CHAPTER -1
INTRODUCTION

Aging is a major life change, which is a psychological as well as physical transition that alters one's relations to world about him and demands new responses. It is a period when people move away from previous, more desirable period, they often look back on them, usually regretful and tend to live in the present, ignoring future as much as possible (Haas, 1976).

The problem of old age have common boundaries but the way these problems are perceived and faced may differ from person to person. The experiences, success and failure which have been cumulated during early years of life not only determine an elderly's present attitude towards growing problems (Hussain, 1988) it also determined whether a senior citizen will make good or poor personal and social adjustment.

The year 1999 has been declared as the International Year of Older Persons which is crucial for a country like India, going through a revolution in its demographic, economic, social, cultural and psychological status. The population aged 60+ is increasing rapidly in our country from 56 million in 1991 to 70 million in 1998 and is expected to be 177 million by 2025 (Sandhu, 1999).

Rajan, Mishra & Sarma (1999) state that aging of a population is an inevitable consequence of process of demographic transition and creates an imbalance in the age structure over a period of time. During the last five decades, India's demographic transition has shown similar imbalance across states in varying degrees. The faster pace of demographic transition in developing countries has resulted in a growth of the aged population not only in proportion to that of the developed countries, but
also in absolute numbers. However, the emerging demographic scene with its various socio-economic characteristics can not be read in isolation. Rajan et al., (1999) have made a unique effort to study the life histories of the elderly persons and their perception of their status and the society in general. Thus taking one step ahead towards designing programmes and policies for the elderly on the lines of their perceptions about elderly life in India.

Studies on aging of human population are of quite recent origin. The phenomenon on aging being conceived in terms of chronological measurement became an area of demographic research in the initial years of gerontological research. With the ongoing rapid social and economic changes in India, it is expected to have serious implications on the circumstances under which the future elderly will live. These socio-economic changes comprise emergence of nuclear families, smaller number of children per couple, greater longevity, physical separation of parents from adult children as a result of rapid urbanization and age-selective rural-urban migration, together with the changing values of younger generations against the older ones.

A recent emphasis on studies pertaining to the elderly in the developing world is due to their increasing numbers and deteriorating conditions. When their increasing number is attributed to demographic transition, their deteriorating condition is considered as the end result of the fast eroding traditional family system in the wake of rapid modernisation and urbanisation.

The present scenario of elderly in India:

The well-being of elderly is intimately linked to their education. Longevity also has a strong association with education as literacy levels
and life expectancy at birth are highly correlated (Granahan, 1972). Education, apart from providing economic stability, also enables smoother adaptability towards the socio-economic transition in the society.

A poor level of literacy is found among the today’s elderly. This low literacy is obvious as they have spent much of their lives prior to the present accelerated level of socio-economic development.

R.N. Ananthraman (1980, 1981) reported that senior citizens who belong to the upper class evaluated their health to the good, more active, better adjusted and educated whereas those who belonged to low social class had more physical problems and were less active and less educated. Older women are the least literate as there was a larger sex differential in the literacy level of the elderly compared to the general population. Though the current literacy levels among the elderly is pretty low, the future elderly is expected to be more literate and will be more demanding from the government for social security and other financial benefits.

The marital status analysis of the elderly gains prominence that the married fare better than the single on a number of dimensions like, economic, social, emotional and care given during the old age (Myers, 1986). A major concern in this regard is the increasing proportion of women in general and widowed in particular. Much lower proportion of men are widowed compared to women in extreme old age. Two prominent reasons cited for such a great gender disparity in widowhood are the longer life of women compared to men and the universal tendency for women to marry men older than themselves. Also, widowed men are much more likely to remarry and overcome their widowed status. Though the relationship between elderly well-being and their marital status can not be spelt out promptly, but any change in the mental status composition of the elderly
require attention in the future.

