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35132- SOCIOLOGY OF AGEING

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Community Life, Levels of Connections in Community Life, Establishment of Relationships

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1.2.   INTRODUCTION

"Old age" or the "elderly" are the terms, which are frequently used, both in popular usage and in academic environment to refer to those who are above 60 years. Despite the frequency with which the terms are used, the definitions vary depending upon the background of the user. While everyone agrees that ageing is a normal, inevitable and universal phenomenon for biologists and medical scientists, ageing refers to and is measured as deterioration in physical capabilities; psychologists measure it as a decline in various adaptive capabilities.

The traditional norms and values of Indian society laid stress on to show respect and provide care for the elderly. In past, the older members of the family were normally taken care of in the family itself. The common joint family and social networks provided an appropriate environment for the elderly to spend their lives. Advents of modernization, industrialization, urbanization, occupational differentiation, education, and 'growth of individual' philosophy have eroded the traditional family values that vested

authority with elderly. These have led to defiance and decline of respect for elders among members of younger generation.

1.4 DEFINITION OF OLD AGE

Later adulthood is the last major segment of the life span. Aging (often alternatively spelt as ageing) is both a biological and sociological process wherein human beings experience and accomplish stages of biological and social maturation. Aging may be seen as a relatively objective biological process whereby one becomes older and experiences varied biological developments. Ageing is an individual process that occurs at different rates in different people, and psychosocial factors may retard or accelerate the physiological changes. It is said that the statuses and roles of older persons, their culture patterns, social organization and collective behaviour are affected by social change.

1.3 DEFINING AGEING

Ageing is, no doubt, a physiological phenomenon, which is accompanied by some complex progressive changes in an organism. According to Phelps and Henderson (1952), "Old age is a natural and normal condition. Its pathologies are the same as those that occur at any other age period, but they are intensified by illness, family disorganization, unemployability, reduced income and dependency."

Various scientists have attempted defining ageing from time to time. Few are given below:

Handler (1960) defined as "the deterioration of a mature organism resulting from the dependent essential irreversible changes, intrinsic to all members of a species, such that with the passage of time they become increasing the probability of death."

Birrren and Renner (1977), well known psychologists refer to ageing as "the sum of regular changes that occur in mature genetically representative organisms living under representative environmental conditions as they advance in chronological age."

Davidson (1984) opines that ageing comprises of those fundamental changes not due to disease occurring in individuals after maturity which are more or less common to all members of the species and which increase the probability of death. Ageing is thus the increasing inability to resist death.

Gorman (2000) says, the ageing process is, of course, a biological reality which has its own dynamics, largely beyond human control. However, it is also subject to the constructions by which each society makes sense of old age. In the developed world, chronological time plays a paramount role. In many parts of the developing world, chronological time has little or no importance in the meaning of old age. Other socially constructed meanings of age are more significant such as the roles assigned to older people; in some cases it is the loss of roles accompanying physical decline, which is significant in defining old age.

Concept of Aged

Elderly or aged or old age consists of ages nearing or surpassing the average life span of human beings. The boundary of old age cannot be defined exactly because it does not have the same meaning in all societies.

Ageing is a continuous, irreversible, universal process, which starts from conception till the death of an individual. However, the age at which one's productive contribution declines and one tends to be economically dependent can probably be treated as the onset of the aged stage of life.

Government of India adopted 'National Policy on Older Persons' in January, 1999. The policy defines 'senior citizen' or 'elderly' as a person who is of age 60 years or above. Also, as per Maintenance and Welfare of Parents and Senior Citizens Act, 2007, senior citizen means any person being a citizen of India, who has attained the age of 60 years or above. According to the law, a "aged or elderly or senior citizen" means any person being a citizen of India, who has attained the age of sixty years or above.

Status of Aged in India
- According to Population Census 2011 there are nearly 104 million elderly persons (aged 60 years or above) in India; 53 million females and 51 million males.
- Both the share and size of elderly population is increasing over time. From 5.6% in 1961 the proportion has increased to 8.6% in 2011. For males it was marginally lower at 8.2%, while for females it was 9.0%.
- As regards rural and urban areas, 71% of elderly population resides in rural areas while 29 % is in urban areas.
- The life expectancy at birth during 2009-13 was 69.3 for females as against 65.8 years for males. At the age of 60 years average remaining length of life was found to be about 18 years (16.9 for males and 19.0 for females) and that at age 70 was less than 12 years (10.9 for males and 12.3 for females). Kerala has got the highest life expectancy at birth, followed by Maharashtra and Punjab. The life expectancy at birth in Kerala is 71.8 years and 77.8 years for males and females respectively as per the SRS Report 2009 - 13.
- For 2013, the age specific death rate per 1000 population for the age group 60 - 64 years was 19.7 for rural areas and 15.0 for urban areas. Altogether it was 18.4 for the age group 60 - 64 years. As regards, sex - wise, it was 20.7 for males and 16.1 for females.
- The old - age dependency ratio climbed from 10.9% in 1961 to 14.2% in 2011 for India as a whole. For females and males, the value of the ratio was 14.9 % and 13.6% in 2011.
- In rural areas, 66% of elderly men and 28% of elderly women were working, while in urban areas only 46% of elderly men and about 11% of elderly women were working.
- The percent of literates among elderly persons increased from 27% in 1991 to 44% in 2011.The literacy rates among elderly females (28%) is less than half of the literacy rate among elderly males (59%).
- Prevalence of heart diseases among elderly population was much higher in urban areas than in rural parts.
- Most common disability among the aged persons was locomotor disability and visual disability as per Census 2011.
- In the age - group of 60 - 64 years, 76% persons were married while 22% were widowed. Remaining 2% were either never married or divorced.

- State - wise data on elderly population divulge that Kerala has maximum proportion of elderly people in its population (12.6 per cent) followed by Goa (11.2 per cent) and Tamil Nadu (10.4 per cent) as per Population Census 2011. The least proportion is in Dadra & Nagar Haveli (4.0 per cent) followed by Arunachal Pradesh (4.6 per cent) and Daman & Diu and Meghalaya (both 4.7 per cent).

1.4 TYPES OF AGED

Birren and Renner (1977) have classified the aged into three categories, namely biological age, psychological age, and social age.

1.6.1 The Biological Age

The biological age of an individual is an assessment of the individual's present position with respect to his potential life-span. With the help of the biological age, one can predict whether the individual is older or younger than other persons of the same chronological age. It also determines whether an individual has a longer or shorter life expectation, compared to others of his age. Biologically, human ageing can be explained as changes that take place in the structure and functioning of human body. Many of 11 these changes begin as soon as the individual reaches maturity, between 15 and 25 years. The changes that occur after 25 years are generally degenerative. Different parts of the body begin degenerating at different ages and even the rate of deterioration varies. The changes which occur as a result of advancement of age are the result of many biological factors. Some of them are identified as genetic factors, some others as nutritional factors.

Wolff (1959) explains what actually happens in the organism in ageing in the following manner.

(1) An increase in the connective tissue in the organism.

(2) A gradual loss of flexibility of connective tissue.

(3) A disappearance of cellular elements in the nervous system.

(4) A reduction in the number of normally functioning cells.

(5) An increased amount of fat.

(6) A decrease in the use of oxygen.

(7) A decrease in the amount of blood pumped by the heart under resting conditions.

(8) A lesser amount of air expired by the lungs than the younger organism.

(9) A decreased muscular strength.

(10) Subnormal excretion of hormones.

All these factors lead not only to gradual degeneration of the organism but also reduce its resistance power. This in turn would lead to vulnerability to diseases.

1.6.2 The Psychological Age

The psychological age of an individual refers to the individual's adaptive abilities, that is, how well he adapts to changing environmental demands in comparison with the average persons of his group. This resembles the concept of functional age' - the individual's capacities, relative to others of his age, for functioning in society.

1.6.3 The Social Age

The social age of an individual indicates the roles and social behaviour of the aged individual with respect to members of his society.

1.7 The Sociology of Ageing

Each individual is unique with his own specific genetic, psychological and social characteristics. The social class to which he belongs influences the way in which an individual ages (referring to his experience). The way in which a society handles its senior members is also a very important factor. Inadequate pension, poor and unhygienic living conditions, occupational insecurity, shortage of psychiatric and psychological services are some of the short comings in the care of the old.

Societies differ with regard to care and handling of the elderly. While in the developed countries, Government takes initiative in providing security to the aged, in developing countries still the problem has not attracted the required amount of attention. But there are some common elements in both affluent and developing countries regarding dealing with the aged. In almost all societies:

- Most people try to survive as long as possible, despite hardships.
- Old people tend to disengage themselves from important social activities.
- The elderly who have played an active role, when they were young, in the community affairs, tend to retain a small element of it even when they attain old age.
- As physical and mental degeneration increases, the old withdraw from the main stream of social interactions.
- Though numerically large, the aged are too heterogeneous to form an effective pressure group in society.

Though, most senior members contribute to the family in terms of their services, like, looking after the young ones, managing the domestic front, and so on, still they are considered, by a few youngsters, as unproductive members. The reason may be as simple as economic dependency or as complex as emotional and social security which the elderly ask for, and most often, which the youngsters deny. In most societies elders face economic problem. The basic question is how a society can support its elderly population with the help of the adult, economically active population. While in some societies, elders accumulate money throughout their life in order to have economic security, it is not so in developing societies. In developing societies, like India, throughout his life an individual may have to struggle to make both ends meet. While day to day existence itself is so uncertain, he cannot even think of saving money for his old age. When the individuals cannot think of saving for their old age what can the government do? If their number is small, the problem can be easily handled by the government. But if it is not so, the problem becomes severe and needs effective planning to tackle the same. Hence in developing countries, most of the aged suffer from economic inadequacy.

