Studies about elderly began in early 1960’s. The recognition of longevity as one of the major future social problems by the World Assembly on Aging in Vienna, 1982 and the International Plan of Action on Aging by the UN General Assembly provided a great motivation for aging research in India. Further, the Assembly selected October 1st as the International Day for the Elderly in 1990 and the International Year of Older Persons in 1999 with the theme ‘towards a society for all ages’ and an objective to increase the awareness of the fast changing demographic trends of the elderly, promote action policies and encourage research and information exchange. Over the years, interest in the area of aging has increased involving multidisciplinary efforts and innovative strategies to deal with the increasing problems of the elderly within the changing society. Today, the elderly population is the main focus of the various social planners and service providers. Under the impact of industrialization and modernization, there is a simultaneous monitoring of the growing population with the study of aging in terms of socio-economic impact, family relations, health, living conditions and productivity. Review of Literature is divided into several sub-sections:

a) Studies on Socio-Economic and Demographic Profile
b) Studies on Health Profile
c) Studies on Schemes and Programmes of Elderly Profile

2.1 Studies on Socio-Economic and Demographic Profile

Ramamurti, Jamuna (1984) expresses one of the earliest trends in Indian research was the study of the psychological characteristics and the problems of the elderly in adjusting to their later lives within the changing scenario. As age alone is not a factor for a satisfied later life, the several social, psychological and physical factors that influence the life of the elderly population have been researched as causes of better adjustment in old age. Economic, social and personal adjustments were found to be the important problems of adjustments in old age. Some of the other factors that influenced adjustment
were identified as rigidity, flexibility, marital satisfaction, attitude towards retirement, satisfactory physical and mental health, type of family, social contacts and attitude towards death to name a few.

Sharma, Dak (1987) have edited a book on the process of aging in India and the socio-psychological problems attached to this process. Their work is a product of joint ventureship of Help-age India and Department of Sociology, Haryana Agricultural University, Hissar. The edition contains a total number of 23 short research papers authored by 37 workers. These papers are based on 3 broad categories problems. They are as follows.

(i) aging and the changing society,
(ii) socio-psychological problems of the aged, and
(iii) health and medical aspects of aging.

Broadly, this volume explains the modern forces like education, urbanization and industrialization leading to disintegration of joint family system and development of materialistic and individualistic attitude or outlook of the younger generation, migration of younger generation to cities and the effect of all these on the life style of the aged in India.

Seeman and Berkman (1988) investigate relationship between structural characteristics of two types of support (instrumental and emotional) in community dwelling individuals aged 65 years. For each type of support two dimensions were examined – availability of support and perceived adequacy of the support. It was seen that structural characteristics such as total network size, number of face to face contacts and number of proximal ties were associated with greater ability of both instrumental and emotional support. Perceived adequacy of both types of support was most strongly related to the number of monthly face to face contacts. Comparisons of specific types of ties show that neither once spouse nor children were primary sources of support. Rather the presence of a confident was strongly associated with both dimensions of instrumental and emotional support; the presence of spouse was not.
Jamunna, Ramamurti (1988) reveal that widowhood has meaning only in a psychological and social context in which it occurs. Social mores and norms of Hindu welfare have relegated the widow virtually to a hell on earth. If there is anything that a woman abhors in her life it is the loss of her spouse and becoming a widow. In fact, all blessings given to a married women invariably contain the phrase “Dheergayushu” is useless if you are not a sumangali. So strong is the prejudice in favor of “Sumangali” and against “Amangali”. In the ultimate sense what matters is the state of mind. If one thinks of herself as a widow with all its associated paraphernalia, she is only doomed to depression. If on the other hand, she considers herself as a person with her own individual identity, she becomes “a woman of conviction” and self-esteem. The sacred texts have encouraged woman predeceasing the husband and if not, through sati, where she seeks to end her life along with her spouse. Therefore, living the life of a widow brim with woes and worries.

Dhruvarajan, (1989) reveals that the family is the most important institution that has survived through the ages in India. India has a documented heritage of stable family life and structure that has been able to survive the changes over the centuries. The Indian family, like most families in Oriental cultures, is considered to be strong, well knit, strong and enduring. It is, however, important to point out that although families might be strong and resilient, heterogeneity and diversity characterize family life in India. There are regional and cultural variations in family structure and functioning. The norms and value related to family life vary according to religion, caste, social class, and residential patterns.

Kumar (1991) studies 460 old in the district of Chittoor in the state of Andhra Pradesh. He has taken 50 percent of his sample from 2 urban centers, viz, Tirupati and Chittoor and the rest 50 per cent from 30 rural villages located within 30 kilometers distance from these 2 townships of the state. He has highlighted the family life and living arrangement of the old, delineated the interpersonal relations of the old and the changes which took place because of the operation of some forces like modernization, urbanization etc., and also has described and familial, socio-economic, psychological and health problems of these people.
Joseph (1991) has directed a psychological study in terms of problems and personality of the aged in the district of Kottayam in the state of Kerala. For the purpose of his study, he has considered persons of 60 years of age as ‘old’. He says that a worthless sum of pension is associated with poor living condition and suffering. Thus occupational insecurity, lack of training facilities and shortage of psychiatric and psychological services etc. are some of the main inadequacies in some of the advanced social systems of the world. He has made a comparative survey between the home-living ‘old’ and the institutionalized ‘old’ and pointed out multiple problems, on physical, mental, economic, religious and occupational levels. Further he has attempted to examine the attitude of the young (between 20-50 years of age) towards the aged and has studied the personality of the aged in terms of certain selected personality variables. He finds that the young in Kerala do not have a negative attitude towards the old. Their attitude is clearly positive in nature and hence not unfair.

