes, might find it difficult to meet their requirements. This clearly reinforces the prevalent notion of considering children especially sons as an important form of old age security by parents. Nevertheless, the situation shows that a vast majority of the old men and women in India are poor and need financial support even for meeting their basic necessities. As a result a majority of them are compelled to remain in occupation in order to support their families beyond the average working age (Gurusamy 2001; Raju 2000; Gulati 1993).

With regard to the problems of aging and economic status of old people, a study by Nandal et.al. (1987) contends that economic insecurity is the main problem of old persons and that financial worries constitute a major dimensions of suffering in their lives. The study further argues that the factors underlying economic security include ownership of source of income and property and participation in farm household activities while the lack of any of these can cause a sense of insecurity feeling among old people. This also means that they enjoy a limited role in the decision making process. The study also reveals that, among the old population, the feeling of economic and social insecurity is highest among old women, especially in rural areas. A similar view point is put forth by Nair (1989), in his study on old people in Karnataka. The study observes that as the Indian society is characterized by low income levels, it is no wonder that many people do not have any independent source of income during their old age. While describing the condition of old women as worse the study argues that the problem of economic dependency gets accentuated in view of fact that a majority of the old women happen to be widows.

2.3.4. Psychological Issues

The psychological dimension of old age has more to do with their loss of economic power after retirement, in addition to other problems the old face. The feeling of being ignored, adjustment problems, unable to do what they want to do etc., occur once they retire from work. When old people realize that they have to adjust to a new post retirement life pattern, they find it difficult to look for new routines and interests (Punkajum 2004).
Shankardass (2004) views that it is important to understand the challenges associated with aging in terms of their identity in the world around them and involvement in activities as the life cycle progresses. As matters of a post retirement scenario, health, social responsibility, respect, family duties, widowhood, declining economic resources, marital disputes, lack of interest, new roles, opposition and residential relocation—all affect their nature of involvement in the society. As for differing perceptions in respect of being old, she observes that it can be a satisfying and exciting life for some, while for others, more difficult and tiring. In old age, as near and dear ones, friends, colleagues, acquaintances fade away through illness or relocation, lack of interest or death, the ties holding the old to a particular social world may weaken or take on new importance in their later years, thereby bringing in challenges differently to different people to cope with the new status of being old.

A concomitant outcome of an increase, in the older population is the social recognition of the problem of ensuring them a secure position in the society. Aging is not just a biological phenomenon but also a psychological and sociological phenomenon. It is responsible for major changes in the role, status, health, looks and personal independence of the old. It is generally marked by a shift in individual position from an active social participation to a decline in role performance, economic self-sufficiency to dependency, giving rise to mental stresses and strains (Rani 2001). A similar viewpoint is provided by Rajakshmi (1989) in that advancing age brings in meaningless miseries, mainly because the old have been neglected and by passed by the modern society. The old living an enforced retirement life not suffer only from unhappiness caused by their feeling of uselessness, loneliness and despair but also from problems of social adjustment, health and loss of income. However, it is to be noted that the nature of problems faced by the old may differ across over time and space. For instance, the problems of the old in eighties are quite different from those in the sixties in respect of health; also there may be variations in the problems of the rich and the poor old, or among females as compared to old males. But what remains common across all categories despite all differences is that, with the changing times, and under different circumstances, old people do face problems such as isolation and loneliness.
With regard to the psychological problems of the old, Chaudhry et al (2001) on the basis of their study on working and retired old persons point out that on the one hand, the development of modern science and technology has increased the life span of the individual, while on the other, has made aging problem much more complicated. The joint family system that had once taken care of the old with respect to loneliness by providing them with ample security is now gradually disintegrating. The emerging trend of nuclear family is keeping old persons in a state of isolation. The study observes that as society is advancing, the old are facing various medical, economic, social and psychological problems. More often than not, these problems are interconnected. For instance the ailing old may undergo more depression, frustration and anguish. Their findings related to working and retired elders in terms of psychological problems suggest that, since the old feel isolated suffering from anxiety, threat and danger, self condemnation, pessimism, unhappiness, strain and other similar feelings, it is natural to find an increased sense of psychological insecurity among the retired persons as against the working persons who enjoy better economic prospects and respect in the family.

Mishra (1987), in a study on aging and social adjustment, argues that, the environment of the present industrial society is not conducive to the old for fulfilling their physical and socio-psychological needs. Since they have to depend on their own capacity and resources, they are exposed to the vulnerability of the aging process. So aging has become a complex and challenging proposition for individuals in the present context. With the advent of industrialization, urbanization and modernization in the Indian society, education and employment opportunities have been extended to all in the society. Consequently the compulsory retirement from service at a fixed age has also affected a growing group of old persons in terms of loss of income, activity, social interaction, and social status etc., owing to the changing Indian social structure, old members in the family, caste group and community are getting victimized. The study also points out the increasing importance of acquired properties, the changing social structure, especially the family structure, individualistic values and the compulsory retirement from economic activity as the main contributing factors to the emergence of social problems for elders. The study conducted in respect of 272 retired government employees in Chandigarh, reveals that a large section of the old are moderately adjusted to their new status in terms of goodness to fit, the self concept, mood type, zest for living etc.
Sometimes old age brings in social isolation and loneliness following retirement and the associated loss of daily contacts related to work, loss of family members etc. In this case, women are more vulnerable to higher levels of loneliness because of their relative longevity as compared to men. As women age, they often outshine spouses, friends and family members who previously provided them with social and emotional support, important for health and well being in later years (Havens and Hall 2001).

2.4. Understanding Aging Issues in Rural and Urban Contexts

There are a number of historical, political and cultural issues that influence population aging in a variety of forms. As indicated by the UN population projections (2000a), the phenomenon is bound to assume increasing importance in the future, although its extent might vary across different regions and is also likely to have significant consequences at both individual and societal levels. In reality, the aging process in rural communities usually manifests itself earlier and advances more rapidly than in cities. So, in a majority of poorer countries, aging is considered a problem predominantly visible in the rural areas where the consequences of aging are most felt. In many societies, the old live in extended, multigenerational households while relying primarily on their adult children for financial support and personal care. This is a peculiar feature of rural areas. But today traditional family support systems in rural areas are typically under pressure from demographic, social and economic changes occurring in the broader society (Stloukal 2001).