1.8 AGE AND AGEING

Biological ageing is the most prominent, and, has figured widely in common expression as well as in scientific literature. With the

advancement in chronological age, an individual passes through different stages of life-cycle, namely - juvenile age, young age, middle age, and old age. The juvenile age starts at the inception of the child in the womb of the mother till almost 20 years. It is a period of growth and development. After the juvenile age an individual reaches adult stage marked by independence, while the young age is marked by youth and vigour, the adulthood brings maturity. An individual's importance as an adult continues till the onset of old age. The old age is generally characterized by deterioration in biological and psychological capacities. It is also characterized by disengagement from the main occupations and loss of independent status.

Every one attains old age at a particular stage. The question is at what minimum age a person should be called aged? The definition depends upon the socio-economic scenario, social acceptability, age at which an individual retires from his regular job and so on. Hence there cannot be a strict demarcation regarding the age at which an individual should be considered old. Perception of a person as young or old depends on the context in which the individual is perceived. For example, a woman may be considered old when she gets a grandchild irrespective of her individual chronological age. Therefore, ageing should be viewed from a cultural perspective.

Characteristics of Aged

Old age is the closing period in the life span. Age sixty is usually considered the dividing line between middle and old age. Chronological age is a poor criteria to use in marking off the beginning of old age because there are such marked differences among individuals in the age and better aging actually begins. Because of better living conditions health care, most men and women today do not show the mental and physical signs of aging until early seventies. The characteristics of old age are far more likely to lead to poor adjustment than to good and to unhappiness rather than to happiness. That is why old age is even more dreaded than middle age. The characteristics of old age are given below:

1. Old age is a period of decline - decline comes partly from physical and partly from psychological factors. There is change in body cells due to the aging process. Unfavorable attitude towards one self and life in general can lead to decline or become depressed and disorganized. Motivation plays a very important role in decline.

2.   There are individual differences in the effects of aging. People age differently because they have different hereditary endowment, different socio economic and educational backgrounds and different patterns of living. The general rule is physical aging precedes mental aging.

3.   Old age is judged by different criteria - age is judged in terms of physical appearance and activities. One who has white hair is labeled as old. There are many who try to cover up their aging symptoms to create illusion that they are not yet old.

4.   There are many stereotypes of old people - let it be the folklore, the media, poetry, fiction, jokes or different forms of humour or scientific studies, all portray the aged as those who are worn out physically and mentally, unproductive, accident - prone, hard to live, days of usefulness are over, should be pushed aside to make way for younger people.

Poor adjustment is characteristic of old age - Because of the unfavourable social attitudes towards the elderly that are reflected in the

way the social group treat them; it is not surprising that many elderly people develop unfavourable self-concepts. These tend to be expressed in misadjusting behaviour of different degree of severity.

1.7. CHARATERISTICS AND PROBLEMS OF AGED

Aged refers to ages nearing or surpassing the life expectancy of human beings, and is thus the end of the human life cycle. Terms and euphemisms include old people, the elderly. Elderly people often have limited regenerative abilities and are more susceptible to disease, syndromes, injuries and sickness than younger adults. The organic process of ageing is called senescence, the medical study of the aging process

 is called gerontology, and the study of diseases that afflict the elderly is called geriatrics. The elderly also face other social issues around retirement, loneliness, and ageism.

Gerontologists have recognized the very different conditions that people experience as they grow older within the years defined as old age. In developed countries, most people in their 60s and early 70s are still fit, active, and able to care for themselves. However, after 75, they will become increasingly frail, a condition marked by serious mental and physical debilitation.

Therefore, rather than lumping together all people who have been defined as old, some gerontologists have recognized the diversity of old age by defining sub-groups. One study distinguishes the young old (60 to 69), the middle old (70 to 79), and the very old (80+). Another study's sub-grouping is young-old (65 to 74), middle-old (75–84), and oldest-old (85+). A third sub-grouping is "young old" (65–74), "old" (74–84), and "old-old" (85+). Describing sub-groups in the 65+ population enables a more accurate portrayal of significant life changes.

Two British scholars, Paul Higgs and Chris Gilleard, have added a "fourth age" sub-group. In British English, the "third age" is "the period in life of active retirement, following middle age". Higgs and Gilleard describe the fourth age as "an arena of inactive, unhealthy, unproductive, and ultimately unsuccessful ageing".

For the majority of the elderly in India, growing older does not offer respite from a life-time of work. Limited financial and social protection for people means that over 80% of the elderly in India work for as long as physically possible to meet their basic needs.

The elderly form 8% of India's population. This translates to over a 100 million people above the age of 60 years. By 2050 the numbers of elderly are expected to increase to over 300 million people. For a low-middle income country, which is witnessing a rise in non-communicable diseases whilst struggling to assure basic healthcare, the status of India's elderly is a challenge in terms of ensuring social and financial protection, providing health services, especially for the management of chronic lifelong conditions.

There is remarkable heterogeneity in the demographic, social, gender, economic and cultural characteristics of the elderly. Southern states such as Kerala and Tamil Nadu with a lower fertility rate are in the advanced

stages of demographic transition. Approximately 70% of the elderly live in villages; 50% are poor and over 70% not literate, with manual labour being the only source of livelihood for many.

The 2011 Census highlighted the *feminization* of the elderly population in India. For women, being female has meant a lifetime of discrimination at home and elsewhere which continues even in old age. Approximately 66% of elderly women are fully dependent on others; 32% do not own any assets of their own. In a largely patriarchal society, dependence, especially physical and financial dependence on family members may impact health seeking behaviour negatively, resulting in delay or denial in seeking care, as well as physical or emotional abuse of the dependent elderly member.

Financial constraints to meet healthcare expenses are one of the biggest concerns for the elderly and their caregivers. Households with the elderly spend approximately 13% of their consumption expenditure on healthcare; with those above the age of 65 spending 1.5 times as much on healthcare as those between the ages of 60-65 years. Medicines account for the biggest portion of health expenditure. India is one of the largest producers of affordable generic medicines in the world, yet, expenditure on medicines is high. Health infrastructure and services, including geriatric care are largely concentrated in urban areas, as are old age homes and much of the private, civil society initiatives towards elderly care. Rural areas also include remote locations with difficult terrain, be it on forest areas; limited mobility, difficult terrain, financial constraints and fewer health services further impede access to health for the elderly.

1.7.1. Physiological Problems

Old age is a period of physical decline. Even if one does not become sans eyes, sans teeth, sans everything, right away, one does begin to slow down physically. The physical condition depends partly upon hereditary constitution, the manner of living and environmental factors. Vicissitudes of living, faulty diet, malnutrition, infectious, intoxications, gluttony, inadequate rest, emotional stress, overwork, endocrine disorders and environmental conditions like heat and cold are some of the common secondary causes of physical decline.

Due to the loss of teeth, the jaw becomes smaller and the skin sags. The cheeks become pendulous with wrinkles and the eye lids become baggy with upper lids over hanging the lower. The eyes seem dull and lustreless and they often have a watery look due to the poor functioning of the tear glands. Loss of dentures affect speech and some even appear to lisp.

The skin becomes rough and looses its elasticity. Wrinkles are formed and the veins show out prominently on the skin. Perspiration is less profuse and other skin pigmentation appears as the age advances. The hair becomes thin and grey, nails become thick and tough. Tremors of the hands, forearms, head and lower jaw are common. Bones harden in old age, become brittle and are subject to fractures and breaks.

Changes in the nervous system have a marked influence on the brain. Atrophy is particularly marked in the spleen, liver and soft organs. The ratio of heart weight to body weight decreases gradually. The softness and

pliability of the valves change gradually because of an increase in the fibrous tissue from the deposits of cholesterol and calcium. The aged are also prone to heart disease, other minor ailments and chronic diseases.

Due to the weakening regulatory mechanism, the body temperature is affected. Therefore the old persons feel the change in climate more profoundly than others. They suffer from digestive troubles, insomnia. Due to dental problems they are not able to chew or swallow well.

The old are more accident prone because of their slow reaction to dangers resulting in malfunctioning of the sense organs and declining mental abilities, the capacity to work decreases. Eyes and ears are greatly affected Changes in the nerve centre in the brain and retina affect vision and sensitivity to certain colours gradually decreases. Most old people suffer from farsightness because of diminishing eye sight.

With advancing age, the sexual potency decreases along with a waning of secondary sex characters. Women go through menopause generally at the age of 45 – 50 years accompanied by nervousness, headaches, giddiness, emotional instability, irritability and insomnia. The movements of the aged are fewer co-ordinates. They get fatigued easily. Due to lack of motivation, they do not take interest to learn new skill and become lethargic. Above all visits to the doctor becomes a routine work for them.

1.7.2. Psychological Problems:

Mental disorders are very much associated with old age. Older people are susceptible to psychotic depressions. The two major psychotic disorders of older people are senile dementia (associated with cerebral atrophy and degeneration) and psychosis with cerebral arterio sclerosis (associated with either blocking or ruptures in the cerebral arteries). It has been observed that these two disorders account for approximately 80% of the psychotic disorders among older people in the civilized societies.

(1) Senile Dementia:
Older people suffer from senile dementia. They develop symptoms like poor memory, intolerance of change, disorientation, rest lessens, insomnia, failure of judgement, a gradual formation of delusion and hallucinations, extreme-mental depression and agitation, severe mental clouding in which the individual becomes restless, combative, resistive and incoherent. In extreme cases the patient become bed ridden and resistance to disease is lowered resulting in his days being numbered.

(2) Psychosis with cerebral Arteriosclerosis:
This is accompanied by physiological symptoms such as acute indigestion, unsteadiness in gait, small strokes resulting in cumulative brain damage and gradual personality change. Conclusive seizures are relatively common. This is also associated with symptoms such as weakness, fatigue, dizziness, headache, depression, memory defect, periods of confusion, lowered efficiency in work, heightened irritability and tendency to be suspicious about trivial matters. Forgetfulness is one of the main

psychological problems of old age. General intelligence and independent creative thinking are usually affected in old age.