In Dhillon and Poduwal’s Study (1992) the younger generation in urban society considered it their responsibility and tradition to look after the elderly. Among the urban poor, the family acted as coping mechanism for economic and social survival even when the children were living away from the elderly, indicating that co-residence cannot guarantee good family relations. There is therefore, need for studying the tradition of family relations and care giving within the context of urbanization to assist and motivating the family in caring for the elderly. The elderly can contribute, other than financially to build a common relationship by understanding the needs and limitations of the modern family in a different way. The exchange patterns between the urban elderly and their family indicated that mutual financial support along with performing obligations towards the children, helped retain their position of authority. That even with age, economic and physical dependency, the poor urban elderly tend to ‘blur’ the sharp distinction between men’s and women’s work by taking up domestic chores and caring for the grandchildren. The elderly preferred to give help rather than accept assistance to keep their status and maintain better family relationships.

Ramamurti, Jamuna (1992) have stated that studies on intergenerational interaction indicated that as the intergenerational gap decreased in years,
intergenerational views became more favorable towards old age. Associations and interactions with peer groups appeared to be less intense among the elderly than the younger generations. The younger generation perceived old age as unfavorable probably due to the culturally imposed stereotyping of the elderly population. As people grew older, they were able to empathize and understand the problems of the elderly to a greater extent. The roles and activities of the elderly were different from those of the younger generations; they contributed to the alienation of the elderly. The network of friends and relatives with whom the elderly would have shared the experiences of old age starts to get narrowed down leading to their loneliness.

Singh and Dhillon (1994) have pointed out that overall support and support from colleagues and family members followed by leisure activities, health and effects of life events lead to adjustment in old age. Chaudhary (1992) has pointed out that “an old person begins to feel even his children do not looked upon him with that degree of respect which he used to get some years earlier. The old person feels neglected and humiliated. This may lead to the development of psychology of isolation the company of others. Loneliness in turn may give rise to depression and may eventually lead to worsening of sickness.

Sherrard (1994) twenty two elderly retired people were interviewed for their beliefs about the sources of well-being in old age. Manual and social class responses were compared, controlling for age, gender and health status. Respondent’s free discourse was characterized by spontaneous social comparisons of the self with people. In social comparison theory, this serves as means of self-assessment or well-being-enhancement. The comparison statements were analyzed by direction, target, dimension and well-being yield. Significant class differences were apparent. Both groups compared downward with others on the dimensions of ageing, longevity, keeping active, security and money. The manual group derived less well-being from their downward comparisons, many of which focused on entitlement to money benefits. The professional group made more upward comparisons. Neither group showed psychological defense against physical decline, using social comparison as a means to objective self-assessment rather than self enhancement.
Srivastava (1994) has studies a total number of 270 retired government employees consisting of 24 class-I, 48 class-II, 159 class III, and the rest of 39 class-IV aged person. He has considered the age of 55 as a demarcating line for considering a person ‘aged’ as the retirement age varies from 55 to 58 years depending upon government stipulation. His study is an exploratory one and he has aimed at gaining insight knowledge as to how the retired persons of three districts namely, Gorakhpur, Basti, and Deoria in the state of U.P., socially, economically, Psychologically and culturally adjust themselves with the changing situations. He has also pointed out some peculiar problems of these people, that is, as to how they view and manage to face the problematic situations either by themselves or with the help from the government or NGOs.

Srivastava (1995) defines family as a transmission belt for the transmission of cultural standards to the next generations, as a psychological agent of society, as a shock absorber, and as an institution of many enhancing and valuable qualities. The joint family system or a multi-generational household has always been an integral part of the Indian culture. Researchers contend that the joint family still exists in all parts of the country. Even the most modern and nuclear family in modern times has the deep-rooted jointness in various structural and functional aspects.

Khan (1997) studies the aspect of anxiety of relation to sex, marital status, family structure, economic hardships in two neighborhoods. The findings were: (a) 18.5% females are over concerned about day to day in comparison to only 13.3% males (b) 21% of the widow/widower as compared with 14.3% of the married subjects complained about tensions relating to their personal and other problems. (c) Worries and over concern were found in subjects (22.5%) living alone than those 13.5% living in a joint family (d) 42.4% of the subjects facing economic hardships worries more as compared to only 0.5% who have less economic hardships.

Bhindradiya and Kamla R. (1997) explores the familial roles and care of the elderly in rural households of Saurashtra to find out the gender and generational differences the view of two groups. The findings revealed that the family members believed that person’s status increases with age, which enables the elderly to give advice,
take decisions, etc. While the elderly believed that their status had decreased because of dependency. Changing social structure, majority of individualistic and materialistic value of generations towards the old age and compulsory retirement from economic activities contribute a great deal in emergence of old age on a social problem.

Kauh (1997) also examines the views of respect for family members. He has found that about 70% of Korean elderly reported that their children showed them respect whereas more than half of the adult children responded that they didn’t show their parents respect. Adult children expressed that their belief of “showing elders respect” was not realized in their behaviors. It was suggested that low expectation of respect from aged parents and responsibility feeling by adult children probably build the strength of intergenerational affection in Korean-American families.

Bajpai (1998) reveals the role and needs of the elderly are not similar with the young. Adoption of new ideas is either difficult or not acceptable to the old. Coping with old values and traditional practices is not difficult to the young. However, in the prevailing conditions they do not feel comfortable in adopting lifestyle of the old. Loss of personal authority is the basic concern for the aged, which usually disturbs them physically and psychologically. This problem is more in case of elderly women who feel that her daughter-in-law replaces them. This makes them uncomfortable and sometimes results in quarrels. In many cases, the young abuse the aged verbally and make them unhappy. Such condition causes stress, depression and dissatisfaction with the life amongst the aged.