Unlike the urban old, in general, the rural counterparts are forced to be highly dependent on primary care, i.e., the immediate kin relatives in their old age. Moreover, they could also be characterized as poor, lacking in personal wealth as well as extraneous welfare institutions other than their family care. Because of certain differences prevailing in both urban and rural areas, the problems of old people are also bound to be different. Thus, the old forming a heterogeneous group, demonstrates the complexity of the issue in its multidimensional nature (Verma 1999).

Although India is a country of village with nearly three quarters of its population living in rural areas, both urban and rural areas provide striking contrasts in terms of living conditions, availability of resources and facilities with respect to old age related issues. Although there exist regional variations in respect of rural
conditions in general, most villages share poor sanitary conditions and a relatively low access to education and health facilities. Most rural folks work on their own lands or as agricultural laborers. There is neither income security nor any systematic provision for old age other than children being perceived as an old age security (Prakash 1999).

So, as far as experiences of elders in rural areas is concerned, in terms of indicators like health, income, access to services etc., the rural old seem disadvantaged (Nelson 1980). Moreover, the status of old as advisers and spokesmen of their respective families is no longer in evidence; on the other side old people find it difficult to adjust with their children because of the generation gap and varying perceptions and hence, have to yield to the wishes of their kids to maintain peace or avoid conflicts in the family (Gurusamy 2001).

The scarcity of sufficient number and spread of governmental and other systems of care towards the old has also developed into a major concern in terms of analyzing the caring patterns of the old, especially in the rural areas. The problems of the rural old are much more complex considering that the old living in rural areas does not have any access to the kind of alternate care that is available in the urban areas. Besides, there are other significant socio-economic differences between the urban and the rural old that differentiate to a large extent, the issues related to the old. For instance, there are more number of old women in rural areas than urban and more widowed women living in rural areas than in urban areas, with most of them being dependent on someone of the other for their care in addition to an inadequate availability of health care in rural areas (Krishnakumar 2004).

In respect of rural areas, with no personal resources of livelihood, many families may find it burdensome to take care of the old parents properly. Under such circumstances, the rural old are left to themselves or ignored to fend for themselves through whatever means they have. This can create certain disadvantages for them such as failure of health, lack of family support and care, inability to earn or gain recognition within the family and outside besides impending isolation and loneliness with psychological implications. In addition, a large number of rural workers are migrating to cities in search of employment leaving behind a number of empty
nesters\(^9\). As children are not home most of the time, it is not realistic to take care of
their aging parents; hence, for taking care of such people along with other groups of
elders in rural areas becomes significant to understand the nature of care (Jianhua
2007).

Although understanding of the issue of aging of rural population is now well
underway in a large number of developed countries, our understanding of its social
and economic implications for the society remains inadequate. However, it is
important to note that while dealing with aging rural populations, one must also
recognizes the fact of old population representing mixed groups. This is important
because there is general tendency to refer to ‘the rural old’ as a coherent, organized
group rather than as a statistical category. In reality, there are rich and poor, strong
and weak, ‘young old’\(^{10}\) and ‘old–old’\(^{11}\), who are at times burdensome and at other
times contributors.

Punia et.al (1987) in a study on rural and urban old people in Haryana highlights
that the status of urban and rural old people differs in respect of education,
occupation, household income and personal earnings. Therefore, a common approach
cannot be applied towards the amelioration of their problems. The findings reveal that
with regard to both the communities (urban-rural), the old people as heads of the
households are being replaced by their sons, indicating that an age based status in our
social system is giving way to a function based status – a characteristic of an
industrialized society. However, according to authors, the common thing irrespective
of the community (rural or urban) among the old is the fact that, sons are the most
liked adults in the family because of the economic support they lend to the elder
parents. In rural areas, a son is important not only to continue the name of the family
but also as a source of bread in old age; therefore, the rural people do not like to limit
the number of sons especially those who do not possess any property. Also among
both the communities, the status of the working old is better as compared to the non-
working old. Keeping good health is also a major problem for the old especially in

\(^9\) Empty nest Syndrome is a general feeling of loneliness shared by parents when one or more of
their children leave home for some reason (especially for job) or the other.

\(^{10}\) Demographically speaking, it refers to the population of old in the age group between sixty and
eighty years.

\(^{11}\) Similarly this age demographically denotes the population of old who are above the age of
eighty years.
rural areas. Unlike the urban community for which health services are available, in rural areas, the problem is graver as there are no such facilities available. All the same, the health care of old is a crucial problem for both the communities in view of the fact that in urban community despite the availability of health facilities, it is the increasing cost that makes it difficult for elders to avail of health facilities. In addition, among the old there is another vulnerable section, the illiterate and traditional parents of the educated rural youths employed in cities. Such parents find it very difficult to adjust in an urban environment with the educated young sons and their children neither trying to understand their problems nor to adjust with them.

While investigating the situation of older persons in respect of a cluster of villages in Rajasthan, Purohit and Sharma (1972) find sixty percent of the old being dependents. The study also finds nearly half of the old persons being quite content with their children’s support. However, the old women are found in a disadvantageous position as compared to men. The study reveals a sad fact that a large section of the younger respondents view the old as a socio-economic burden.

Dandekar (1996) in her study related to Maharashtra also discusses the problems of rural and urban old population. It is a comparative study in terms of the old focusing on aspects of health, economic issues, lack of social status etc. The study includes both the old living in various old age homes in urban areas and those living in rural areas. The study tries to show how the problems and situations of old people differ or are similar in rural areas and big cities, between men and women. The findings of the study reveal the differences between the two in terms of perceptions towards the old, their role and their situation. For instance, in comparison to urban counterparts, the rural old are inextricably integrated with the village life and believe that the village community looks after them in a helpless situation. However, there are some issues which are common to both like poor health problems, economic dependency, poor economic status, inability to work due to age leading to loss of status/ self esteem etc., Going further, the study observes that the main problem in urban and especially rural areas relates to poverty among the old, and that the problem can not be easily solved unless old age security is provided to them. The fact is that, in urban areas, there are a number of old persons who get pension after their retirement from the organized sectors (both public and private), but those who are in
the unorganized sector jobs both in urban and rural areas do not enjoy such a provision. Thus, there are large numbers of old who have to depend on others for financial support if they are not engaged in any kind of economic activity. Hence, old age pension, however meager it is, could a much better solution to the old problem of poverty among the poor old.