1.7.3. Emotional Problem:

Decline in mental ability makes them dependent. They no longer have trust in their own ability or judgements but still they want to tighten their grip over the younger ones. They want to get involved in all family matters and business issues. Due to generation gap the youngsters do not pay attention to their suggestion and advice. Instead of developing a sympathetic attitude towards the old, they start asserting their rights and power. This may create a feeling of deprivation of their dignity and importance.

Loss of spouse during old age is another hazard. Death of a spouse creates a feeling of loneliness and isolation. The negligence and indifferent attitude of the family members towards the older people creates more emotional problems.

1.7.4. Social Problems:

Older people suffer social losses greatly with age. Their social life is narrowed down by loss of work associated, death of relatives, friends and spouse and weak health which restricts their participation in social activities. The home becomes the centre of their social life which gets confined to the interpersonal relationship with the family members. Due to loss of most of the social roles they once performed, they are likely to be lonely and isolated severe chromic health problem enable them to become socially isolated which results in loneliness and depression.

1.8   Financial Problem:

Retirement from service usually results in loss of income and the pensions that the elderly receive are usually inadequate to meet the cost of living which is always on the rise. With the reduced income they are reversed from the state of "Chief bread winner to a mere dependent" though they spend their provident fund on marriages of children, acquiring new property, education of children and family maintenance. The diagnosis and treatment of their disease created more financial problem for old age.

Old age is a period of physical deterioration and social alienation in some cases, loss of spouse, friends, Job, property and physical appearance. In old age physical strength deteriorates, mental stability diminishes, financial power becomes bleak and eye sight suffers a setback. It is a period of disappointment, dejection, disease, repentance and loneliness.

Nevertheless grandparents provide an additional source of affection and enrichment of experience in respect of child care and family business. Despite various problems of old age, one must keep himself actively engaged for the personal well being and social good as well.

1.9   Demographic Context

The ageing of a population is an obvious consequence of the process of demographic transition. Being ahead in this process, the developed regions of the world have experienced its consequences and the developing world is well on its way to facing a similar scene. Developing countries have more elderly persons in absolute terms

because of their large population base. A recent emphasis on studies pertaining to the elderly in the developing world is due to their increasing numbers and deteriorating conditions. While 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 modernization and urbanization. As neither of the circumstances is avoidable, the reason seems to be the lack of adequate preparedness. However, the available studies have addressed multiple dimensions of the situation of the elderly by projecting their future size and composition, assessing their needs and difficulties with regard to health, social adjustment in old ageetc.

The projected increase in both the absolute and relative size of the elderly population in many Third world countries is a subject of growing concern for social policy (World Bank 2001, United Nations 2002). These increases are the result of changing fertility and mortality regimes over the last 40 years. Reduction in mortality means a longer life span for individuals. Population ageing involves a shift from high mortality/high fertility to low mortality/low fertility and consequently an increased proportion of older people in the total population.

Population ageing had far-reaching effects, especially in developing countries. It was fertility decline that caused shrinkage of the younger population while the older population increased. In Europe or developed countries this happened very slowly, since decline in fertility was spread over a century or so.

The changing proportions of the aged have been accompanied by steady decline in the proportions of children. Over the half century the proportion of children (0-14 years) dropped worldwide from 34.3 percent in 1950 to 30 percent in 2000. In the MDRs the proportion of persons aged 60 years and above is slightly higher than the proportion of children below 15 years of age. Age distribution changes have been very slow in the LDRs and Asia. Substantial changes are, however expected to occur in the next 50 years. (United Nations,2002).

The number of elderly in the developing countries has been growing at a phenomenal rate. The two major population giants ofAsia are India and China, because they are sharing a significant proportion of this growing elderly population. The Indian aged population is currently the second largest in the world to that of china with 100 million of the aged. The absolute number of the over 60 population in India will increase from 77 million 2001 to 137 million by 2021. Hence, there arises a need to understand the socio-economic as well as demographic dynamics of the elderly population in general (Irudaya Rajan, Sharma and Mishra, 2003). In the present chapter, we have analysed the different aspects of ageing in India using NSSO surveys for different years, Census of India, Sample registration systemetc.

1.10   Population Ageing in India

The UN defines a country as "Ageing" or "Greying Nation" where the proportion of people over 60 reaches 7 percent to total population. By 2011 India has exceeded that proportion (8.0 percent) and is expected to reach 12.6 percent in 2025.

1.11   Size and Growth of Elderly Population

In India, as a result of the change in the age composition of the population over time, there has been a progressive increase in both the number and proportion of aged people. The Indian population has increased from 361 million in 1951 to 1.027 billion in 2001 and further to 1.21 billion in 2011. Simultaneously, the number of older people has increased from 19 million (i.e. 4 percent of total population) to 77 million and further to roughly 93 million (i.e. 7.5 percent of the total) during the same time span (Registrar General of India, SRS Statistical Report2011).

The above table shows that percentage share of elderly population in total population by sex in India. According to Census of India, there has been a steady rise in the share of elderly population (aged 60 years or above) in the total population over the decades. The proportion of elderly people in the population of India rose from 5.6 percent in 1961 to 7.5 percent in 2001. According to SRS statistical report, in 2011 it rose further to 8.0 percent.

Percentage share of elderly population (aged 60 years and above) in total population by sex in India

Years	Male	Female	Total	Rural	Urban
1961	5.5	5.8	5.6	5.8	4.7
1971	5.9	6.0	6.0	6.2	5.0
1981	6.4	6.6	6.5	6.8	5.4
1991	6.7	6.8	6.8	7.1	5.7
2001	7.1	7.8	7.5	7.7	6.7
2011	7.7	8.4	8.0	8.1	7.9

For males the rise was more modest from 5.5 percent to 7.1 percent,while for females there had been a steep rise from 5.8 percent to 7.8 percent during five decadal Censuses from 1961 to 2001. In 2011, the elderly population accounted for 8.0 percent of total population. For males it was marginally lower at 7.7 percent while for females it was 8.4 percent. In rural areas the proportion of elderly population rose from 5.8 percent in 1961 to 8.1 percent in 2011 and on the other hand in urban areas it rose from 4.7 percent to 7.9 percent during the corresponding period.

Distribution of population of India by broad age groups has been depicted in the following table.

Percentage distribution of population by broad age groups, India Since 1951

Years	Age Groups			
	0-14	15-59	60+	Total
1951	38.4	56.1	5.5	100.0
1961	41.1	53.3	5.6	100.0
1971	42.0	52.0	6.0	100.0
1981	39.7	53.9	6.4	100.0
1991	37.6	55.7	6.7	100.0
2001	35.3	56.9	7.5	100.0
2011	29.5	62.5	8.0	100.0

1.12 Socio - economic context of elderly

There has been a shift in the nature of relations in all societies over the years. The lifestyles and expectations of the generations are rapidly changing. With an increase in geographical and social mobility there occurs a change in relationships and the magnitude of shared experience among family members. The large-scale migration of youth in search of jobs and education disturbed the emotional relationship between the young and old. These changes are isolating the aged and making it difficult for them to manage and cope with changing conditions. It is also becomes difficult for the aged to have cordial social relations with the young. The changes in life expectancy, social and economic opportunities are altering people's expectations and desires with regard to their families. This accelerated change has generated a conflict between the young and the old leading to modification of traditional expectations and social understanding. The determinant variables for change and conflict relations are class, gender, values, and change in beliefs and socio-economic transformations. The socio-cultural and economic aspects have a bearing on the relation. Joint family, kinship and value system on 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 the 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. 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. The elderly, men and women, who are disabled, frail, and those who still try and work in the unorganised sector are in more vulnerable conditions. They largely include landless agricultural workers, small and marginal farmers, artisans in the informal sector; skilled labourers on daily casual 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 poor socio-economic conditions and end up in family disorganization. Aging itself is a typical perception and understanding among old and young. The old generally are characterized by the stereotypic behaviour, like untidy, rude, unhygienic, conservative, etc. In fact, these factors generally promote ageism. Similarly, the stereotypes characterise the young, like, active,

impulsive, rash and easily hurt, etc. The distances between the old and young are also due to differences in their interests, likes and dislikes, ideas and practices. Both have their own self-concept and self-regard. Opposing and protesting attitudes among the youth become common and they prefer to live on their own will, rather than listen and obey the old. These attitudes generate a distance between the generations. 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 daughters-in-law replace 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. Old age is also 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. It is authoritative and worthwhile to see the socio-cultural, psychological, economic, physical and health issues and their bearing on the kind of relation between the young and old at rural, semi-urban. The rapidly growing complete and comparative numbers of older people in both developed and developing countries mean that more and more people will be entering the age when the risk developing certain chronic and weakening diseases is significantly higher.

1.13 NEEDS OF AGED

1.13.1 Mobility

Mobility is important to the elderly, even if it is just within their own surroundings. Make sure they are properly fitted for a wheelchair, motorized mobility chair, walker or cane. Install a wheelchair ramp, hand rails and wider door wells to make getting around the house hassle-free. A hospital bed, shower chair, lift or tripod bar may assist with getting up from bed or staying safe in the shower.

1.13.2 Transportation

Transportation can be lifesaving to an elderly person. If they can no longer drive, set up transportation so he can get to and from medical appointments and physical therapy. Having a caretaker or assistant who visits on certain days to take an elderly person to run errands, to attend a social function or to go to the doctor is beneficial.

1.13.3 Medication

Senior citizens need proper medication to remain healthy. This begins with adequate medical care, such as doctor's visits, dental care, foot care, eye care, physical therapy and psychiatric therapy, if needed. If they need assistance with taking their pills or living themselves shots of insulin, a home-health nursing system may need to be added to their daily plan of care.