Willigen, Chadha (1999) reveals that a majority of households in the samples were either “joint” or of sufficient size to suggest jointness. Many elderly placed a high value on the way they were treated within the joint family context. The relationship between the welfare of older people and the nature of family was clearly reported. Elderly regarded intergenerational reciprocity as important. One man in the study reported, “To me the joint family is the best system. One learns from his parents and children learn from their parents. My son look after me very well in spite of my paralytic problem because they saw I took a lot of care of my own father that is why they are doing
a lot of seva. Then their children will see their father care of me and will do the same in return”.

Jayashree (2000) expresses the important role in maintaining intra-family relations, various studies have explored the type of living status of the elderly and indicated the better status of the elderly in the joint family. Few studies have also highlighted the fact that despite living in the joint family, the elderly face problems due to urban living conditions and poor sanitation along with intergenerational differences and inadequate time and effort by the family in caregiving responsibility towards the elderly. Acute lack of accommodation, excessive rents and migration of the young adults have prevented many elderly from living with their children, especially among the elderly women, leading to distress, loneliness, increase in responsibilities and lack of caregivers.

Raju (2002) explores older widows are the most vulnerable groups needing special attention. Other vulnerable groups are the aged men and women who are disabled, frail, destitute and orphan, those who still try and work in the unorganized sector like landless agricultural workers, small and marginal farmers, artisans in the informal sector, unskilled laborers, on daily casual or contract basis, migrant laborers, informal self-employed or wage workers in urban sector, and domestic workers. The aged who are destitute and orphan, naturally face myriad of problems due to poor socio-economic conditions that ultimately results in mental stress and depression. Thus there is a need to study the socio-psychological and economic conditions of the old age pensioners.

Phillipson (2002) have revealed that the increasing processes of industrialization, modernization and urbanization, as a result of globalization and economic liberalization, have had a negative impact on traditional welfare institutions and socio-cultural values. These processes have also resulted in growing individualism, vulgar materialism and selfishness. In this way, the changes in value system and institutional set up have had a negative impact on the relations between the young and the old. It is now all the more essential to highlight on intergenerational relationships.

Raju (2002) have stated the elderly, men and women, who are disabled, frail, and
those who still try and work in the unorganized sector are in more vulnerable conditions. They largely include landless agricultural workers, small and marginal farmers, artisans in the informal sector; skilled laborers on daily causal or contract basis; and informal, self-employed and domestic workers. These sections of the aged generally get into conflicts and differences with the young due to a variety of reasons. Further, they face numerous problems due to poor socio-economic conditions and end up in family disorganization.

Reddy (2003) states that in the recent years, indignity, disgracefulness, embarrassment, dishonor, disheartening, disregard, indifference, injustice, lack of care, psychological torture and host of negative behaviors and attitudes are reflected in the society towards elderly. Millions of elderly are suffering emotionally from the growing phenomena of gross indifference, profit motive, selfishness and decay in the family system. Although family ties in India are still strong and an overwhelming majority of the old still live with their family members, the position of an increasing number of order persons is becoming vulnerable. In the present scenario they cannot take it for granted that their children will be able to look after them when they need care in their old age; keeping in view the longer life span which implies an extended period of dependency.

2.2 Studies on Health Profile

Bleiszner and Mancini (1987) reported a study in which old parents held expectations for more abstract demonstrations of family responsibility such as affection, thoughtfulness and open communication. They expressed concern about how to negotiate the desired level of non-interfering closeness with their children and how to discuss their wishes with respect to issues such as care in a future medical emergency, long term care preferences, funeral arrangements and disposition of their property after death. The findings suggested that well-educated, healthy, resourceful elderly parents are comfortable with routine interaction and do not expect direct assistance except for the most extreme circumstances.

Markides (1989) attempts have been made to measure ‘adjustment’, ‘mental
health’, ‘life satisfaction’ and ‘morale’ in relation to aging. The most popular work that emerged was a measure of ‘life satisfaction’ termed as the Life Satisfaction Rating (LSR) by Neugarten et. al., (1961). The rating identified five components that indicate positive life satisfaction such as 1) zest and enthusiasm, 2) accepting responsibility for one’s action, 3) agreement between desired goals and achieved goals, 4) a positive self-concept and 5) a general mood of happiness and optimism.

Jamuna (1989) reveals aging can bring in various changes which may not be acceptable to the elderly thus, affecting the attitude towards their self and towards life itself. Several studies have attempted to determine the extent to which an individual accepts the changes of later life for better adjustment. A factor that seemed to add to the problems of the elderly was the disparity between self-views and views of the persons by others. The greater the disparity, the worse was the social adjustment. Research on the self-concept of the elderly showed that the growing feelings of unwantedness, rigidity and negative self-image led to poor adjustment. Related to these was self-acceptance of aging changes and self-perception of health and disability.

Ramamurti and Jamuna (1990) reveal that the onset of middle age and old age leads to tremendous stress and strain in modern society which could lead to severe health problems such as heart disease and psychosomatic conditions. Money matters, health and family interaction were some of the most stressful experiences of the elderly. Reactions to frustrating situations depended, to a large extent, on the personality make-up of the individual. Adopting a flexible lifestyle from early adulthood is perhaps the best way to meet the demands of new adjustments and changes in old age. They have described how social supports give the elderly a sense of security and belonging, helping to meaningfully relate to others and feeling that they are cared for in times of crisis, thus indicating the importance of welfare measures.

In a study by Dillon and Gupta (1992), the upper middle class community observed old age as full of activity, moderately healthy, optimistic and more in control due to their background of high education, prosperity, accessibility to facilities and authority while the low income elderly saw old age as a stage of sickness, insecurity,
dependency and lack of opportunities due to their constant economic struggle and fear of becoming a burden in later life. The socio-economic status of the elderly determined their adjustment to a large extent, especially in terms of good health, higher education, higher activity, joint family living and accessibility to facilities.