A study by Kumar (1990) related economic and social implications of aging and the changing attitude of the older generation in rural Maharashtra reveals that there has been a gradual breakdown of the traditional belief of children constituting an old age security. The analysis highlights that the old are learning to provide for themselves instead of relying on their children for support, in view of their being completely neglected.

On a positive aspect of the rural old as compared to some of their urban counterparts, Chandra et al (1991) examine the roles and status of the old in rural Bihar. It is observed that though the status of the rural old has declined considerably over time the fact that most of them live under extended kin support help them adjust with the changing circumstances unlike their urban counterparts. Hence, the rural old are not so obsolete as a group. However, the study also shows that the economic status of old people in rural Bihar (Giridih) has certainly declined with age due to the physical incapability of continuing in work force. This has also resulted in their losing the status as family heads besides becoming economically dependent, on others. Although, they do not participate in hard manual work to earn a living and cannot retain property, as prior to their non-aging life, they certainly engage in child care, provide constant advice and counsel etc. Thus, aging has imposed on the old a new set of roles quite appropriate to their status and age.

2.5. Social Security for Old: Role of State/NGOs

The old depend on the government assistance programs, especially Social Security, far more than any other age group. The concept of social security implies that the state is responsible for ensuring a minimum standard of material welfare to all its citizens. In India, the government concern for the old and the aging of the population as a priority began with India’s participation in the World Assembly Conference in Vienna in 1982, where India adopted the United Nations International
Plan of Action on Aging. This plan focuses on the government’s role in adopting programs aimed at providing care and protection to the old, while synchronizing these with the changing socio-economic conditions of the society. Following its participation at the World Conference, the Government, by way of stressing its intentions for the welfare of the old, began to recognize the old as a social category that needs specialized attention (Shankardass 2004).

As a result, providing for the care of older persons has become increasingly a major concern of the state and voluntary organizations resulting in various social security and support mechanisms towards the old as a helping hand of formal support. They include constitutional provisions, pension schemes, insurance schemes and various other privileges and benefits at the national and state levels. The Ministry of Social Justice and Empowerment, Government of India, is responsible for undertaking a special care of their welfare, care and protection by initiating various programs and projects. The following table shows some of the existing Government Policies and Interventions for the Old people:

**Table 2.2: Various Programmes and Interventions for the Old Population**

<table>
<thead>
<tr>
<th>S.no</th>
<th>Programme/Intervention</th>
<th>Features</th>
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<tbody>
<tr>
<td>1</td>
<td>Directive Principles of State Policy of the Indian Constitution</td>
<td>As per this Policy certain effective provisions are to be made by the State for public assistance to older persons.</td>
</tr>
<tr>
<td>2</td>
<td>Section 125 of the Criminal Procedure Code 1973</td>
<td>It states for the right of old parents without any means, to be supported by their children having sufficient means or are earning (providing at least Rs. 500 pm)</td>
</tr>
<tr>
<td>3</td>
<td>The Hindu Adoption and Maintenance Act of 1956</td>
<td>Hindu children must maintain their parents who are unable to maintain themselves or if they are poor. Here the amount is left to the discretion of court.</td>
</tr>
<tr>
<td>4</td>
<td>Maintenance and Welfare of Parents and Senior Citizens Act 2007.</td>
<td>Aims for the protection of those parents who are being ignored by their children. As per this act, parents can ask for maintenance money from the working children.</td>
</tr>
</tbody>
</table>
| 5    | National Policy on Older Persons (NPOP) (Under the umbrella of Ministry of Social Justice and empowerment) | It aims for interventions towards:  
  - Encouraging individuals to make provisions for their own family and spouses for old age along with encouraging families to take care of older members  
  - Providing care and protection to the vulnerable old especially widows, frail, handicapped, abused and destitute old people. Also providing health care facilities specially suited to the old. |
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<tr>
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<th>Programme/Intervention</th>
<th>Features</th>
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<tr>
<td>6</td>
<td>Integrated Program for Older Persons and Grant in Aid Schemes Assistance for construction of Old Age Homes</td>
<td>Financial assistance provided to Panchayati Raj Institutions/Voluntary organizations/self help groups for establishing and maintaining old age homes, day care centers, and mobile medicare units and for providing non-institutional services to older persons.</td>
</tr>
<tr>
<td>7</td>
<td>National Old Age Pension Scheme (NOAP):</td>
<td>Monetary help of Rs. 500 given to people above the age of sixty years who fulfill the given criteria.</td>
</tr>
<tr>
<td>8</td>
<td>Sandhya Suraksha Yojana (Karnataka Government)</td>
<td>Implemented through the revenue department: a sum of Rs. 400 per month is paid towards maintenance to elderly persons whose annual income is below Rs. 20,000.</td>
</tr>
<tr>
<td>9</td>
<td>Annapurna Scheme (1999)</td>
<td>It aims at providing food security to senior citizens who have no income of their own and no one to take care of them in their village. The scheme provides ten k.g. of food grains per month free of cost to all indigent senior citizens, who are eligible for old age pension but are presently not receiving it and whose children are not residing with them.</td>
</tr>
</tbody>
</table>
| 10   | Facilities and welfare schemes provided by various Ministries to the Old as per the Action Plan 2000-2005 | • Provision of affordable health services (heavily subsidized) to older persons who are poor.  
  • Directing public hospitals to provide separate OPD counters and geriatric beds/wards for the old.  
  • Expansion of legal aid services to older persons along with helpline services to protect them from abuse, fraud and coercion in connection with various issues.  
  • Provision under India Penal Code to protect older persons from domestic violence, both physical and psychological.  
  • Helping in removing physical barriers to mobility and provide easy and safe accessibility to public places.  
  • Provision of fare concession in railways, airfares and in buses. Reserving seats for the old while travelling.  
  • Separate queues for old at booking counters, railway platforms etc. |
<p>| 11   | Varistha Pension Bima Yojna                                                              | Old age pension scheme of the LIC, launched by the Indian Prime Minister on 14th July 2003. It provides a minimum pension of Rs.200 p/m and a maximum of Rs. 2000 p/m to people over fifty years of age who opt for the scheme |
| 12   | Mobile Medicare Unit program                                                             | Program directly implemented by Help Age India to provide basic essential Medicare at the door steps of needy and underprivileged old people in India. Presently Help Age India has a fleet of twenty directly controlled MMUs in different Indian states and villages. |</p>
<table>
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<th>S.no</th>
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<th>Features</th>
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<tbody>
<tr>
<td>13</td>
<td>Magazines for the Old</td>
<td>Two magazines specifically for old Dignity Dialogue brought out by Dignity Foundation and Senior Heritage Selections by Heritage Medical Center. The publications deal with a wide spectrum of issues, starting from the indignity of elder abuse to alternative medicine, to some philosophy and some inspirational material. Moreover, they provide a forum for the old to express their opinions and creativity.</td>
</tr>
</tbody>
</table>