1.13.4 Personal Care

Personal care is an important daily need for a senior citizen. She may need assistance with bathing, dressing and personal grooming. A home-health aide or other family member can help with these tasks, if necessary.

1.13.5   Nutrition

An elderly person needs proper nutrition to stay healthy and enjoy a comfortable life. Have a nutritionist or caregiver go over a daily meal plan to know what foods best fit that person's lifestyle. Meals can be prepared weekly so it is easier for the senior citizen to heat and eat a warm meal every day. Programs such as Meals on Wheels ensure that an elderly person receives at least one healthy meal daily.

UNIT II RIGHTS AND OBLICATIONS OF AGED

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2.1. Introduction

Population aging is a worldwide phenomenon, and India is no exception. Indian population has approximately tripled during the last 50 years, but the number of elderly Indians (60+) has increased more than four folds. The 2011 census has shown that the elderly population (60+) of India accounted for 98.3 million, which was projected to cross the 100 million mark during the same year. It took more than 100 years for the aged population to double in most of the countries in the world, but in India it has doubled in just 20 years. The life expectancy has also gone up to over 70 years today. Better medical facilities, care and liberal family planning policies made the elderly the fastest growing section of the society in India. By 2025, the world will have more elderly than young people and cross two billion mark by 2050. In India also, the population of elder persons‟ population mark will cross 18% by2025.

With fast changing socio-economic scenario, industrialization, rapid urbanization, higher aspirations among the youth and the increasing

participation of women in the workforce, roots of traditional joint family system has been eroding very fast. In urban areas of the country traditional joint family system has become thing of past. In such changing situations, majority of older people, who have passed most part of their life with their joint/extended families are on the verge ofisolationormarginalizationinoldage.At this age, when they need family support most, they have to live on their own. Even basic needs & rights of many of them are not addressed. Social marginalization, loneliness, isolation and even negligence in old age lead violation of Human Rights of Older people.

2.2. Rights of the Elderly

In general, the rights stipulated for the older persons in international instruments stem from the principles of dignity and non- discrimination. The rights of older persons can be divided into three main categories: protection, participation and image. Protection refers to securing the physical, psychological and emotional safety of older persons with regard to their unique vulnerability to abuse and ill treatment. Participation refers to the need to establish a greater and more active role for older persons in society. Image refers to the need to define a more positive, less degrading and discriminatory idea of who older persons are and what they are capable of doing.

2.3. Definition as per Art. 25 of Universal Declaration of Human Rights

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

Older people face particular difficulties in the following keyareas:

- Physical & Mental Health
- Community Care
- Social Care
- Housing
- Transport
- Employment
- Income
- Education and Leisure
- Safety & Security
- Utilities & Consumer Protection
- Access to information and Decision-Making

Human Rights of Older People

Right to life shall be protected by law.

Right not to be subjected toinhuman treatment "No-one shall be subjected to torture or to inhuman or degrading treatment or punishment".

- Right to liberty "Everyone has the right to liberty and personalsecurity.

- Right to a fair hearing "In the determination of his civil rights and obligations... everyone is entitled to a fair and public hearing within a reasonable time by an independent and impartial tribunal established by law".

"Civil rights and obligations".

The right to respect at home, within family and in privatelife

The right to freedom of thought and conscience.

The right not to be discriminated againstage

The right to property - everyone is entitled to the peaceful enjoyment of his possessions

The right to education.

2.4. Protection of Rights of Elderly - Indian Perspective

Art. 41: Right to work, to education and to public assistance in certain cases: The State shall, within the limits of economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement, and in other cases of undeservedwant.

2.4.1. Under Personal Laws:

The moral duty to maintain parents is recognized by all people. However, so far as law is concerned, the position and extent of such liability varies from community to community.

2.4.2. Hindu's Law:

Amongst the Hindus, the obligation of sons to maintain their aged parents, who were not able to maintain themselves out of their own earning and property, was recognized even in early texts. And this obligation was not dependent upon, or in any way qualified, by a reference to the possession of family property. It was a personal legal obligation enforceable by the sovereign or the state. The statutory provision for maintenance of parents under Hindu personal law is contained in Sec 20 of the Hindu Adoption and Maintenance Act, in India, which imposes an obligation on the children to maintain their parents. As is evident from the wording of the section, the obligation to maintain parents is not confined to sons only, and daughters also have an equal duty towards parents. It is important to note that only those parents who are financially unable to maintain themselves from any source, are entitled to seek maintenance under this Act.

2.4.3. Muslim Law:

Children have a duty to maintain their aged parents even under the Muslim law. According to Mulla:

Children in easy circumstances are bound to maintain their poor parents, although the latter may be able to earn something forthemselves.

A son though in strained circumstances is bound to maintain his mother, if the mother is poor, though she may not be infirm.

A son, who though poor, is earning something, is bound to support his father who earns nothing. According to Tyabji, parents and grandparents in indigent circumstances are entitled, under Hanafi law, to maintenance from their children and grandchildren who have the means, even if they are able to earn their livelihood. Both sons and daughters have a duty to maintain their parents under the Muslim law. The obligation, however, is dependent on their having the means to doso.

2.4.4. Christian & Parsi Law:

The Christians and Parsis have no personal laws providing for maintenance for the parents.Parentswhowishtoseek maintenance have to apply under provisions of the Criminal Procedure Code.

2.4.5. Under the Code of Criminal Procedure:

Prior to 1973, there was no provision for maintenance of parents under the code. The Law Commission, however, was not in favor of making such provision. According to its report:

The Cr. P. C is not the proper place for such a provision. There will be considerably difficulty in the amount of maintenance awarded to parents apportioning amongst the children in a summary proceeding of this type. It is desirable to leave this matter for adjudication by civil courts. The provision, however, was introducedfor the first time in Sec. 125 of the Code of Criminal Procedure in 1973. It is also essential that the parent establishes that the other party has sufficient means and has neglected or refused to maintain his, i.e., the parent, who is unable to maintain himself. It is important to note that Cr. P. C 1973, is a secular law and governs persons belonging to all religions and communities. Daughters, including married daughters, also have a duty to maintain their parents.

2.5. Governmental Protections:

i. The Government of India approved the National Policy for Older Persons on January 13, 1999 in order to accelerate welfare measures and empowering the elderly in ways beneficial for them. This policy included the following major steps:

a. Setting up of a pension fund for ensuring security for those persons who have been serving in the unorganizedsector,

b. Construction of old age homes and day care centers for every 3-4 districts,

c. Establishment of resource centers and re-employment bureaus for people above 60 years,

d. Concessional rail/air fares for travel within and between cities, i.e., 50% discount in train and Indian Airlines.

e. Enacting legislation for ensuring compulsory geriatric care in all the public hospitals

ii. The Ministry of Social Justice and Empowerment has set up of a National Council for Older Persons in the processto make life easier for olderpersons.

iii. Attempts to sensitize school children to live and work with the elderly. Setting up of a round the clock help line and discouraging social ostracism of the older persons are being takenup.

vi. The government policy encourages a prompt settlement of pension, provident fund (PF), gratuity, etc. in order to save the superannuated persons from any hardships. It also encourages to make the taxation policies elder sensitive.

v. The policy also accords high priority to their health careneeds.

vi. According to Sec.88-B, 88-D and 88-DDB of Income Tax Act there are discount in tax for the elderlypersons.

vii. Life Insurance Corporation of India (LIC) has also been providing several schemes for the benefit of aged persons, i.e., Jeevan Dhara Yojana, Jeevan Akshay Yojana, Senior Citizen Unit Yojana, Medical Insurance Yojana.

viii. "Annapurana Yojana "for the benefit of aged persons was launched. Under this yojana unattended aged persons are being given 10 kg foods for everymonth.

ix. It is proposed to allot 10 percent of the houses constructed undergovernment schemes for the urban and rural lower income segments to the older persons on easy loan. The policy mentions.

x. The layout of the housing colonies will respond to the needs and life styles of the elderly so that there are no physical barriers to their mobility; they are allotted ground floor; and their social interaction with older society membersexists

Despite all these attempts, there is need to impress upon the elderly about the need to adjust to the changing circumstances in life and try to live harmoniously with the younger generation as for as possible.

2.6. The Maintenance and Welfare of Parents and Senior Citizens Act, 2007

Maintenance and Welfare of Parents and Senior Citizens Act, 2007 is a legislation enactedin 2007, initiated by Ministry of Social Justice and Empowerment, Government of India, to provide more effective provision for maintenance andwelfareofparents and seniorcitizens.

This Act makes it a legal obligation for children and heirs to provide maintenance to senior citizens and parents, by monthly allowance. This Act

also provides simple, speedy and inexpensive mechanism for the protection of life and property of the older persons. After being passed by the parliament of India received the assent of President of India on December 29, 2007 and was published in the Gazette of India on December 31, 2007. Some stateshave already implemented the act and other states are taking steps for implementing this Act.

2.7. Objects of the Act

This Act provides in-expensive and speedy procedure to claim monthly maintenance or parents and senior citizens. This Act casts obligations on children to maintain their parents/grandparents and also the relative of the senior citizen to maintain such senior citizens. The main attraction of this Act is there are provisions to protect the life and property of such persons. This Act also provides setting up of old age homes for providing maintenance to the indigent senior citizens and parents. This Act extends to the whole of India except Jammu & Kashmir state.

Definitions
• Children- Include son, daughter, grandson, granddaughter but does not include aminor

• Maintenance includes provision for food, clothing, residence, medical attendance andtreatment

• Parent- means father or mother whether biological, adoptive or step father or step mother, whether or not father or mother is a seniorcitizen

• Senior citizen- means an Indian who attained the age of 60 years orabove

• Relative- means any legal heir of childless senior citizen who is not a minor and is in possession of or would inherit his property after hisdeath

• Welfare- means provision for food, healthcare, recreation centers and other amenities necessary for seniorcitizens

2.8. Maintenance of Parents and senior citizens

A senior citizen including parent who is unable able to maintain himself from his own earning or out of the property owned by him, isentitledtogetreliefunderthisAct.