Ramamurti and Jamuna (1992) conduct an intensive study on the ‘Markets of Successful Aging’ with the objective of measuring successful aging by the parameters of life satisfaction, satisfaction with one’s present life, good mental health and adjustment. The sample of the study comprised of 800 elderly men and women ranging between 60 and 80 years from different districts in Andhra Pradesh. The researchers selected 32 variables from the literature available on mental health and life satisfaction after a pilot study. The important variables were self-perception of health, self-acceptance of aging changes, self-perceptions of functional ability, marital satisfaction, economic well-being, flexibility, emotional anxiety and belief in karma to name a few. While the female elderly gave importance to their belief in karma as an important determination of aging, the male elderly found satisfaction with familial interaction, attitude towards aging and flexibility as prominent predictors for happy aging. The findings were reliable with the earlier studies on the significant causes affecting later life such as self-acceptance of aging changes.

Chandrashekhar (1993) reveals the economic aspect of aging is one most important aspect in the lives of the aged. The amount of money to which aged individuals have occurs can determine not only the length of their lives, but also the quality of their lives, because such factors as, a clean, pleasant and safe environment besides letting them, spend their remaining lives in relative comfort. The living condition and facilities available directly influence the health of old person. Better living condition and better facilities means better physical and mental health. Equal opportunities, less competition, social-economic security and stability, love and affection and due respect help to manage stress and life.

Singh, Dhillon (1994) in their study on class II retired officers found that along with other factors; the second best predictor of adjustment is health. Of the total sample
22-36% is accounted by overall good health with fewer or none of the following disorders: bone disorders, digestive tract problem, ulcers, headaches, respiratory problems etc. Better the health better is the adjustment to retirement and life. Singh (1996) inquired into family support and family care has revealed that the respondents feel loss of authority in family due to loss of their earning status and declining health.

Singh, Dhillon (1994) in a study of 50 retired classes 1 civilian officer investigated various factors (family, social, financial and emotional adjustment) that determine their adjustment after retirement. Results shows that the various predictors of adjustment include involvement in leisure activities (36-65%), health (26-87%), affects of life events (15-75%), and over all social support (14-17%). The results of the Dhillon and Chabbra study (1989) carried out on 3 socio-economic classes depicted that elderly make the maximum use of the strategy of seeking help, comfort and sympathy from others when coping with the stresses of ageing and life.

Khan (1995) reveals ageing is a physiological process which is associated with progressive degeneration of all the organs and tissues of the body. The rate at which degeneration occurs does not strictly follow the chronological age. There are ethnic, racial and genetic differences amongst individuals. The biological age and chronological age do not show any correlation, although they are closely related to each other. As age advances, the health problems tend to increase with age and often the problems aggravate due to neglect, poor economic status, social deprivation and inappropriate dietary intake, which often results in multiple nutritional deficiencies.

Mallya (2001) state there appears to be a relationship between the socio-economic status and health of an individual. The socio-economic parameters include economic, educational, cultural, age, sex, and occupational status. However, despite medical services being available at government health centers and hospitals, they are not easily accessible to the poor due to long distances, costs of treatment and time constraints. Many a times, they have to be contented with the services by unscrupulous doctors and comprise on the quality and cost of treatment. Thus it is observed that health is not only biological or medical concern, but also a significant personal and social
concern. Though the fact that majority of the aged are more susceptible to sickness, it is not denied or disputed that society generally considers old age unproductive.

Ramamurthi (1996) explores the stress among elderly men and factors associated with it. The finding show that the main sources of stress were the following (a) Socio-economic and occupational stress (49%), (b) Physical conditions (56%) (c) Psychological sources (61%) (d) Familial and social sources (59%). The low stress individuals scored significantly higher on social supports, values (creativity, integrity and social service) and life outlook and had a low death anxiety, frustration tolerance and self-acceptance of ageing changes.

Khan (1997) takes sleep as an indicator of mental health along with physical necessity. Accordingly, the study reveals only 9% of the elderly of high income group have sufficient sleep as compared with 41% in lower income group. On the level of anxiety 61% of elderly score low, 25% average and 4% aged respondents are pessimistic, 88% balanced and 22% optimistic. These researches shows that changed situation and self-perfection of well-being are important to adjust in old age. Co-relation between mental health and psycho-social problems in later life needs to be explored along with familial, physiological and economic factors.

Vijaya Kumar (1998) reveals that though the health care system has improved significantly with a focus on education of spreadable and infectious diseases, safe drinking water and proper sanitation which have a direct impact on the longevity of individuals; various measures need to be provided in health care for the increasing elderly population through a holistic approach. Special consideration to the elderly in hospitals, transportation of the ill, mobile geriatric units, measures to enhance family support, improving nutrition, provision of spectacles, walking sticks etc., rural medical camps recreational facilities and introduction of geriatric courses in medical and nursing schools. As the extended lifespan makes demands not only on the medical profession but also on the society and the family, efforts should be directed towards the health care needs of the elderly. The primary healthcare center should incorporate services for the elderly in the absence of exclusive health services for them, the media can be utilized to
create awareness about their health care needs and the interrelation between health and income security needs to be looked into to raise the level of productivity, good health and adequate services. Health care practice through self-help services and programmes have been recognized as the ideal means to maintain fitness and high activity levels to prevent the incidence of chronic ailments and further burden on the health care system within the increasing population of the elderly.

Reddy et al. (1999) bring out the differential influence on the health status of the urban elderly across varied socio economic groups. The high incidence of chronic disease, illiteracy, inability to good nutrition, improper housing conditions inadequate medical services and the absence of long term preventive health care measures for the elderly are some of the factors that have emerged as the cause for the poor health status of the elderly population. While it would be difficult to improve the economic status of the increasing elderly population, their health status can be improved by fostering more positive images of health in later life through adequate facilities. Emphasis should be on lifelong health care rather than on health care during old age. The interrelation of health and economic status is also an area that has been studied time and again due to its close association with the quality of living in later life. The risk of illness increases with age and correspondingly, the personal and social costs of illness in later life become high.