Inadequate financial resources is also one of the major concerns or problem for the elderly in India. Economic independence can be seen in terms of property ownership, work status and reinter pensioner status. Significant observations made by Kaur, Grover & Aggarwal (1987) stated loss in economic independence with increase in age. Where the financial problems were higher among female elderly when compared to their male counterparts (Dak & Sharma, 1987; Nandal, Khatri & Kadian, 1987).

In many situations, it is also found that the rural as well as self-employed elderly continue to work, though their number of working hours come down with increasing age (Singh, Dak & Sharma, 1987). These elderly’s are least affected by compulsory retirement ages, which allows them to work till they are unable to do so. In another context (Singh, Dak & Sharma, 1987) established that financial problems are more common among widows and elderly in nuclear families and in barely sustainable households of rural India (Punia & Sharma, 1987). Recently, Dandekar (1996) pointed out that elderly women residing in urban areas are most dependent. However, Shah (1993) observed that for those who live in nuclear families or living alone worries in terms of what will happen to them in case of sickness or disability are more than financial worries.

The traditional Indian family structure used to provide the required environment for comfortable living of the elderly. The extended family usually consisted of two generations living together where in the elderly used to have a different status in the household. But with a rising number of nuclear families, the elderly seem to have been deprived of certain needs. The developmental evolution has taken the female folk out of homes and transformed the family structure to be nuclear which resulted
in deprivation of care for the needy at home. Usually the living arrangement is understood in terms of the family type in which the elderly lives, the headship of households elderly experience, the place they stay and the people with whom they stay, the kind of relationship they keep with their kith and kin and ion the whole, the extent to which they adjust to the changing environment (Rajan, et. al., 1999) needs attention.

In this regard, D'Souza (1989) observed that change in living arrangements, family structure and mode of sudden retirement adversely affect the senior citizens who in increasing proportions are losing the status and security which they enjoyed in the traditional Indian family structure.

The Dak & Sharma (1987) study indicated that the headship in the households used to get transferred to the next eldest member after a certain age is attained. Now Nandal et. al., (1987) find that elderly in nuclear household have a feeling of helplessness. The aged are looked upon as burden in barely sustainable households in which each and every member contributes to the family earning. In poverty ridden household support towards elderly becomes very difficult. Even in urban families intra-family relations are somewhat lower among the widows than the widowers and somewhat lower among those living in joint families compared to those living in nuclear families (Shah, 1993).

The National Sample Survey (1987-88) of the elderly finds loneliness to be one of the major problems among the aged in India. A majority of the Indian elderly are without their spouse and live with children or grand children.

In the wake of changing societal structure, it is found that the aged feel to have lost their status due to old age and few others comment to have lost status due to their retirement from work. Kaur et. al. (1987) also emphasized the fact that the present generation treated the old people
as a burden and their presence in the family irks most of the family members.

In traditional Indian family system parents are supposed to be taken care of by their offsprings. But, the burgeoning of the nuclear family and the separation of the offsprings from the parents creates a situation where the old parents have to stay on their own. On some occasions the economic security is provided by the children but emotional requirements of the elderly is not fulfilled. In this context, survey reported that a majority of senior citizens prefer to stay with their children or own family members in old age (Nandal et. al., 1987).

Besides economic reasons, lack of familial support, lack of proper care by the family, quarrels and handicaps were found to have induced the elderly to move into old age homes (Dandekar, 1993; Shah, 1993; Rajan et al., 1995a). Vani Reddy and Padmini (1989) indicated that problems of those senior citizens living in institution differ in nature and amount from those living in residence.

Thus the above literature is indicative of the fact that the changing family structure has affected the well-being of the elderly by depriving them of the familial support of a traditional joint family set-up as well as improving upon them to adjust to the changing values and norms of the younger generations.