Children/grand children are under obligation to maintain his or her parent, father, mother or both. Likewise, relative of a senior citizen is also bound to look after the senior citizen. If such children or relative is not maintaining his parents or senior citizen respectively, then the parents/senior citizen can seek the assistance of Tribunal constituted under this Act, to enforce the remedy of maintenance. Such parents/ senior citizen can file an application before the Tribunal, claiming maintenance and other reliefs from their children/relatives as the case maybe.

Such application for maintenance can be filed by the senior citizen or a parent himself, or if such person is incapable, then by any other person or

any registered organization authorized by him. The Tribunal can also *suomotu* take cognizance of the case. After receiving the application the Tribunal may issue notice to the respondent-children/relative and provide them time to furnish their reply. Such application for maintenance shouldbe disposed of within 90 days from the date of service of notice of application to the respondent. However, the Tribunal can extend time for a maximum period of 30 days in exceptional circumstances after recording reason. The Tribunal is having power to allow interim maintenance pending disposal of the case. Even though the application can be filed against any of children/relative as the case may be, such respondent-children/relative can imp lead other persons who are liable to pay maintenance.

If such children/relative who is directed to pay maintenance fails to comply with the order of tribunal without sufficient cause, the Tribunal may issue warrant for levying the due amount from them in the manner levying fines and can also sentence the erring respondent to imprisonment that may extend to one month or until payment made whichever is earlier. The Tribunal will not issue Warrant to execute the order of maintenance, if such petitionforexecutionisfiledafteraperiodof 3 months from the date on which the maintenance is due. The application under this Act can be filed before the Tribunal in any district, where the applicant resides or last resided or where children or relative resides. The evidence of proceedings shall be taken in the presence of children/relative against whom relief is sought and if such respondent is willfully avoiding service of summons or neglecting to attend the Tribunal, the Tribunal may proceed and determine the case ex parte. If the Tribunal is satisfied that such children/relative against whom such application for maintenance is pending, neglect or refusestomaintain the parents/senior citizens as the case may be, may order such children/relative to pay monthly allowance to such applicant. The maximum amount of maintenance that can be allowed by the Tribunal is Rs.10,000per month The tribunal has power to alter, modify or cancel the order in appropriate circumstances. The Tribunal has also power to levy interest on the maintenance amount, which shall be not less than 5% and greater than 18%. Aggrieved by the order of Tribunal, senior citizen/parent can file appeal before Appellate tribunal within a period of 60 days andiftheAppellatetribunalissatisfiedthat there occurred some delay in filing appeal due to sufficient cause, the appeal can be entertained.

2.9. Protection of life and property of Senior citizen

If a senior citizen after the commencement of this Act, has transferred his property either moveable or immovable, by way of gift or otherwise, subject to the condition that the transferee shall provide him basic amenities and physical needs and thereafter such transferee reuses or fails to provide such promise, such transfer of property shall be deemed to have been made by fraud, coercion or undue influence and the Tribunal can declare such transfer as void. Before the enactment of this law, a senior citizen's only remedy in such a case was to approach the court for maintenance from the children to whom he had given the property by way of gift or otherwise and such property wouldbe the exclusive property of the transferee and the senior citizen had no right in such property. But after

the enactment of this Act, a senior citizen can reclaim his property from the transferee the concerned police personnel will also ensure priority in dealing with these types of cases.

Abandoning a senior citizen in any place by a person who is having the care or protection of such senior citizen is a criminal offence and such person shall be punishable with imprisonment for a term which may extend to three months or fine which may extend to five thousand rupees or both.

This Act also provides that state governments may establish old age homes at least one in one district to accommodate indigent senior citizens. State governments may also ensure proper medical care for seniorcitizens.

2.10. Rights of Senior Citizens

The document 'UN Principles of Ageing' (1982) is considered the basic guideline for promotion of the rights of senior citizens.

The five principles are:

1. Independence

Older persons should have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help. Older persons should have the opportunity to work or to have access to other income-generating opportunities.

2. Participation

Older Persons should remain integrated in society and participate actively in the formulation of policies which effect their well-being.

3. Care

Older Persons should have access to health care to help them maintain the optimum level of physical, mental and emotional well-being.

4. Self-Fulfilment

Older Persons should be able to pursue opportunities for the full development of their potential and have access to educational, cultural, spiritual and recreational resources of society.

5. Dignity

Older Persons should be able to live in dignity and security and should be free from exploitation and mental and physical abuse.

2.10.1 In India Senior citizens are protected under the following provisions:
Article 41: **Right to work, to education and to public assistance in certain cases :**

The State shall, within the limits of economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement, and in other cases of undeserved want.

Article 46: **Promotion of educational and economic interests** of .... and other weaker sections:

The State shall promote with special care the educational and economic interests of the weaker sections of the people.....and shall protect them from social injustice and all forms of exploitation.

However, these provisions are included in the Chapter IV i.e., Directive Principles of the Indian Constitution. The Directive Principles, as stated in Article 37, are not enforceable by any court of law. But Directive Principles impose positive obligations on the state, i.e., what it should do.

The Directive Principles are fundamental in the governance of the country and the state has been placed under an obligation to apply them in making laws.

Obligations of Aged

1. Autonomy and self-determination

– The elderly have the right to autonomy and control over their own lives.

– The elderly have the right to free movement. Sufficiently affordable means of transportation must be accessible to older people with limitations. Elderly persons with limitations have the right to support insofar as mobility is concerned.

– Within the limits set by applicable laws, the elderly have the right to make their own decisions about starting, continuing or terminating medical treatment.

– The elderly have the right to person-oriented care based on individual wishes and suited to their manner or style of life.

2   Respect for the elderly

– The elderly have the right to participate in a community that treats them with respect and allows them their value.

– The elderly have the responsibility to fulfil their social roles in accordance with their abilities. In this way, they can provide an effective contribution to a positive image of older people.

– Even when living in independent circumstances, older people have their rights and responsibilities, including the right to decide about their own quality of life.

3   Equal treatment

– Age discrimination is prohibited. Age limits do not provide the basis for any judgement concerning the opportunities of individuals.

– The elderly have the right to equal treatment insofar as the sharing of living space is concerned. Age does not alter the need for housing meant to last a lifetime.

– The elderly have the right to perform (volunteer) work in accordance with their capacities. Age has no influence on an individual's aptitude to perform (volunteer) work.

– Financial provisions and tax-related issues must also be applicable to persons over the age of 60.

4 Social participation

– The elderly have the right and the responsibility to participate in society and to make a contribution to the community in ways according to their capacities.

– The elderly have the right and the responsibility to share their values, standards, knowledge, life-experience and skills with younger generations.

– Older employees have the right and the responsibility to participate in training programs, schooling and the advancement of expertise in order to keep their knowledge and skills up to date.

– Opportunities must be offered for a gradual transition from work to retirement. Retirement age must be made flexible.

– Companies must give some consideration to aging employees and create flexible working conditions so to prevent work disruptions.

– The elderly who perform volunteer work have the right to compensation for expenses, legal protection and guidance.

5 Active citizenship

– Just like other citizens, the elderly have the responsibility of contributing, in accordance with their capacities, to the financing of the social security system and community services.

– The elderly must be able to exercise their democratic rights at all levels and are responsible for making their voices heard.

– The elderly who are able to do so have the responsibility of making themselves available for political and social functions.

– The elderly have the right to form organisations to promote their material and immaterial interests.

– The elderly have the right to have their own representatives to protect their own interests.

6 Financial security

– Just like other citizens, the elderly contribute, in accordance with their own capacities, to the financing of community services.

– The elderly have the right to financial security and an income that is related to salary developments. This also applies to single women and older immigrants.

– The elderly have the right to enjoy economic independence and to manage their own finances. This responsibility may only be taken from them in cases of incompetence.

7 Personal development, social contact and meaningfulness

– The elderly have the right to personal development, social contact and meaningful lives. They must have access to educational programmes, schooling and all levels of training in order to both maintain and improve their knowledge and skills.

– The elderly have the right to their own views on life. – The elderly have the right to spiritual care and must be able to attend church services and other religious assemblies.

– The elderly have the right to their own social network. They have the right to establish social relationships and to maintain contact with children, grandchildren, other next of kin and friends.

– The elderly have the right of access to culture activities, leisure-time activities and sport facilities, all tailored to suit their wishes and needs.

8 Access to information

– The elderly have the right to the information enabling them to make decisions for themselves and to maintain control over their lives. They are furthermore responsible for familiarising themselves with such information.

– The elderly have the right to information about a healthy way of life and are themselves responsible for a healthy and active manner of living.

– The elderly have the right to participate in courses that promote self-reliance and ablebodiness.

– The elderly are responsible for informing themselves about modern information technology and have the right to participate in courses on this subject.

– In developing information technology and other technological applications, consideration must be given to their accessibility for older persons.

9 Housing and living environment

– The elderly are themselves responsible for securing a suitable housing situation and have the right to a physical and social infrastructure that make it possible to continue living in a self-supporting manner for as long as possible.

– The elderly have the right to security inside and outside their homes. This implies an adequate application of communication technology.

– If necessary, the elderly have the right to live in a protected residential environment in which an adequate level of care is guaranteed.

10 Care and service provision geared to a good quality of life

– The elderly have the right to care that contributes to a good quality of life.

– In the last phase of their lives, the elderly have a right to palliative care and to recognition of any wish to die in a dignified manner, as log as it complies with existing laws.

– The elderly have the right to treatment for psychiatric illness and to counselling about psycho-social problems.

– Partners, family members and other volunteer aids that take care of vulnerable older people have a right to support.