Ramamurti (2002) reveals the socio-cultural and economic aspects have a bearing on the relations. Joint family, kinship and value system in the past ensured emotional help, physical security and social support to the aged. The situation varies according to the economic condition and the social status of the aged in the family and society. The elderly who have adequate financial resources and who take care of the family affairs, who are productive and involve in income generation activities and contribute to family, and who also have good social networks are looked after well and held in good esteem by the young. On the contrary, in many cases where the old are resource poor, young neglect them intentionally or unintentionally, and refuse or fail to fulfill a caretaking obligation (WHO 2002). Kohli (2003) in their study reveal that there is an increase in leading household ship by the young. In many cases, besides ill-treatment, the elderly parents are forced to work and do odd jobs despite their deteriorating physical condition.
and poor health.

Ramamurti (2002) explores old age is associated with higher rate of illness, disability and multiple chronic conditions. Modern system of medical facilities and treatment is more expensive and affordable to only those families, which are economically affluent. Obviously, the economically unsound families face difficulties in providing proper treatment to old. Most of the younger generations feel that the expenditure made on health of their aged parents is a wasteful investment. In many cases, it is found that the younger members fail to take care of their aged parents. The failure of care-taking obligation would lead to certain differences between the young and old. Therefore, the psychological, physical and health aspects of the aged have a bearing on the relations.

Siva Raju (2002) reveals in the later years of life, arthritis, rheumatism, heart problems, high blood pressure and diabetes are found to be the most prevalent chronic diseases affecting people. The poor elderly attribute their health problems on the basis of easily identifiable symptoms like chest pain, shortness of breath, prolonged cough, breathlessness/asthma, eye problems, difficulty in movements, tiredness whereas the upper class elderly mentioned blood pressures, heart attacks and diabetes which are mostly diagnosed through clinical examination.

Psychaiat (2003) also states that anxiety disorder i.e. usually associated with depression and hopelessness and insecurity about the future especially related to the death. The age wise comparison reveals that, the frequency of responses reflecting insecurity is in descending order i.e. 70-75 years age group reflecting high frequency of insecurity followed by 65-70 years age group and 60-65 years are being the lowest frequency of insecurity. This section reveals that the financial insecurity followed by health insecurity and socio-emotional insecurity being the lowest insecurity-Overall insecurity increases as the age advances.

Suri and Chadha (2003) found the old age group reported their relationship with their grandchildren around the level of friendliness, discussions over issues of common
interest, career plans, future goals etc. Further Singh and Chadha (2004) conducted a study to understand the intergenerational relationships for the perspective of life satisfaction, attitude and role expectation of the grandchildren toward their grandparents and vice versa. The study did not see many differences in terms of the role expectations and hope for the health interaction over a period of time to strength better understanding.

2.3 Studies on Schemes and Programmes of Elderly Profile

Rakowski, Julius et al. (1987) a sample of 172 communities-residing older adults (aged 64-96 years) were interviewed to investigate correlates of their preventively oriented, health practices. Four health practice groupings were used: information-seeking, regular health routines, medical and self-examination and risk avoidance. Results indicated modest associations among individual behavior and among the four health practice groups. Gender (i.e., women) and a supportive family environment were among the consistent predictors of good health practices.

Ministry of Welfare (1987) states the increase in the elderly population and their specific needs and problems saw the emergence of varied welfare measures providing for the elderly. The existing services such as daycare centers, old age institutions, social work services, senior citizen associations, voluntary organizations and other services for the elderly have been discussed with suggestions to cater the specific needs of the elderly clients. The pivotal role of the voluntary organization in the welfare of the elderly especially in promoting their familial and social integration across all sections of society has been discussed in great detail. Keeping in view the need to enlarge and strengthen the services intended for the elderly, cooperation from the family, community, government, professionals, researches and from the elderly themselves have been suggested.

Gray and Calsyn (1989) studied 70 subjects (60+ ages). Interviews were used to test the hypothesis derived from both social support and disengagement and activity theory-

- Stress has more of a negative impact on the life satisfaction of those under age 75 years than those over 75 years.
• Social support has more of a positive effect on life satisfaction in those under 75 than those over 75 of age.

• The buffering effect of social support is stronger in the under 75 group over 75 age group. The analysis supported the first two hypotheses but the third one did not find any significant support.

Cavanaugh (1990) reveals as aging needed to be observed from a broader social and environment context, the concept of social aging emerged which referred to the individual’s roles and habits in relation to the society. It comprised various aspects such as the social definition of age, age as a social problem social differentiation and social change in relation to aging which determine lifestyle experience, life satisfaction and social adjustment. Two levels of social influence are usually indicated namely the micro-social which is the immediate interpersonal environment of individual as they interact with family, friends, neighbors and associates in their daily living; and macro-social comprising the broader social structures such as the political, economical and cultural factors affecting the individual.

Belsky (1990) have been addressing broader theoretical questions regarding how people adapt to the changes characteristically associated with old age. Varied social theories and framework namely role, activity, disengagement, continuity and stratification, interactionist and social exchange theories, personality development and lifespan development have been designed to facilitate better research on the successful adaptation of the elderly. These however, do not take into account the varied patterns of adult development, the different ethnic, socio-economic or cultural factors among individuals and the environmental diversity. Critics argue that though the social aging theories and framework offer a way to organize the changes that occur over the life time, the strategies in studying the elderly should not be confined to a few techniques as the heterogeneity among them and the changing society needs a holistic approach to the aging process.