Source: Ministry of Social Justice and Empowerment; Help Age India

From the above description, it can be said that in response to the changing situation of old people in the country, such schemes and policies initiated by the government are a step towards helping the old in terms of making their lives more dignified. Although providing social security for the old has become a major policy concern, there are certain inherent biases associated with it in terms of its applicability and the desired outcomes. Beneficiaries among the older persons for these schemes and programs are very insignificant as compared to a very high proportion of their population and the growth rate among them. Among all, the financial schemes are much more common providing financial relief to the older persons. However, as a matter of fact, the inadequacy of the amount and the covering of only a small fraction of the eligible old need to be linked into (Mohanty 1989). With regard to other schemes or interventions, it can be said that the level of awareness on the part of old people regarding such schemes or their implementation is very much limited. Hence, a greater awareness and its reach are important to cover the increasing population of old in need of such interventions. Steps are also required for strengthening social protection of the old like living with one’s family with dignity and respect, protection against exploitation etc.

Another important aspect to be noted is the scarcity of programmes that are directly, focussed upon the problems of old women, thus highlighting the limitation of the available old age interventions/measure. Their integration into welfare programmes and services is important as old women are increasingly representing the older group with serious aging related issues. For instance, Gopal (2006) argues that, among the old population, it is the women who suffer most. They have to face the double jeopardy of being women and being old women in their later years, which also can bring in various other issues, concerning their status. There are situations that may
affect the old women differently from their male counterparts. They occupy a position, which is more disadvantaged than older men i.e. their vulnerability to dependency and support from others in their later years. Hence, women should also be given an important place in terms of being considered while implementing social security schemes/policies for the old. As a class of older women, they are marginalized not getting any attention from the state for protection. Old people in India, therefore, require a mix of support and services that can address their living and dependency requirements.

2.6.1. Aging and Gender: Focus on Old Women

There is a need on the part of different countries to plan for the needs of their older population, especially women. This is because, although the elderly are as diverse demographically, socially and economically as the non-elderly, one notable difference between these broad groups is the relative number of men and women. It is true that men outnumber women everywhere but the gender differences in mortality rates eventually produce a challenging sex balance with in a population as gender differences in longevity translate into a preponderance of women at older ages (Kinsella and Gist 1998).

However, in our academic and practical concerns, issues related to elderly women and their special needs remain generally ignored and whatever little concern is there, might misrepresent and undervalue their aging experience which is to be rectified. Gender is an influential factor in respect of the quality of life\textsuperscript{12} at any stage of the lifecycle. This is more so in the post productive years with respect to women. As the aging process sets in, women in later life, generally find themselves in a disadvantaged position as their lives are governed by factors like patriarchy, inadequacies, poverty, insufficiencies and powerlessness (Bali 2001). By and large, women are in a disadvantaged and vulnerable position in the society as they face structural, social and economic inequalities throughout the course of their lives (Shankardass 1998).

\textsuperscript{12} Cummins (1997) develops comprehensively the definition and measurement of quality of life. It has both objective and subjective characteristics having seven domains: material well-being, health, productivity, intimacy, safety, community and emotional well-being. Objective domain comprises culturally relevant measures of well-being, while subjective domain comprises satisfaction subject to its importance to an individual.
Aging brings in with it more miseries for women. It is mainly due to the patriarchal character of the society and culturally prescribed norms of seclusion between women and their husbands that make the life of the aging women more problematic. In India, the problems faced by elderly women are varied as compared to men due to factors like adverse literacy rate, customary ownership of property by men and also because of the fact that a majority of women are not in the organized sector and labour force during their prime time. It is a double burden that older women have to bear. In addition to facing the inevitable travails of being old, there is an in-built disadvantage of being a woman. The lack of adequate financial resources and the power to make decision, as well as a lifetime of living under the control of other members of the family render many of them incapable of running their own lives after sixty years. While the old remain a largely neglected group in general, special care services for old women are yet to receive the attention of policymakers and voluntary organizations (Patwardhan and Gokhle 2003).

Women as elderly persons face special types of problems that involve gender bias and social stigma (since their birth) affecting the care of women in families and in communities in their older years. Therefore, the aging process among women involves an understanding of the very position, the feelings and the emotional insecurity that old women feel (Bawa 1999). Women experience a low social status, poor productive health care, economic dependence, malnutrition and domestic violence which affect their well being adversely all through their lives in addition to leaving them in a vulnerable condition.

In Indian context, with a predominantly patriarchal ethos, old women face triple jeopardy – being female, being old and being poor. Certain issues specific to elderly women such as marital status, living condition, health, socio-economic and political status need a closer look before we can actually think of how to help them as these factors can make a difference to the quality of their lives. Emphasizing on the gender dimension of the aging process, Alvarez (INSTRAW 1999), observes that in the developing countries, an overwhelming majority of older women now are illiterate, poor, socially dependent while lacking personal resources to cope with changing social conditions. This can be due to the fact that many suffer throughout their lives from poor health care, malnutrition, illiteracy, and low social status simply because
they are born females. Moreover, women feel more deprived than men during old age not only due to the disadvantages experienced throughout their lives, but also the recent trend that they are increasingly burdened with caring for grandchildren without receiving a reciprocal support from their family members. Old women are also, to a great extent, economically and socially dependent on their husbands or someone else as their incomes gradually get constricted, leading eventually to a situation of penury and destitution.