In India, generally efforts have been made to structure various policies and programs to help the senior citizens by sharing some of the burden regarding the health and economic aspects. Even though Paul Chowdary (1992) observed that the physical /economic dependence of the senior citizens adversely affect their psychological make-up and the attitudes towards life, the efforts to deal with psychological aspects of these problems are still lacking in India.
In a recent survey (Denmark, 2002) it has been observed that in the United Nations, a million people turn 60 every month and it is estimated that by 2050 the world will contain more people aged 60 and older than children under fifteen. He observed that people live longer and population control programs have cut birth rates. However, it is expected that a number of problems that would require attention will also increase due to this demographic shift. Even for the US, several existing concerns of this survey reported that older persons have more difficulty in gaining access to sufficient health care, education and work. Older women appear to face more difficulty than men because of low salaries, leading to low pensions when they reach old age. Thus contributing to poverty, poor diet and ill health, suffering frequently from lack of sufficient housing and frequently abandonment. Physical environment relationship between generations, rights of older generations with mental illness, media, importance of NGO, loneliness, quality of life, dignity of aging are some of the other issues of concern.

However, In the West there has been a shift from that of medically prolonging life to ensuring that a prolonged life is worth living. Psychological researchers are attacking the problems along several fronts. Baltes and Baltes (1989) reported that senior citizens with internal locus of control were more active, less dependent and felt responsible for their outcomes, whereas those having external locus of control rely on others feeling limited, anxious and depressed. Bandura (1986, 1989) ; Davis, Berman & Jennifer, (1998) claimed self-efficacy to be related to life satisfaction, feeling of competence, activity and inversely related to negative emotions such as depression and loneliness among the elderly. Frisoni, Diego, Rengo & Maria (1993) claimed worse sleep quality among elderly women than men, due to frequent co-existence of depression, anxiety,
loneliness and somatization.

Prigerson, Reynold, Charles, Frank & David (1994) found a positive correlation of depressive symptomatology with bereavement due to changes in the persons inter-personal environment. Fitzpatrick (1998) indicated that those who experience loss of spouse, siblings, children, parents etc. are at higher rates of psychological and physical disorders Parkes (1992) reported bereavement to be related to psychiatric problems among elderly.

The elderly because of this personal inadequacies, generation gap, loss of spouse, peer group, family may feel isolated. A national poll by Havighurst, USA (1978) shows that elderly over seventies reported that not having a friend may have serious problems. Loneliness has been reported to increase psychiatric mobility, physical impairment, no life satisfaction and lack of confidence (Bowling, Edman, Leaver & Hoekel, 1989; Melker & Edelman, 1988) as well as reduction of motivation and stimulation which might lead to withdrawal and depression (Wilson, 1995). Studies have found loneliness to be a common precipitant of psychiatric illness, particularly anxiety and depression (Ernst & Badash, 1977).

Most particularly applicable work has come from the field of memory and cognition, which more than physical disability has been found to have determined whether people can attain extreme old age while remaining active (Volz, 2000).

In fact, a new paradigm, centering on the idea that memory and cognitive power do not necessarily decline with age (as it was traditionally thought) is taking hold within the psychology community. The psychologists have found that adults continue to grow new brain cells throughout life, that may allow older people to bolster their learning and memory capabilities or even state of declines. Such capabilities were never envisioned under the
old theory that cells stop forming and actually start dying by age 40. The mental decline in older adults is not due to the death of the nerve cells, rather it is the atrophy of connections between nerve cells in the brain. Contributing to such atrophy are routine behaviors, that require little brain power. Thus one should take a completely new venture to work to break the old routine (Volz, 2000).

New research has found memory enhancement to be a potential benefit of a balanced diet while it’s been widely proven that good nutrition enhances overall health, research conducted at Tuffs University, found that men aged 50 and older who had low level of the B vitamins foliate and B12 were not as good at performing memory test as those with higher level of vitamin B. According to Gurumurthy (1998) past time activities keep the elderly active and thus help in maintaining good health, contacts and coordination of mind and body. From Jungian perspective the pursuit of hobby helps some people to achieve wholeness (Campbell, 1994; Asha, 2001; & Searle & Mahan, 1995) reported that active senior citizens experienced life satisfaction and reduced level of boredom; (Mutrie & Biddle, 1995) highlighted the role of physical activity in preventing abnormal psychological states.