Cultural and sub cultural variations in values regarding the Aged

"Respect your elders." Many people hear this sentiment, but what does it actually mean?

When examining a universal human experience such as aging, it can be both interesting and helpful to see how people in other and places and times approached the topic. For example, today people are living much longer across the world, so people's perspective on aging is different. However, some cultures treat their elderly with more respect and dignity than others.

Many cultures view age 65 as senior status, or officially "getting old." However, the connotation of what this means as a member of society is viewed differently. For example, in Japan, seniors are highly respected and even celebrated. Japan even has a national paid holiday called "Respect for the Aged Day" to show appreciation for seniors, and there's a "no-elderly-left-behind" attitude to celebrate everyone. China and India also honor their elders. Most countries have an appreciation for their elders, but unfortunately ageism is present in some cultures.

2.10.2. America

While America's seniors are arguably happier and healthier than ever before, they are still subject to prejudice and stereotyping. Unfortunately, some younger people perceive anyone with wrinkled skin or gray hair as old, and many elders report feeling ageism among society and the workplace. While many families and religions honor and value their elders, America is one of the places around the world where seniors are not always given the respect they deserve.

On a positive note, America is starting to take action to honor seniors and provide for them, especially as the aging baby boomers reach senior status at record numbers each day. Many religions in America regard the elderly with the dignity and appreciation, and good samaritans volunteer to help the elderly at senior centers or senior living communities. Society is taking measures to remember that senior citizens are knowledgeable people who

have lived through both the heartache and jubilation of life, shown through Senior Citizens Day and Older Americans Month.

Elders have something to contribute to society in the wisdom they've gained from their life histories, even if it's a story about life or history. American is also putting a lot of focus on preventative care for seniors. State-of-the-art senior living communities have evolved to support the need for a rapidly aging population.

2.10.3. China

Respecting the elderly is part of the actual law in China. In fact, elderly parents in China can sue their grown children for both emotional and financial support. Companies are also required to give workers time off to see their parents. Given the dense population and growing elderly population this makes sense, as families need to take care of elders so as not to put the economy in jeopardy.

China is projected to have 636 million people over age 50 by 2050, or nearly 49% of the population— up from 25% in 2010, according to a report in USA Today.

While obligation is one of the driving factors to care and show dignity toward elderly, the Chinese culture has always stressed respect toward elders. So,practices of honor and kindness toward seniors is normal life in China.

2.10.4. Japan

The Japanese culture values the elderly. Appreciation for elders has been ingrained in families and their children, making Japan one of the most kind places in the world for seniors.

Many Japanese families have several generations living under one roof. This arrangement is believed to be one of the many reasons the elderly in Japan live longer than any other population. In fact, there are more elderly citizens than young people in Japan as the population is comprised of more people over the age of 65 than any other group, according to the Administration on Aging.

Happiness and longevity, well into the latter part of life in Japan, have been attributed to strong community bonds, family and healthy living that includes plenty of exercise and healthy, low-fat diets. Honoring tradition to care for and respect family members, especially seniors, doesn't hurt.

2.10.5. Scotland

Older people are valued as asset in Scotland. Their voices are heard and they are supported to enjoy full and positive lives in family settings, according to a new program called "Reshaping Care for Older People."

Scotland has pledged to hear the elderly, and the cultural thinking, and money, has shifted away from hospitals and toward preventative care. This paradigm shift has allowed this culture to value life, rather than treat ailments.

Scotland also adapts homes so that people can age and stay in them. Families do their best to care for their elderly loved ones, and keep them as valued members of society. Honoring old age has become a tradition.

2.10.6. Vietnam

The Vietnamese truly value the "respect your elders" sentiment. In fact, elders are considered the carriers of knowledge, tradition and wisdom in the Vietnamese culture.

Elderly grandparents live with their families for support and care, and they contribute to the household by preparing meals and caring for grandkids. Elders are considered the head of the family and their advice is valued to the point where they are the decision makers in the household.

In Vietnam, being old is considered an asset, not a liability; a shift of perspective that helps make a long life harmonious in this culture.

2.10.7. France

It's difficult to imagine such an Elderly Rights Law being a legislative priority in many Western cultures. France did, however, pass a similar decree in 2004 (Article 207 of the Civil Code) requiring its citizens to keep in touch with their geriatric parents. It was only enacted following two disturbing events, though: One was the publication of statistics revealing France had the highest rate of pensioner suicides in Europe, and the other was the aftermath of a heat wave that killed 15,000 people — most of them elderly, and many of whom had been dead for weeks before they were found.

2.11. The Mediterranean and Latin culture:

Mediterranean and Latin cultures place similar priority on the family. In both cultures, it's commonplace for multiple generations to live under one roof, (à la *My Big Fat Greek Wedding*) sharing a home and all the duties that come with maintaining one. In the contemporary iteration of this living arrangement, the oldest generation often is relied on to assist with caring for the youngest, while the breadwinners labor outside the home. As such, the aged remain thoroughly integrated well into their last days.

India

There has been a steady rise in the population of older persons in India. The number of elder persons has increased from 76 millions in 2001 to 103.8 millions in 2011. The projection indicates that the number of 60+ in India will increase to 116.10 millions in 2016, 143.20 millions in 2021 and 173.2 millions in 2026.

General improvement in the health care facilities over the years is one of the main reasons for continuing increase in proportion of population of senior citizens. Ensuring that they not merely live longer, but lead a secure, dignified and productive life is a major challenge.

The traditional norms and values of the Indian society laid stress on showing respect and providing care for the aged. However, in recent times,

society is witnessing a gradual but definite withering of the joint family system, as a result of which a large number of parents are being neglected by their families exposing to lack of emotional, physical and financial support. These older persons are facing a lot of problems in the absence of adequate social security. This clearly reveals that ageing has become a major social challenge and there is a need to provide for the economic and health needs of the elderly and to create a social milieu, which is conducive and sensitive to emotional needs of the elderly.

UNIT III SOCIAL SUPPORT

Structure

3.1. Introduction:

3.2. Classifications of Social Support

3.3. Social Support for Elderly

3.4. Emotional Support for Elderly

3.5. Instrumental Support

3.6.   Financial Support

3.7.   Informational Support

Companionship

3.1. Introduction:

Social support is the perception and actuality that one is cared for, has assistance available from other people, and most popularly, that one is part of a supportive social network. These supportive resources can be emotional (e.g., nurturance), informational (e.g., advice), or companionship (e.g., sense of belonging); tangible (e.g., financial assistance) or intangible (e.g., personal advice).

Social support can be measured as the perception that one has assistance available, the actual received assistance, or the degree to which a person is integrated in a social network. Support can come from many sources, such as family, friends, pets, neighbours, co-workers, organizations, etc. Government-provided social support may be referred to as public aid in some nations.

3.2. Classifications of Social Support

Social support can be categorized and measured in several different ways. There are four common functions of social support:

- *Emotional support* is the offering of empathy, concern, affection, love, trust, acceptance, intimacy, encouragement, or caring. It is the warmth and nurturance provided by sources of social support. Providing emotional support can let the individual know that he or she is valued. It is also referred to as "esteem support" or "appraisal support.

- *Tangible support* is the provision of financial assistance, material goods, or services. Also called instrumental support, this form of social support encompasses the concrete, direct ways people assist others.

- *Informational support* is the provision of advice, guidance, suggestions, or useful information to someone. This type of information has the potential to help others problem-solve.

- *Companionship support* is the type of support that gives someone a sense of social belonging (and is also called belonging). This can be seen as the presence of companions to engage in shared social activities.

Researchers also commonly make a distinction between perceived and received support. *Perceived support* refers to a recipient's subjective judgment that providers will offer (or have offered) effective help during times of need. *Received support* (also called enacted support) refers to specific supportive actions (e.g., advice or reassurance) offered by providers during times of need.

Furthermore, social support can be measured in terms of structural support or functional support. *Structural support* (also called *social integration*) refers to the extent to which a recipient is connected within a social network, like the number of social ties or how integrated a person is within his or her social network. Family relationships, friends, and membership in clubs and organizations contribute to social integration. *Functional support* looks at the specific functions that members in this social network can provide, such as the emotional, instrumental, informational, and companionship support listed above. Data suggests that emotional support may play a more significant role in protecting individuals from the deleterious effects of stress than structural means of support, such as social involvement or activity.

These different types of social support have different patterns of correlations with health, personality, and personal relationships. For example, perceived support is consistently linked to better mental health whereas received support and social integration are not. In fact, research indicates that perceived social support that is untapped can be more effective and beneficial than utilized social support.[24] Some have suggested that invisible support, a form of support where the person has support without his or her awareness, may be the most beneficial.

3.3. Social Support for Elderly

Population ageing is a global phenomenon, affecting developed and developing countries. Among the social determinants of physical and mental health in populations of older adults, strong social networks with high levels of social support generally represent a protective factor for maintaining good health and quality of life in old age. Different forms of social support are related to a variety of physical and mental health outcomes. For example, older adults may receive emotional support from their loved ones and feel useful when they are involved in their lives.

Elderly people have spent a lot of time in the world and have experienced things that future generations will never witness and certainly will not understand. They have taught us respect, manners, traditions, appreciation of things, and how to accept and deal with life experiences. The family provides individual emotional, social, and economic support. The ability of the aged persons to cope with the changes in health, income, social activities, and so on, in their old age depends, to a great extent, on the support they get from their family members. In India, majority of older people live with their immediate family members and the family continues to be the main provider of eldercare.

Elder care is the fulfillment of the special needs and requirements that are unique to senior citizens. Traditionally, eldercare has been the responsibility of family members and was provided within the extended family home. In modern societies, eldercare is now being provided by state or charitable institutions. In a social milieu where family networks continue to be the major source of psychosocial support and deep rooted cultural norms and perception regarding the family, although apparently dwindling in the near past, the role of family as the crucial source of support for the elderly people assumes a greater significance. Thus,

effective family support is a key component of the overall well-being of the elderly people.