Three important factors which influence the plight of old women are: education, financial position and health status. So the picture of old women is that we have women who are poorer, more disabled, less likely to be able to look after themselves and who are far more numerous than old men (Allen 1988). Even the familial ties show the stark reality of the positioning of old females in the sense that, more and more old females are getting isolated from their families, who tolerate them as long as they are financially or functionally useful (Lahiri 1997).

In any society, aging is culturally determined. As far as the relation between aging and women in Indian society is concerned, a woman is considered old when her eldest son marries and brings the daughter-in-law home. The marriage of one’s children, particularly of one’s son, determines the beginning of old age for women in our society far more clearly than the growing years. It is at this juncture that significant changes take place in the role and status of women because their cultural roles within the family structure are more clearly defined than those of men (Gangrade 1989). Thus, the marriage of one’s son or daughter and the birth of grandchildren are closer to marking the start of old age for women much more clearly than the passing of years (Lamb 2000; Vatuk 1985). Most women perceive themselves as old when they reach fifty years of age. This self-perception of being old is based on various incidents that occur in women’s lives, for instance, the presence of grandchildren or widowhood, shrinkage of social roles and post menopausal status etc. All these factors influence her perception of being old much earlier than the standard age of sixty or more Prakash (1997).

While discussing the patriarchal family system of India and its relation to the status of women that has its implication for her well being in old age, Mason (1992) argues that a female is a temporary resident of her natal family as she joins her
husband’s family at marriage in stark contrast to males who enjoy a life-long membership with the family into which they are born. Such an asymmetry in family membership (patrilineal/patriarchal family system) also means an asymmetry in the ownership and control of family property and family authority. In such a scenario, a woman enjoys a relatively marginal or powerless position that makes her quite vulnerable as a woman’s support and security depends on her willingness of father, initially, then her husbands during married life and finally son/s in old age. Thus, as far as care and support for old women especially widowed women is concerned, gender asymmetries lead to a range of insecurities to live with in old age.

It is well established that gender relations structure the entire life-cycle from birth to old age, influencing the access to resources and opportunities and shaping life choices at every stage. The relevance of gender (both ongoing and cumulative) under different circumstances that shape the lives of women and men in old age is generally the outcome of many different opportunities, challenges and constraints.

Current opportunities and vulnerabilities of older women reflect not only current gender roles and levels of women’s empowerment in a society, but those going back at least sixty years. In most countries, older women have had less educational and career opportunities than what the younger women now enjoy, besides few needs and opportunities for independence. Accordingly, today’s’ older women face a higher risk of social isolation, may be they are less aware of their basic rights, rendering them more vulnerable to abuse. As women live longer on a fixed income, they deplete savings, and may find it increasingly difficult to meet basic needs. They also have fewer opportunities to save over the course of their productive lifetimes, as they spend more time than men as care-givers and are engaged in household labor, subject to limited labor market access and wage discrimination (UN-ESCWA 2007).

It is also important to note that the problems that old women in India or in any other country face are more or less the same – health, economic, emotional abuse and crime. But, the order of importance in which they occur may vary according to the group to which the old women belong. Old women are particularly at a risk because most of them live in the shadow of males throughout their lives. Financially, in most cases, they do not earn money and even if they are into labour force, they find themselves in a disadvantaged position as compared to males in terms of wages. This
also applies to ownership of property as most of the women do not own it. Even if they own, it is mainly managed by male members of the family. This results in a dependency status of women in various forms (Datta 2005).

While examining the major issue of poor economic status of old women, Ashraf (2005), observes that, traditional roles always offer a lower position to women, especially with regard to economic issues. This results in women getting reduced to a state of financial destitution in old age, making them dependent economically on others. Some factors that lead to economic dependency of old women include: 1) Women’s caring role in the family; 2) Male dominance in respect of property and family assets; 3) Traditional social values and prejudices that restrict women’s participation in paid labour; and 4) Women’s participation in low paid jobs or higher participation in agriculture or home business.

The above discussion shows that increasing numbers of elderly women are aging with social and economic insecurity. In the absence of adequate policies, infrastructure, services and information, changing social values, alteration in the family system (a primary source of support for the old), etc., they are living in poverty, neglected and socially isolated. There is a greater chance of many old women having a secondary status within the family in terms of a limited role in the decision-making process. Such a secondary status can also be attributed to their economic dependency over others, as they are not gainfully employed. So, old women represent a group with a low status because of their diminishing role in the family, both socially and economically. As a result, aging and its gender dimension becomes an important issue that needs serious attention. This is important considering that we are yet to have a comprehensive social security system for covering all the needy women.

Although women are living in a disadvantaged position, it is also true that they do not constitute a homogeneous category. No doubt that the problems of widows and women in general are manifold, but they are also interrelated affecting each other. The degree of seriousness of their problems varies with their age, economic conditions, education, caste, family structure, religion etc., (showing their heterogeneous nature). For instance, the rich educated women may be economically self-sufficient but could be facing problems of emotional insecurity and physical vulnerability. Also, the very position of women belonging to a higher also determines
their living conditions during later years in that their being not allowed to work outside may limit their economic position in the household leading to dependency over others during old age. Whereas, women from low castes and income groups are not dependent on others in old age as they may be active economically. Moreover, the differences in their problems and experience of aging can also be attributed to their staying in rural or urban areas.

The following section deals with the Rural-Urban differences with respect to aging among women.

2.6.2. Women, Aging and Rural–Urban Differentials

Gender is an integral and inseparable part of rural livelihood. In rural areas, men and women have different assets, access to resources and opportunities. Women rarely own land, may have lower education due to gender bias as children and their access to productive resources as well as decision-making is generally subject to mediate through men (Ellis 2000). Such a gender distinction culminates into a struggling life for older females as it places women at a disadvantageous position in terms of a stable livelihood and security in old age.

In any society, women provide vital economic support for their families by working outside home in the labour market. For over two-thirds of the world’s families women labour is essential to economic survival, while in respect of one-third of the families, women are the families’ sole economic support; and in general, women labour for longer hours at home than men. In villages, other than the primary responsibility of childcare and household care, women also perform a major economic role in terms of long hours of labour at home and outside for fetching water, firewood, agricultural labour etc. (Chokrobarty 2004).