Shuman (1991) reveals that the quantity and quality of housing for the elderly has got attention recently due to its major impact on the overall welfare of the increasing
elderly population in urban areas. Housing policy has therefore, concentrated not only on the requirement of warmth, security and convenience, but also on fostering the mobility, independence and integration of the elderly in the community through provisions and small adaptations which decrease many barriers in the community through provisions and small adaptations which decrease many barriers such as hand rails, grip bars, escalators, ramps, recreational opportunities, comfortable transportation so on.

Jamuna (1991) studies the three-generational perception towards old age by using the ‘Problem Inventory for Older People’ by Ramamurti (1969) consisting of six problems of the elderly such as health, family, fiancé, social and religious, personality and personal betterment. The middle aged and the elderly accepted to a great extent that aging was associated with problems. The researcher recognized this to the fact the middle aged respondents were approaching old age themselves and were the caregivers of their elderly. The younger generation was too preoccupied to feel the impact of the problems of life even though they were living with the elderly. The study indicated the need for a general awareness about the problems of later life among the younger and middle generations to educate the community about old age and prevent the elderly from becoming a state problem.

Chadha and Nagpal (1991) conduct a study to find out differences, if any, between institutionalized and non-institutionalized subjects with the respect to social support network and life satisfaction. The results of the study indicate-

- Social network size of institutionalized group id significantly smaller than their non-institutionalized counterparts.
- Non-institutionalized elderly had higher life satisfaction as compared to the institutionalized.
- Social support and life satisfaction were significantly related to each other; males being significantly higher than females.

In a study by Ramamurti et al. (1992b) have stated that knowledge about the
various causes of aging have led to an attempt in improving human resources among the elderly to meet the challenges of the changes in future life through intervention programmes. Forty urban men in a study were provided with intervention sessions spread over two weeks. In the experimental group, it was noted that there was a significant improvement in the scores of self-acceptance of aging changes followed by self-perception of health, activities of daily living, family and social interaction and flexibility. The study highlighted the scope for possible interventions to facilitate aging and to improve their life.

Ramamurti et al. (1992) have highlighted the need for interventions in reducing the burdens of caregivers. Retirement is one of the significant contemporary events in an individual’s life that influences the adjustment process. The elderly faced various adjustment problems after retirement. Among other contemporary issues, caring for the elderly has undergone changes with the implications of modernization and urbanization such as migration and employment of women. There is a downward shift in the status of the elderly after retirement. The researcher emphasized that though the factor of being the bread-winner was important in remembering one’s position as head of the family; the personality of the individual, socio-economic status, responsibilities and values of the family were significant.

United Nations (1992) have expressed that there are few efforts in the area of the influence of the physical surroundings on the elderly. However, there have been suggestions on housing plans for the elderly which provide for their physical, economic, social and psychological needs. With the increase in the elderly population, city planning need to incorporate the strong influence of the family and community, good health, mobility and access to facilities in life. Further research on housing of the elderly will prove to be beneficial in providing for the specific requirements of the elderly.

Mahadevan and Sumangala et.al. (1992) have suggested the emerging problems of the elderly in modern society have created the need for change in the policies, welfare schemes and services for the elderly to facilitate their better adjustment and to prevent them from becoming a social problem. Strengthening the family support system is a
major concern for the well-being of the elderly and to provide support to families facing the stress and strain of care giving. The need for economic security, low pensions and the existing lack of provisions for financial planning in old age prompted studies to suggest measures that can be taken up by the government and both the organized and unorganized sector to ensure social and economic security for the elderly population.

United Nations (1993) have shown that the ability of the family in caring for the elderly in developed urban countries is seriously reduced due to the constraints of smaller housing, limited financial resources, preference for living alone by the young, the increasing employment of women and comparative increase in the very old. The impact of socio-economic trends accompanying the aging of population has affected one of the major social-institution-the family and its structure and function. One of the first to advance the idea that industrialization resulted in a decrease in the status of the elderly and the replacement of the extended family with the nuclear family had isolated the elderly from the family and society.

WHO (1993) states pension schemes and the increased interventions of the government, especially for the disadvantaged elderly have to some extent, provided substitutions for economic security formerly given by the family. Geriatrics as a medical specialty has created interest in the clinical, preventive and remedial and social aspect of health, disease and lifestyle among the elderly. The economic status and the situation of the older worker have been analyzed by many researches to promote an active and productive later life. The work capacity of aging individuals, their health problems, adjustment to working conditions have led to the development of employment policies, modifications in the work environment and need for further research in this area.

Vijay Kumar and Reddy (1993) expresses the concept of retirement as a period of rest, developing new interests, renewing social and familial interaction and channeling energy towards productive areas is completely lost if the retired elderly have to cope with financial, health, familial and social problems. Despite their hard years, the retired felt that their savings and pensions are not adequate to fulfill their liabilities and hence, majority have to seek employment or struggle even harder after retirement.
Dandekar (1996) has done a work on the elderly people of India. Basing on about 50,000 sample households, she has tried to differentiate the problems concerning to regional variation between the rural and urban based old people of India on some specific sectors like health, financial constraint and role and function of Old-Age- Homes. She has also evaluated the usefulness of the existing pension schemes and also suggests some remedial measures to overcome the loopholes. She has come to a point and says that the old-age-home may offer a possible solution to the problems affecting the urban old, particularly poverty, shortage of housing, and often the harsh conflicting situations between young and old generations. She argues that since three-fourths of the aged people of India reside in rural bases, the major thrust of the Welfare programmes and policies be directed at providing old-age-pensions. This according to her is not because the rural-aged are both well-integrated with their social background and not favorably disposed towards living in old-age-homes.