Having a positive social lifestyle can increase an elderly person's psychological and physical well-being, lowering their amount of stress, and helping treat issues such as anxiety or depression. Sometimes a very useful option is to seek community services where there is helpful social support. There are also many other options for support that can be found at senior centers, religious affiliations, assisted living facilities, meal delivery, adult day care centers or home care providers. It is also important to support self-awareness as well and not just physical presence or conversation. A few quality activities can also be extremely useful in helping an elderly persons quality of life (taking up hobbies, exercise groups, reading clubs, writing, singing groups), but most importantly including the elderly individual in planning and choosing ways to find self-awareness activities that are relevant to their needs, interests, background, and culture.

Social support is one of the important functions of social relationships. Social support is always intended by the sender to be helpful, thus distinguishing it from intentional negative interactions (such as angry criticism, hassling, undermining). Social support is commonly categorized into four types of behaviors.

Four Types of Supportive Behaviors

1. Emotional

2. Instrumental

3. Informational

4. Appraisal

The ways in which types of social support differ may best be illustrated using an example.

3.4. Emotional Support for Elderly

Growing older isn't always easy. While there are benefits such as increased freedom and the ability to retire, many seniors are faced with new challenges. Relationships change, social circles dwindle and health problems may increase.

Here are four things to consider when dealing with an elderly friend or family member who is going through a difficult time.

- Interdependence

It's a parent's responsibility to take care of a child; to see that their needs are met and they feel safe and secure. With aging parents, those traditional roles often reverse. Many seniors have difficulty leaning on their children for support as they get older. They may feel uncomfortable asking for help or relying on the young generation to take care of daily tasks.

- Boredom

Retirement seems like a treat, especially if they worked the daily 9 to 5 grind for 40+ years. Yet many seniors worry about how they will spend their retirement years. Without work, how will they fill their days? Younger friends and family members are often busy with hectic schedules. And there's only so much TV to catch up on. Boredom and depression can creep in during slow activity times. To help a senior through these feelings, the young generation spends "together time" doing activities they enjoy. Help the aged one find activities, clubs or classes that will keep their minds or bodies occupied even when family members aren't around.

- Vulnerability

Natural declines can cause seniors to feel more vulnerable than other age groups. Aged may worry about issues such as personal safety, illness and memory loss. It's important for relatives and friends to listen to a senior's concerns. Remember that sometimes an elderly person just wants to be heard. Find out where and when the aged feels most vulnerable, and work to calm those fears. .

- Loneliness

When an individual became aged his social circles naturally dwindle. Friends move, become busy or pass away. Family members may visit less or become too busy with their own lives. Thus, loneliness and social isolation are major problems among older adults. A feeling of disconnection from friends and family can lead to depression and even early mortality.

An ailing body is not the only challenge elderly people are faced with. Depression is also a problem that many senior citizens have to battle. Depression is a condition that not only worsens their physical condition but also affects their recovery from ailment. Moreover, in the current hectic world, the younger members of the family often miss out on tending to the subtle requirements of elderly members or patients with chronic illnesses due to responsibilities at home or work. This often results in feelings of neglect, lack of self-worth and mental disturbances amongst dependents.

Essential emotional needs of the elderly to help them cope with depression.

1. **Security:** Being more vulnerable than an average adult, most seniors live under constant anxiety regarding their safety. It is important that provide a sense of safety for the elderly person both physically and mentally. This could include ensuring that the surrounding environment and home is a safe at all times.

2. **Attention:** Elderly, like young children need constant attention because of their inability to cope with the pace of the real world. Give lots of attention to elderly because their happiness depends on their self-worth which comes with attention.

3. **Autonomy and Control:** Even along with giving maximum attention and assistance, most elders would still want some autonomy or control over their life. For tasks they can do themselves, it is important to give freedom. Hence, let them do simple day-to-day chores which can give them control and make them happy.

4. **Emotional connect:** Some elderly individuals tend to break off all emotional connectedness with people in their immediate surroundings because of lack of self-worth. Caregivers should take initiatives to rekindle emotional connectedness and make the elderly feel wanted.

5. **Eliminating guilt:** Seniors living with their children, especially financially dependent elders tend to have a feeling of guilt that they are intruding on the lives of their children. Similarly, children or relatives taking care of their elderly dependents sometimes feel guilty that they are not able to provide the sort of care that they would want to. If there are signs of such guilt, talk to each other and make the elderly understand such feeling are quite unnecessary.

6. **Feeling of belonging:** Elderly people who are active within a community tend to be happier and satisfied with their lives than others who aren't. The reason being, a community not only provides them with a sense of belonging and enjoyment but also helps them to meet and interact with like-minded people and share thoughts.

7. **Friendships and intimacy:** Just like teenagers and young adults, elderly people also need friendship and affection to lead a fulfilling life. Always

8. **Privacy:** Elders, having gone through adult life like normal people would still want some level of privacy in their lives. Respect their privacy and create an environment where they feel they have the privacy as required by a normal adult.

9. **Sense of competence:** With age, sustaining the sense of competence that elderly people once had (when young) become difficult. However, it is important to instill the same feeling of compassion and competence at this age to help them be happy. This can be done by reminding about the life accomplishments and create a feeling of competence as compared to other people of similar age groups.

10. **Purpose of Life:** Most often than not, an elderly person tends to lose faith and feel that there is no meaning of life. However, this is not true. Instead, a caregiver should look for signs of such feelings such as loneliness, depression etc. and make the elderly understand that there is always a purpose in life and that there are new, positive experiences on the horizon.

Dealing with depression

Home healthcare is a relatively new concept healthcare in India and aims to improve the life of patients including elderly individuals. When

caring for a patient even in a home environment, it is essential that the depression that follows a chronic ailment or old age is taken into consideration and accessed carefully.

3.5. Instrumental Support

Older, compared to younger, adults are more likely to experience physical and cognitive impairment and functional limitations, which may limit their daily activities. Consequently, some may require physical assistance in basic activities (e.g. dressing, going to the toilet, cooking) or in activities that demand a higher level of autonomy (e.g. getting groceries, managing finances). Even for those who do not require physical assistance, there may be reliance on financial or emotional support. Support from the family is seen as the primary source of care for older adults. Societal expectations of filial piety place the responsibility of care largely on children. The same is reflected in legal provisions such as the Maintenance of Parents Act, enforcing financial support from children who can provide it but choose not to. Support from the family, as we have discussed thus far, is one type of social support, amongst others. Social support refers broadly to the resources available to a person through his/her social network members. Several distinctions have been made regarding the nature of these resources. They may either be tangible (e.g. material goods, money) or intangible (e.g. information, emotional support), routine or adhoc, as well as kin-based or non kin-based. What is most important for health outcomes, however, seems to be whether the social support in question is "perceived" (i.e. the support a person perceives to be available if needed), or "received" (i.e. support actually received). Perceived social support has been consistently linked to better mental and physical health outcomes. While one would intuitively expect a similar beneficial effect of received social support, its association with health outcomes is ambiguous, with several studies finding no effect, or even a detrimental effect. In fact, studies have suggested that receipt of excessive support from the family may induce a sense of dependency in older adults. It is thus pertinent that we focus on the nuanced links between received social support and health outcomes, since most social policy is concerned with improving actual support received by older adults.

Social support is commonly divided into two types namely, instrumental and emotional. Instrumental support relates to assistance in problem solving by tangible help, whereas emotional support relates to communication of caring, empathy, and self-esteem. Curtona and Shur distinguish between instrumental and emotional support by commenting the former as "action facilitation" and latter as "nurturant support". Of course, the distinction is not without its problems. It may so happen that instrumental support carries emotional meaning. Instrumental supportive acts can be perceived as emotionally supportive as well. The support behaviour described as instrumental carries an emotional meaning attributed to them by the support recipient. The instrumental support was both predictive of physical health as well as yielding satisfaction with support, which may mean that the value of instrumental support rests upon the emotional meaning associated with it.

Social support is the sustainable way to address effective health care for the aged. All social welfare schemes, health schemes and other

government and nongovernment facilities for the senior citizens and elderly people reach the target population through the instrumental support providers. Those with better social support system have a greater chance of resolving problems they face.

3.8. Financial Support

In India majority of older persons face financial hardship in old age as most of them are not in a position to earn their livelihood. Their savings, if any, are not enough to meet their day to day, particularly the medical expenses. Many a times their family members and relatives exploit them due to their vulnerability. In India more than about 65 per cent of the aged had to depend on others for their day-to-day maintenance. Less than 20 per cent of elderly women but majority of elderly men was economically independent. Among economically dependent elderly men 6-7 per cent was financially supported by their spouses, almost 85 per cent by their own children, 2 per cent by grand children and 6 per cent by others. Of elderly women, less than 20 per cent depended on their spouses, more than 70 per cent on their children, 3 per cent on grand children and 6 per cent or more on others including the non-relations.

It is estimated that almost 2/3rd elderly population who undergo financial crisis usually belong to middle, lower-middle or lower classes. Four fifth of them depend on their children/ relatives/others in old age. This section of elderly population has already suffered a lot of problems, particularly due to their miserable financial condition even in their younger age. Contrary to that, approx. 1/3rd of elderly population enjoys sound financial status; however most of them may still have other age related problems in their old age. Financial status of older persons is directly linked with their financial independence. With the increasing nuclearization of family, particularly in the urban settings, more and more older persons tend to be choosing to live on their own and want to utilize their net-worth value to the maximum. The growing individualistic and materialistic considerations among the younger generations due to academic and professional pursuits, the older persons are eventually finding less attached with the younger member of family. Attitude of older persons with sound financial status also appears to have changed dramatically which can be gauged from the fact that they don't want to be dependent on their family members. So much so, significant proportion of them does not wish to avail governmental medical facilities for their health care. Rather, they choose to visit private medical institutions for better services.