Despite their important role in the family, both in younger and older days, the reality of rural old females highlights their poor situation due to their low economic status. There is an increasing evidence of economic marginalization of old women. Since a majority of women are employed in the unorganized sector, they do not enjoy retirement or pensioner benefits along with other benefits (in old age) that are available to people in the organized labour sector. As a result, they are economically dependent on male members of the family, even though they contribute significantly
to the family’s economy in several ways. In addition to it, the migration of male members to urban areas for employment, also adds to the miseries of women left behind. For instance, it results in a combined burden of food production, income generation and household work etc., which in turn increase their responsibilities as well as their workload. So, structural inequalities along with women’s participation in the informal and subsistence sectors invariably remain undervalued and uncounted, which has its toll on them when they become old (Bali 2001).

A few of the old women’s common economic problems as observed by Kanta Singh *et al.* (1987) include indebtedness, poor income, and sometimes no employment for the adult members of the family. Hence, in order to supplement family income, these old women have to perform activities which in most cases are beyond their physical stamina.

The relationship between economic status and well-being of a person in old age is highlighted by an exploratory study carried out by Punia and Sharma (1987), with respect to rural old women in Hissar district, Haryana. It reveals that most of the women in their sample do not have any earnings of their own from any source, nor do they possess any immovable property in their names. As a result, many of them experience a paucity of money for meeting expenses. Findings suggest that, poor economic status, no income of their own and their inability to contribute to the family income make women lose their social status in the family. This also results in their economic dependency over others with a feeling of being a burden to the family.

The situation of rural women or old women can be captured in the following illustration:
The reality of rural women highlights their poor situation as they are vulnerable to poor livelihoods during old age. Their economic vulnerability makes them depend upon male members, first, husbands and later sons for support. Also, since a majority of them are employed in the unorganized sector, they have little chance of getting pension in later years. Furthermore, with no right/title over land for rural women, their family alone cannot guarantee them economic security. In such a case, the life and required care of the female-old gets jeopardized and can go to the extreme if she also happens to be a widow (Agarwal 2001). Thus, women who care for the family, parents/grandparents, husbands, children and grandchildren may find themselves at the remaining end of care in their old age (Ashraf 2005).

2.6.3. Women, Widowhood and Aging

Demographically speaking, across years, widowhood status has declined, however, across sexes it is more among women than men. Also it is observed that there is a clear increase in the percentage and the number of widowhood cases as age
advances; so for women, widowhood is the most common occurrence after fifty plus (Sinha 1992). There is a clear visibility of gender difference with women far outnumbering men among the older group. So on the one hand, increased life expectancy in the case of women is resulting in far greater chances of an old age life of widowhood, than it is for men as widowers. On other hand, the difference in age at marriage for girls is giving rise to potential widowhood for women. The reason is that the tradition demands that there be a substantial age difference between the bridegroom and the bride. Thus, women tend to be younger in age than their husbands by at least two to three years. The age gap between them could be much higher in rural areas and in traditional societies. Even with a heightened life expectancy for men as potential husbands, the chances of their dying (under normal circumstances) much before their spouses are also relatively high. It is, therefore, established by studies that, in a given social set-up, women tend to face a complex set of problems as victims of neglect and discrimination, on account of gender, age and widowhood (Dharmalingam and Murugan 2001).

Widowhood may be defined simply as the transition from one marital status to another. But due to the severe complexity of its consequences in our social setup, it draws special attention. The consequences of widowhood for a woman are more hazardous than for a man since the society imposes a number of restrictions on such women. For instance, while remarriages of widowed women are prohibited by many communities or are not frequent, the same is not true with widowers who are allowed to marry irrespective of their age (Sinha 1992). A widower not only has a greater freedom to remarry than his female counterpart, but also has more extensive property rights, wider opportunities for remunerative employment and a more authoritative claim on economic support from his children (Chen and Dreze 1995). Thus, widowhood is a problem with serious implications for women-psychological, cultural, social (accusations, enforced dress and behavior codes, ostracism and exploitation) and economic.

Widowhood in general tends to impact women far more traumatically than men, altering forever the way they are seen by the external society besides adversely affecting their self-image. Loneliness, reduced income, loss of status, fear of future, and depression are some of the common experiences, whether bereaved women are
mothers encumbered with young children or middle aged women whose children have left the nest or the elderly. Feelings of deprivation and isolation for widows are usually more severe and long lasting than for widowers since bereaved men are more likely to remarry. As male members of society, they have freedom to socialize and their movements are not restricted by taboos as it is the case with women (Owen 1996).

Although the death of one’s spouse due to aging or other reasons is a natural process, common to all societies, what it inflicts on women in a traditional society like India almost accounts to a curse. Widowhood is possibly the most tragic event in the life of a woman in such societies, with young and old widows encountering different sets of problems. Since women tend to have a longer life expectancy than men and also since they generally marry men older than themselves, the possibility of widowhood among them is relatively high. In the absence of one’s husband the economic dependency of widows on others becomes acute in addition to their becoming socially isolated form the family and later on from the community as well. ‘Widowhood’ in the Indian context leads to a complete state of destitution whether for young or old as it is a long journey of deprivation and social isolation for women (Bagchi 1997, 1998).

Widowhood also implies that women may suffer from the possibility of poverty in their later life. As their access to resources for care and sustenance gets reduced, they become more vulnerable than before. Their vulnerability in later years can become more pronounced if they have not acquired any human capital formation in the form of education, training and other skills or property needed for living a relatively comfortable life; the problem may get further compounded for them if they are faced with failing health and chronic disabilities. The life of widows and its outcome in terms of their later active or problematic aging life is depicted in the form of a following flow chart:
The above illustration shows that women’s aging experience is more an offshoot of her prior life status in terms of a successful or unsuccessful aging determined, to a large extent, by her economic, social and health situation. Such a status has its link to the earlier life experience in terms of a better access to social and economic opportunities or lack of it in younger days with its implications on her subsequent years of living status.