Dandekar (1996) have stated that Indian gerontologists have time and again attempted to consider the implication of urbanization on the elderly population. Amidst these attempts, the characteristic needs and problems of the elderly have emerged which emphasize the need to explore the culture specific determinants for the quantity of later life. The vulnerability of the elderly to the aging process in contemporary society has been explored extensively especially in terms of their inability to commandeer the resources of the family, the individualism and mobility of the younger generation, changes in family structure and composition, freedom of women, the severe lack of accommodation and excessive cost of living which have placed strains on capacity of the family to provide adequate care to the elderly.

As revealed by Dandekar (1996) in a study conducted on the condition of inmates in nineteen institutions in Maharashtra reveals that the satisfaction level of the elderly inmates depended on their economic status as the low income groups were happy in view of their limited options while the higher income groups demanded personal attention as they paid for the services in the institution. They focused on the needs and adjustment problems of the elderly inmates, with particular emphasis on the female elderly.
Khan (1997) has surveyed the work of 22 voluntary organizations based in Delhi and outside Delhi which are engaged in the welfare of the aged in India. Basically he has studied the old, age 60 or above with the help of secondary source data and information in order to find out the general problems faced by them and to examine the welfare measures taken up by these organizations and the day-care centers as well as the outline the direction at which the day-care centers may take to meet the existing and future service needs for the aged. He has pointed out the health, economic and social problems of these people and also focused on the social security, the process of public assistance and the institutional care. Finally, he suggests some constructive measures for the betterment of the aged through some modified roles of NGO sectors.

Raja (1997) conducts a study on the aged, their problems and their future outlook in the state of Tamil Nadu under a sponsored project by the Ministry of Welfare, Government of India. He has primarily shown the living condition of the aged who are above 60 years of age, their status in the household, the factors which influence the process of aging, socio-economic and health conditions, attitude of the aged towards family and the society, and also the mechanism of coping of the aged within the family and also in the community.

Naik (1997) have suggested one of the most effective forma of income security for the elderly continues to be regular employment which can solve many other associated problems such as dependency, loneliness, poor health and so on. On considering as to who could solve their financial problems after retirement, most of the retired felt that the government and private sectors should come forward for the optimal utilization of their potentials. The studies in the area of the older worker are few, though the presence of older workers have created the need for evaluating the job opportunities in the labor market, provide modification in their working conditions and improve their working skills and productivity.

Vijaya Kumar (1998) have highlighted the inadequacies of the social security measures and suggested ways to improve the quality of later life, especially among the socio-economically disadvantaged elderly. Empowering the female elderly by improving
their situation through governmental and non-governmental efforts in providing measures for economic assistance, health care, legal awareness and assistance and change in the attitude of the family, society and service have been suggested by several researches.

Attempts have been made Soneja (1999) in discussing the National Policy on Older Persons (NPOP) while exemplifies the growing concern to aging and its accompanying issues and seeks to formalize all existing provisions and responsibilities by the government and non-government organizations, individuals and society at large, along with ensuring public commitment towards the elderly, protecting them against insecurities and abuse, and creating opportunities for their development and participation in economic and social activities. Specialized services such as geriatric social work, geriatric health care and professionals have also developed to meet the culture specific needs of the elderly and play an important role in formulating and implementing services and policies for the varied elderly population. Social work intervention with the elderly is of fairly recent origin as compared with other social work activities, but has been devalued due to the prejudice that little can be done to improve the quality of old age. Social work educators, governmental and non-governmental organizations working for the elderly have to rally together to remove this kind of ageism and make the field of welfare in old age more challenging for social workers and other professionals. The goals of social work with the elderly should be ameliorative where problems have already gathered up, preventive where problems are predicted and promotional where the elderly are helped to enhance their social functioning and achieve and best level of satisfaction and fulfillment. However, research on the welfare and social services for the elderly have not been able to keep pace with the increasing demands of urbanization on the elderly population and there is therefore, a need to develop innovative strategies and interventions to provide opportunities for their growth and integration in for future.

Sidorenko (1999) states that old age is stereo-typically viewed as associated with decline, disease, depression, dementia, disengagement, death, and a drag on the society. However, an objective view reveals that in the cycle of life, every generation becomes the other with the passage of time and all generations are interdependent for their physical and emotional health and sharing of group culture and human values. It is the vital that
inter-generational relations be fostered and the elderly be allowed and encourage to continue playing productive roles on the stage of life. The United Nations declared 1999 as the International Year of Older Persons and sought to have its member’s countries develop specific programs based on a conceptual framework that replaces the idea of an aging population as a burden on the society with the concept of a society for all ages.

Tyagi (2000) states the National Policy on older persons trusted on the pre-retirement counseling, mental health services and other such services, etc., with regard to psychological aspects. Considering social needs, it aimed to develop and promote family values, short stay facilities and counseling services to sensitizing younger generation for intergenerational bonding to strengthen and to resolve inter-familial stresses. Further, it has been suggested to provide, rebate for medical expenses and preference in allotment of houses to the children who co-reside with the aged parents.

Rajan (2001) explains the National Old Age Pension Scheme (NOAPS) was introduced on 15\textsuperscript{th} August 1995 under the National Social Assistance Scheme. Many states give the lowest pension amount of Rs.60/- per month, while the State of West Bengal Pays the highest amount of Rs 300/-. The Government of India introduced Annapurna scheme on 19\textsuperscript{th} March 1999 as another social assistance scheme. This scheme was aimed at covering those destitute who are otherwise eligible for Old Age Pension Scheme. In Karnataka this scheme is yet to begin.