Many psychologists are applying a wide variety of behavioral techniques to help the older adults face the challenges that often accompany aging. Often working inter-disciplinary with physicians and other professionals psychologists are using everything from cognitive-behavioral therapy for managing depression to bio-feedback for treating incontinence. Volz (2000) reported that various researchers are teaching patients practical coping skills such as cognitive reforming, assertiveness and relaxation. They helped many older adults focus on identifying and challenging unproductive thinking patterns. They are also helping, recently
A retired man explores the source of meaning in life. Psychologists are also making efforts to reverse memory loss by certain personal strategies such as daily memory checks and regular mental exercise or neurotics by encouraging them to engage in more than one task simultaneously or to do things differently.

Another key that promotes successful aging is the need to stay connected with other people. Studies indicate that availability or absence of social support is linked with the occurrence or non-occurrence of many diseases. Social support refers to the access of social resources on the form of relationship on which the individual can rely. While it may not be possible for individuals to avoid experiences of stressful life events, provision of support can protect them against harmful effects of stress. Many studies (Cohen & Wills, 1985; Johnson, 1994; Krause & Wary, 1992; Markides, Lang & Jackson, 1990) have reported a positive association between social support and well-being network. People were found to do better if they continue to engage with life and maintain close relationships. These relationships can enhance both physical and mental health. Examining the relationship between social support and health status of the elderly people, Volz (2000) observed that social support for the elderly tends to slow down, further deteriorating their health, proving that a higher level of social support may result in better health outcomes.

Social support may play a particularly important role in maintaining health and decreasing susceptibility to illness among the elderly (Pilisuk, Montgomery & Parks, 1988). Senior citizens with loss of social support have been observed to be at a higher mortality health risk (Silverstein, & Bengtson, 1991) and higher levels of psychological distress due to mistreatment (Comys, Penina, Kimpschier & William, 1999). Thus loss of support has a negative impact on the quality of life (Boxter, Sherley, Manton &
Lynn, 1998). Where Volz (2000) found that suicidal thoughts among the aging adults were connected to high social isolation and dissatisfaction with health and social support.

Studies by Comys et al., (1999); Mor-Barak, Miller & Symes, (1991) have reported social networks to ameliorate harmful effects of life events on stress. In many reports, size and contact of social network has been considered to be important factors in improving quality of life. Access to a confident as it moderates the stress, has been found to be associated with major transition in later life. The frequency of contact with friends, family etc. also appear to buffer the emotional and social loneliness among the elderly (Bandevik & Skogastad, 1998). It was observed that those who enjoy close relationships eat better, exercise more and smoke and drink less. Perhaps, a supportive network helps us to evaluate and overcome stressful events.

For many elderly people religious convictions have been found to be important source of support (Chatters & Taylor, 1994; Krause, 1992; Taylor & Chatters, 1991). A significant relationship has been observed between religiosity, health and well-being (Courtenary, Poan, Martin & Clayton, 1992) involvement in religious activities appears to protect senior citizens against anxiety and depression (Koeing, Kavel & Ferrell, 1998) as well as feeling of loneliness (Johnson & Mullins, 1998).

A lot of older people are very passive in their interaction with other people especially when they are depressed. It was very common for anxiety and depression to co-exist in older people. The psychologist and older adults need to work together to identify warning signs, predict situations that might prompt it over the next one year and develop a plan for preventing a slide back. While the research has shown the value of promoting and developing social support programs, and NGO's have
included the issue of ensuring a supportive environment in their action plan (Denmark, 2002). No effort has been made to actually provide social support to senior citizens till now.