Sustaining of livelihood becomes a major issue for widows as they face diminishing incomes after their husbands’ death. So, most widows continue to work for their sustenance until they are quite old. Even those who are dependent on others also work to earn their food. This is because widows often have to contribute something - property or income or domestic services - to those with who they live or those they receive support from. However, not all widows own property or are able to work. Some are simply too old to work, while others are prevented from working under customary social norms, thus presents concern for their living conditions and caring pattern (Chen 2000).

Prakash (1999) also argues that widowhood often lowers the socio-economic level of women as they not only belong to a poor category but also are generally either illiterate or poorly educated to be able to get remunerative jobs during adulthood. Besides, their role as home makers and care-providers is never monetized. While comparing rural and urban widows, she points out that, urban widows sometimes get pension and life insurance money (if any) of their deceased spouses,

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13 Successful aging means a person having well adjusted to old life with good well-being (mentally and physically) and less difficulties in their later life. Unsuccessful aging, on the other hand, refers to the opposite of successful aging.
but rural women rarely have this advantage. Further, the little likeliness of their holding property exclusively in their names also increases their dependency on others in old age. All this contributes to women’s total dependency on the family for a mere survival. Widows’ marginalization is largely a result of the low status of women in general and their lack of legal rights in particular (Owen 1996). Moreover, widows’ vulnerability increases through restrictions on inheritance, deprivation of economic, social and cultural support from the society for their social wellbeing, and physical and psychological harassment encountered in upbringing their kids. All this intensifies her economic, physical and emotional suffering (Kubendran 2001, 2005).

While relating widowhood status to various caste groups on the basis of a survey on widows across different places in India, Jenson (2005) observes that widows are treated better and enjoy a higher status among the lower castes relative to the higher castes. In particular, relative to widows from forward castes, widows from scheduled tribe and scheduled caste groups are significantly less likely to experience a decline in the relationship with their husband’s family or their status in the village in the event of widowhood.

A qualitative study carried out by Dak and Sharma (1987), in respect of rural old in villages of Haryana, brings out the fact that in terms of marital status (hundred old), few females experience a married status. This means that more females than males suffer from widowhood. However, unlike the other studies, the findings suggest that aging women experience a better economic status than old males. The study compares the rural old of Haryana with those of Punjab across different time periods. But the relation of widowhood to a better economic status cannot be generalized considering that other studies show negative results. For instance, Chen’s (1998) work on widows in north India clearly brings out the fact that with social ostracism of widows along with restricted inheritance and maintenance rights over their husbands’ property, old widows suffer from an economic deprivation. Hence, they live as dependents on other family members. Further widows are also likely to be a subject of neglect if they do not contribute to the household in terms of domestic service, wage earnings, pensions etc. Thus, it can be stated that, old widows live a marginalized status being relegated through social exclusion, economic deprivation and physical and psychological victimization.
Gangrade (1989) also observes that among old women, the status of old widows is more problematic and that more and more widows are finding it difficult to stay with their families due to changing social roles and identities, as many of them have no personal source of income which further adds to their problems and plight. An empirical study carried out in rural areas of Andhra Pradesh by Reddy et. al (1992) highlights that apart from problems of bereavement and subjugation; widows face numerous other problems such as economic dependency, social isolation, loneliness and status loss. The study concludes that elderly widows are subject to segregation, subjugation and isolation along with several others uncertainties during mid fifties intensifying their plight. Thus, as far as women are concerned, if aging lowers their status with respect to many aspects, widowhood makes her position much worse.

For woman, the death of one’s spouse necessitates a number of adjustments in respect of living arrangements, financial security and personal relationships (Bonita 1996). No doubt, the absence of one’s spouse can often make life more difficult for an old person. But whether losing one’s spouse leads to more adverse consequences for men or women depends on the social, economic and cultural settings. However, the fact that older women are far more likely to be widowed than men virtually everywhere predisposes them disproportionately to any associated disadvantages. Hence, for women there is a relation in the increased chance of them living alone because of widowhood, with the implication that this in turn can lead to their greater social and economic vulnerability (Knodel and Ofstedal 2003).

Considering the presence of a number of widows, one can state that widowhood and gender are strongly linked. It is not just that widows out number or outlive widowers, what is important to note here is the characteristics such as discrimination, dependence, oppression, health problems etc., that influence the possibility of their widowhood. Moreover, they also face constraints in terms of personal control and feelings of self esteem that are important for late life adjustments. In the case of women, it is patriarchy that controls their autonomy (control of one’s own life and one’s own body with regard to others and the society) throughout their lives causing many of their problems in old age in the process (Hooyman 1987).

Regarding the state of widows, Datta (2005) observes that being old for a woman without sufficient resources is bad enough, but what is more unfortunate is
that many of them happen to be widows; in such situation, more often than not they find themselves at the mercy of others or their adult children. With a widowhood status in the family, a woman’s needs become secondary to the needs of other members of the household that further increases her problems.

Further, a study on the incidence of aging and widowhood in Thiruvanantapuram city, Kerala, reveals that, among the old population old widows are the most vulnerable people, mainly because their children generally move away leaving them behind to fend for themselves. Their situation is also more problematic because they get less or no support from their husbands’ families. Hence, they are forced to search for work for sustaining themselves, despite their age and health not allowing (Gulati and Rajan 1999).

Ahuja (1996) in his study on both middle-income and low-income groups of widows of Jaipur city in Rajasthan, highlights the fact that the involvement of widows in social roles and relationships is dependent less on their own initiatives and self-confidence and more on the will of heads of families and social pressures. The rigid cultural tradition discourages widows from taking to assertive social engagements and related interactions beyond their homes. Thus, widows are dependent upon traditional support networks, i.e., in-laws and parents in young and early middle age and sons in late middle and old age for social, emotional and economic supports.

A study carried out by Majumdar (2009) on the Bengali widows living in Varanasi city, reveals that, old widows face forced and voluntary renunciation along with social and material deprivation. The study points out that in the absence of material and emotional support from their affinal and natal families, widows are mostly dependent on other forms of social security provided by the state under the old-age pension scheme, or householders, pilgrims, etc. However, such security arrangements are not sufficient and hence, to sustain themselves, many old widowed women take to begging or work as domestic servants.