Chakravarty (2001) have stated as the incidence of widowhood increases with advancing age for women, their vulnerability to the changes in future has become a matter of serious concern in view of the severe problems faced by them throughout their lives. The important vulnerability parameters for the female elderly have been identified in factors such as their residence, inheritance, economic condition, employment, and health status, access to health care services, care giving and social security measures. Considering the increasing number of the female elderly and the larger proportion of widows, research development on their aging issues have been retarded, especially in emphasizing their specific needs and problems which require different measures and periodic interventions for improving the life of elderly women.
HelpAge India (2001) have express life in urban areas is characterized by retirement and withdrawal from the labor market that makes the elderly dependent on pensions and other benefits among increasing cost of living. Retired elderly from the upper strata of society continue to maintain their status as the household head in view of their better education, occupation and income. The concept of retirement as a period of rest, developing new interest, renewing social and familial interaction and channeling energy towards productive areas is completely lost if the retired elderly have to cope with financial, health, familial and social problems. Despite their hard years of work, the retired felt that their savings gratuity and pensions are not adequate to fulfill their liabilities and hence, majority have to seek employment or struggle even harder after retirement. There is therefore, a need to prepare the elderly for a smooth transition to retirement and many works have suggested programmes for an active and productive aging in view of the large number physically fit, alert and determined elderly in urban areas.

Chakravarty (2001) reveals the vulnerability of the poor elderly and those in the unorganized sector has been the focus of several studies in view of the inadequate social security measures which increases their risk of becoming social and economic burdens in old age. The single most significant form of social assistance to the elderly in the unorganized sector is the Old Age Pension (OAP) scheme. Empowering the female elderly by improving their situation through governmental and non-governmental efforts in providing relief measures for economic assistance, health care, legal awareness and assistance and change in the attitude of the family, society and service providers have been suggested by several researchers.

Majumdar (2001) has expressed the increase in the elderly population and their specific needs and problems saw the emergence of varied welfare measures providing for the elderly. The existing services such as daycare centers, old age institutions, social work services, senior citizen associations, voluntary organizations and other services for the elderly have been discussed with suggestions to provide for the specific needs of the elderly. The pivotal role of the voluntary organization in the welfare of the elderly especially in promoting their familial and social integration across all sections of society.
has been discussed in great detail. Keeping in view the need to enlarge and strengthen the services for the elderly, cooperation from the family, community, government, professionals, researchers and from the elderly themselves have been suggested.

Raju (2002) reveals present conditions become vulnerable for the aged, because on one side the traditional welfare institutions are deteriorating and on another side the population of the aged is increasing rapidly. There is a big gap between the problems of the aged and the available resources. The attempt made by the government and non-governmental organizations are nothing to compared to the needs. It is to be noted that the psychological needs of the aged are largely excluded and the conditions of the aged becoming increasingly vulnerable, not because of physical disabilities, but due to socio-economic, psychological and health related issues. The media takes note of the problems and issues of younger persons/ youth, etc., but they neglect the concerns of the aged.

Chadha (2002) reveals Intergenerational Programmes for the developing countries was devised in International Conference on Intergenerational Relations 2002. The issues like, sensitizing the young about their role of educating adults in this regard were identified. In case of India, it has been suggested that people’s participation and involvement of local leadership need to be taken into consideration while implementing intergenerational programmes. However, the efforts made by the Government and non-government organizations are mostly in urban than in rural areas.

Ramamurti (2002) have stated that different conditions of the elderly influence the relations, either positively or negatively, with the young. The factors that determine intergenerational relations include socio-cultural, psychological, economic, physical and health aspects. Therefore while looking at intergenerational relations; one has to adopt a holistic approach and comprehensive understanding. Such understanding would help the policy makers, academicians and voluntary organizations to formulate appropriate policies and programmes. Further, it would also help to evolve possible intervention in strengthening the intergenerational relations.

Lowenstein & Bengtson (2003) have stated research has also pointed to the
importance of interrelations between various micro and macro systems for the well-being of the elderly. It has become evident that the care of the aged is a mix of public and private resources, with the characteristics of this mix varying from one country to another. The specific mix is related to three factors:

- The norms and preferences of families with regard to care
- The family culture that guides the level of readiness to use public services
- The availability, accessibility, quality, and cost of those public services.

A study by the International Labor Office (ILO) states that old age income security continues to worsen across the world, especially in industrialized countries. In developing countries, new data shows that the cost of health care is the main cause of income insecurity and anxiety. (Global News Flash List, 2004). The study was further supported by Nasreen (2003) that, in our family’s income insecurity is one of the major problems and quite a number of elderly suffer from monetary worries. According to the John (2005) though the aged have become economic security, many of them are socially and emotionally insecure.

In Singh’s (2004) study of the differences in the nature and view of roles and expectations held by the elderly and younger generations, it was found that negative views towards the elderly were prevalent. Negative stereotypes were found to be held by the elderly themselves about their age (like being weak, dependent, nagging, inactive and sometimes highly emotional) as well as by younger generations who noted other deficits or limitations (for example the elderly as being cognitively deficient, unsatisfied with their lives rigid, disturbing and unimaginative).

**Summing Up**

The review of earlier studies on the quality of life and problems of elderly in India clearly shows that adapting to old age is dependent on several socio-economic, cultural and psychological factors. However, to provide appropriate policies and programmes and to create awareness among the elderly, new research must be conducted. The researches
show that continues research, modifications of policies and programmes are required to make better the life of the elderly. Most of the previous research projects were data based but it is also essential to conduct a research on the elderly by treating them as human beings as full of emotions and feelings.

Most of the research projects till now deal with the economic conditions of the elderly; there is also repetition of the area of research but many things have been changed now and many are continuously in the process of change. The requirements of the elderly are changing according to the changing lifestyle; research also demands to shift our focus from the traditional topics. Further, these research projects generally treat all the elderly equally while there are differences in the conditions of the elderly; none is living in the same conditions and everyone has different requirements. There are elderly, who are living better lives and there are also such elderly who are living in the worst conditions. One of the major shortcomings of the previous research is that it is not focused on the individual, nor it tries to capture the personal experiences and views of the elderly. There is also difference between the experiences of the lives of the two genders which has been generally overlooked by our academics.