Offering individualized supportive intervention can definitely improve the mental and physical health of senior citizens. Interventions to provide actual social support should be carried out actively. Through these interventions they could be helped to explore and face their underlying physical and mental health problems and issues related to these problems in a positive manner. They should be encouraged to take care of their health by following various precautions; to adjust to changing times and to give support inorder to enhance their own social network. In this way they can develop a sense of control over their life and will be able to minimize the impact of various physical psychological as well as social problems they experience.

Objectives of the Present study:

i) To see the effect of the supportive intervention on the health and general well-being among the senior citizens.

ii) To see whether any gender differences existed.

Present Study:

Old age comes to every one of us. It is an inescapable part of human destiny. For many people it comes as a phase of tranquility and serenity, as a phase of life in which a human being can still grow towards completion of his personality and inner values. But it can also be a phase of life which is marked by physical and mental instability, by proneness to disease and by a steady escalation of misery and suffering. The problems of old age has gained importance in the contemporary society due to the
rapid growth in the number of aged individuals in the society.

India had a unique system of caring for the old by the family which maintained their dignity and fulfilled their physical and emotional needs. However, due to urbanisation, migration and modernisation, this system has come under strain even in India. While the government is now gradually stepping in for providing social security benefits for those aged who have no one to care. Existence of mass poverty, growing trend towards nuclear family, greater life expectancy and deteriorating urban environment are making it difficult for the aged to cope with changing time.

Most of the problems associated with old age are due to experience of success and failure in early years. Physical changes during old age not only leads to decline in physical activities accompanied with various disease, the elderly also go through changes in life situation. retirement that leads to social isolation due to lack of contact with peers and colleagues not only contributes to poverty, resulting in poor diet and ill health it also accentuates feelings of depression, loneliness and anxiety which may further be enhanced by death of peers, spouse and relatives. Being a deprived, fragile and most vulnerable section, senior citizens require care and concern.

In view of all this present study is an attempt to provide a practical and positive approach for supporting elderly experiencing such problems.

Social support has been observed as the main buffering agent to physical and psychological well-being of elderly. Social support serves a protective role primarily during times of stress, through an enhancement of adaptive coping behavior (Cassel, 1976; Cobb, 1979).

Most of the studies conducted in India have primarily been carried out in the form surveys focusing mainly on economic life.; physical
environment; family life and realtionships between generations; adjustment pattern; attitude of the younger generations; loneliness and quality of life. Formulation of various policies and programs for the welfare of senior citizens by the government have also been highlighted in these studies. But no effort has been made to deal with the negative psychological impact of these aspects in the lives of elderly's. In view of the deteriorating levels of social support in present society and to highlight its significance for modern times, present study is a pioneering attempt to study the effect of supportive intervention on the general health and well-being of the senior citizens. An attempt to provide actual support to the older citizens has been made by the researcher who met the senior citizens for the period of ten days regularly. Through this intervention an effort has been made to deal effectively with the consequences of various physical, social and psychological problems faced by them. The importance of balanced diet, physical activity, giving support to others, benefits of leisure time and religious activity to overcome loneliness and enhance negative mood regulation expectancies have been discussed extensively. The researcher actively participated in their favourite activities and discussion on the topics of their interest. Definite effort has been made to enhance their positive outlook towards life.

Senior citizens of our society are either living alone or with their families or in the institution. As a result individual differences in their feelings of depression, loneliness and anxiety can be expected. Therefore, in order to control the effect of these aspects elderlies of equal numbers have been selected from all these categories. Since both males as well as females are differently sensitive to different conditions both male as well as female senior citizens were part of our research.

Thus in the present study, two groups of equal number of
males and females, controlled in terms of their living arrangement (alone with family and institution-4 each) have been exposed to either a supportive intervention or to a control group. The subjects in the control group were exposed to only a breathing exercise, given only at one point. In order to study the differential effect of these interventions, multiple measures like loneliness, negative mood regulation expectancies, life experience survey, locus of control, social support questionnaire and social provision scales have been used as dependent variables. Their assessment at three points prior to intervention post intervention and at follow up level-provided the evidence of the relative efficacy of these interventions over time.