Given the general dependence of women on men and men’s privileged access to productive resources and employment, a widow’s economic status depends significantly on whether or not she lives in a household with adult males. Although the likelihood, as found in Chen’s (2000) study, is that many widows live in
households without adult males; widows who manage on their own are clearly handicapped because men tend to be better-educated and highly skilled than women and also can play dominating roles in respect of certain transactions and operations. For example, widows who try to manage cultivation and sale of crops on their own face different constraints like lack of required skills, manpower, experience, power to negotiate land dealings, labour and other transactions etc.

While highlighting the universality of the problems of widowed women, it is appropriate to mention that like in the Indian context, widows in other countries too face similar sets of issues. For instance, the fate of Bangladeshi women is not different as their status, like their Indian counterparts, is only partially determined by her children. A woman living in a village may reach the peak of her authority as the mother of married sons, but it is so only as long as her husband survives because his death begins her descent to almost complete dependency (Hossen 2004). Regarding the condition of Bangladeshi widows, another study by Aziz (1979) reinforces the fact that with the death of husband, a wife loses rank, prestige and authority. As long as the father remains head of the family, the mother is given responsibility but only for domestic management. In addition, there is evidence that widowhood for women in particular is associated with a substantial deterioration of their socio-economic status in Bangladesh. As a result, widows have no security and are heavily dependent on sons/family, besides facing comparatively worse socio-economic situations as they lack opportunities to earn income and nor do they save. Their conditions suggest that gender discrimination and inequality are carried into old age, making widows among the most vulnerable sections of the society (Rahman 1993).

Hampson (1984) in his work on Zimbabwean old argues that, old women, especially widows are more likely than old men to live alone or are more likely to have limited access to economic resources/livestock. They are also the people who are more likely missing their children and close kin. Not only this, among all, they constitute a group which is more vulnerable - financially, socially and culturally

2.7. Conclusions

The economic and social consequences of changes in the structure of population have become a major concern especially for the old with respect to their caring and
well being. This issue is becoming more important due to a decline in familial support and joint family system, urbanization, modernization, migration, economic freedom etc. No doubt ‘family’ has so far been the most effective provider of old-age support especially in India in the absence of an adequate institutional support. However, in view of social and economic development undermining traditional values, and with the number of old persons growing rapidly vis-à-vis those expected to provide them support, old age care is becoming increasingly a major problem.

Among the older population, it is the old women who not only outnumber men but also outlive them. Although they comprise a large section of the old population a majority of them living a life engulfed in poverty, deprivation and isolation. In general, most of the problems that the old women face are more or less interrelated and their origin lies in their younger days at a time when a majority of them suffer from multiple deprivation and discrimination simply because of their being a born females. Such discrimination adversely impacts their well-being. Over the years, such disadvantages have exposed old women to a high risk of suffering. One can state that increasing number of older women are aging with social and economic insecurity and are living in poverty with a poor health status, neglect and social isolation, a greater chance of a secondary status within the family and a limited role in the decision-making process. Moreover, dependency of old women on others can also to be attributed to their secondary status in the society and the family. Such a dependent status generally gets reflected in terms of their being economically dependent on others in the absence of gainful employment. Thus, old women represent a section with a low status - both social and economic.

However, there is a long-standing debate regarding the differences between transition to the status of widowhood among men and women (Atchley 1975, 1989; Berardo 1970; Lopata 1977) which concludes that the adaptive tasks of widowhood are different for both men and women. It is not always that women find themselves on the wrong side of being old, for under certain circumstances women are found to be better placed than men in old age especially in terms of their emotional bonding with their children. In old age, as mothers, they may command a greater emotional loyalty from their adult children than do fathers. This is because mothers sacrifice a lot in terms of raising their children and partly because of closer emotional ties between
mothers and children during childhood. Similarly, a greater contribution of women to domestic activities also helps them receive more support and care as compared to nonworking elderly men (Beales 2000).

While highlighting the differences, Berardo's (1970) work also observes that widowers are less integrated into the family system than are widows and, therefore, are more likely to experience social isolation following the loss of their spouses. He further argues that the problems men experience in relation to the loss of their spouses are strikingly different from those of their female counterparts. He notes that for men, establishing an intimate relationship and attaining proficiency in domestic roles emerge as the primary problem areas during the adjustment period upon becoming widower whereas, women have to suffer the additional difficulty of being widows. But such findings are open to contentions as establishing such a kind of relationship may get affected by various other reasons such as one’s status in the family, relation with children etc.

Although one cannot ignore the above mentioned ongoing debate in respect of differences between widows or widowers, the fact is that after the death of one’s spouse both of them may end up with different sets of problems with regard to their adjustments in the family. Despite a common status of widowhood, a serious attention is required towards old women and more so in the rural areas. It is so because women in rural areas constitute the most deprived, downtrodden, illiterate and neglected group of the society. They experience a disadvantaged position in respect of economic, social and political spheres (may be similar to women in urban areas). Among all, their living status, especially the economic scenario requires a greater attention considering that being in the unorganized sector like agriculture, they have no regular and sufficient sources of income or all may not be having an access to pension. This may make it difficult for many to bear the burden of old age and the familial responsibility. If one were to view this as a condition of women in general, then it is all the more important to address the conditions of rural widows, as occurrence of widowhood among women result in serious economic and social adverse situations for them in terms of affecting their living status in old age with an added burden of leading a life with diminishing support.
One can state that the process of aging highlights two main gender dimensions specific to women: an overwhelming presence of women in older groups and the incidence of widowhood with serious economic and social implications. Considering that in India, widowhood is also associated with social stigma irrespective of age, it would be interesting to investigate the culmination of such a social stigma with the economic status of old women in rural areas. It seems important as it has its impact upon the lives of old widows, in various ways. Widowhood and being women lower their socio-economic status in the family and in society. It also results in a series of hardships in the later stages of life when support/care for widows from the family gets reduced. Hence it would not be exaggerating to say that without much access to income and the total dependence on family members (in many cases) for support etc. may form the future scenario of old women, if some help is not provided to them now.

The fact of their being a women, being old and being widowed with less or limited availability of support and care from the family and the government, calls for a more in-depth understanding of their realities, problems and requirements of the rural old widows, in order to identify the main causes which make their situation worse when they become old so that they are rectified, and thereby ensure a better old age care.