Older people, particularly inhabiting urban and semi-urban areas have higher level of awareness about their financial interests and rights. However, financial rights and interests of older women and elderly men (75+) are often jeopardized by their family members, etc., particularly when they are widowed. For older persons, who have earned money with their hard work and efforts and have self-acquired net-worth, value of money matters most. An older person with sound financial status lives to the fact that consumer is the king and tend to have good value for their money. It has also been observed that financially well-settled older persons prefer to utilize their purchasing power for sake of better life in old age.

Financial Support initiated by the Governments for the welfare of the Elderly

- **Integrated Programme for Older Persons (IPOP)**
  - Ministry of Social Justice and Empowerment is a nodal agency for the welfare of elderly people. The main objective of the scheme is to improve the quality of life of older persons by providing basic amenities like shelter, food, medical care and entertainment opportunities, etc.
- **Rashtriya Vayoshri Yojana (RVY)**
  - This scheme is run by the Ministry of Social Justice and Empowerment. This is a central sector scheme funded from the Senior Citizens' Welfare Fund. The fund was notified in the year 2016. All unclaimed amounts from small savings accounts, PPF and EPF are to be transferred to this fund.
  - Under the RVY scheme, aids and assistive living devices are provided to senior citizens belonging to BPL category who suffer from age-related disabilities such as low vision, hearing impairment, loss of teeth and locomotor disabilities. The aids and assistive devices, viz walking sticks, elbow crutches, walkers/crutches, tripods/quad pods, hearing aids, wheelchairs, artificial dentures and spectacles are provided to eligible beneficiaries.
  - The scheme is being implemented by Artificial Limbs Manufacturing Corporation of India (ALIMCO), which is a public sector undertaking under the Ministry of Social Justice and Empowerment.
- **Indira Gandhi National Old Age Pension Scheme (IGNOAPS)**
  - The Ministry of Rural Development runs the National Social Assistance Programme (NSAP) that extends social assistance for poor households for the aged, widows, disabled, and in cases of death where the breadwinner has passed away.
  - Under this scheme, financial assistance is provided to person of 60 years and above and belonging to family living below poverty line as per the criteria prescribed by Government of India. Central assistance of Rs 200 per month is provided to person in the age group of 60-79 years and Rs 500 per month to persons of 80 years and above.
- **Varishtha Pension Bima Yojana (VPBY)**
  - This scheme is run by the Ministry of Finance. The Varishtha Pension Bima Yojana (VPBY) was first launched in 2003 and then relaunched in 2014. Both are social security schemes for senior citizens intended to give an assured minimum pension on a guaranteed minimum return on the subscription amount.
- **The Pradhan Mantri Vaya Vandana Yojana**
  - The Pradhan Mantri Vaya Vandana Yojana (PNVVY) was launched in May 2017 to provide social security during old age. This is a simplified version of the VPBY and will be implemented by the Life Insurance Corporation (LIC) of India.

- o Under the scheme, on payment of an initial lump sum amount ranging from Rs 1,50,000 for a minimum pension of Rs 1000 per month to a maximum of Rs 7,50,000/- for a maximum pension of Rs 5,000 per month, subscribers will get an assured pension based on a guaranteed rate of return of 8% per annum payable monthly/quarterly/half-yearly/annually.
- o The Centre will bear 75 percent of the total budget and the state government will contribute 25 percent of the budget, for activities up to district level.

3.9.   Informational Support

Individuals of all ages, families and communities will be provided with information about the ageing process and the changing roles, responsibilities and relationships at different stages of the life cycle.

Education, training and information needs of older persons will be met. These have received virtually no attention in the past. Information and educational material especially relevant to the lives of older people will be developed and widely disseminated using mass media and non-formal communication channels.

Older persons and their families will be given access to educational material on nutritional needs in old age. Information will be made available on the foods to avoid and the right foods to eat. Diet recipes suiting tastes of different regions which are nutritious, tasty, fit into the dietary pattern of the family and the community, are affordable and can be prepared from locally available vegetables, cereals and fruits will be disseminated.

Mental health services will be expanded and strengthened. Families will be provided counseling facilities and information on the care and treatment of older persons having mental health problems.

Older persons and their families will be provided access to information on prevention of accidents and on measures, which enhance safety, taking cognizance of reduced physical capacity and infirmities.

Police will be directed to keep a friendly vigil on older couples or old single persons living alone and promote mechanisms of interaction with neighborhood associations Information and advice will be made available to older persons on the importance of keeping contacts on phone with relatives, friends and neighbors and on precautions to be taken on matters such as prevention of unauthorized entry, hiring of domestic help, visits of repair and maintenance persons, vendors and others, and the handling of cash and valuables.

The elderly should be encouraged to establish their own groups and movements, which can in turn provide training and information to organizations of other age groups on issues connected with the welfare of the aged.

Comprehensive information on all aspects of their lives should be made available to the ageing in a clear and understandable form.

3.10. Companionship

The older persons like anyone else, have many family roles like parents spouse, aunt, uncle, cousins, brothers, sisters and occasionally the child of living parents. The marital relationship is perhaps the most important relationship experienced in the adult years. During retirement the husband spend, much more of his time at home. Older people maintain active relationship with their children. Many of elderly deeply resent their own dependency. They would rather retain mastery over their environment than have to call on others for help. Friends are usually as important to older people as their kinship relations. Like most social relationship and associations, among the elderly, friendship tends to be retained from middle age rather than being and cultivated in old age. Older people do not cordially replace lost friends hence circles of friends diminish, as they grew older.

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

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

a. Ageing and the Modern Kinship System

Demographic analysis of the family cycle reveals that the post parental stage has lengthened considerably and now lasts an average of 16 years the relationship between spouses is determined by the key events, which affect the process of ageing like termination of child rearing tasks, retirement and dissolution of the marital bond by death. In the first phase of ageing, the burden of adjustment falls on the wife, who losses her cardinal role while her husband is at the peak of her career. During the second phase the main burden falls on the husband, who loses his major role as a member of the occupational system and has to redefine his relationship with his wife. The process of ageing therefore brings about a shift in the basis of solidarity between husband and wife who move into a more equilateral relationship with each other and with the world around them. There is considerable evidence that in spite of the fact that widows face more serious economic problems than widowers, women overcome the shock of bereave more easily than men. Men be aware!

b. The Parent Child Relationship

During the last stage of ageing the parents, who have hitherto given more to their children than they have received from them, gradually become the

main beneficiaries of the exchange. Although the importance to support parents in the economic sense is on decline with the development of public and private pension schemes, there is considerable evidence that this trend has not undermined the final sense of responsibility for assistance in such tasks as housekeeping, personal care, and nursing during periods of illness comes from children. In general, daughters are much more involved in the relationship than sons. The mother daughters bond is particularly strong and persists throughout the process of ageing, especially in working class families. Aged parent are seen more attached to their children than vice versa. Most children have a more or less strong sense of duty towards their ageing parents but the intensity of such a commitment varies according to the nature of bonds between their capability, values and style of life and the possibilities of reciprocal services. There is also some evidence that there is an inverse relationship between the urgency of the need of the parents and the children's readiness to help.

c. Grandparents

Grand parenthood is one of the key events in the onset of ageing and it occurs early in the process. Grandparents are tangible reminders of the passage from adulthood to old age, and they start to arrive at a time when such awareness is still alien to the self-image. There has been a decline in the significance of grandparents in the life of their grand children even though close contacts are often maintained throughout child hood and adolescence in modern times.

d. Distant kins

Ageing people maintain contact with a variety of distant kins. Consanguine kin tends to be more important than affined ones. Wife's relatives are more important than the husbands. It should be noted that at times, secondary and tertiary relatives replace and substitute primary ones. When ageing parents have Sons and no Daughter then they have more contact, to get enough assistance. If they have no offspring then they rely on nieces and nephews. Considerable interaction between ageing people and their kin occurs in most sectors and strata of modern society.

e. Ageing and Modernization

Modernization is the process whereby a country is transferred from a primarily rural way of life to a predominately urban one through the applications of highly developed technology. Increased in longitivity of life usually accompanies advances in health technology. Thus more people live longer, which results in an increase in the proportion of old age persons increasing competition in jobs. Increased applications of power, improvement of transportation, communications, and distribution system and large scale economic operations create new jobs which require specialized and professional skills. These also demand separation of the home setting from the work setting. The young are usually selected to fill these new work roles. This trend not only leaves the parents in older, less prestigious, and perhaps static and sometimes obsolete positions, it also deprives them of one of the most traditional roles of older people. Many new jobs are in urban areas that result in migration in large number from rural to the urban cities. This geographical separation of generations

promotes the development of nuclear families and the break down extended families. Interdependence in daily activities is therefore reduced and more emphasis is placed on independent household. Urbanization also accelerates social mobility when adult children achieve a social status higher than their parents. They may view their parents as backward and fail to hold them in high esteem. The educational programs are always targeted towards the young with an emphasis on mass public education for children and vocational training for adolescent and young adults. Due to this, children, in countries under going modernization, are always more educated than their parents, which further devaluates parents. Improved and advances in education has lead to lowered status of the aged.

f. Widowhood

Widowhood is not the exclusive province of the old. The average life span for males is shorter, of course but one must also remember that women tend to marry men who are older than them. Women may have lower remarriage rates than men because they are reluctant to marry and care for another man. Widowhood at any age brings a special kind of social stigma. Widowhood may evoke fear or embarrassment in friends and family. No one knows 40 quite how to help a bereaved person and people often decide, it is best to leave the grieved individual alone. As a consequence someone who loses a spouse also loses those friends and family members who are unable to deal with new status as a single person. After the pain of losses begin to recede, this kind of discomfort arrives.

g. Widow

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

h. Widowers

Men are relatively unprepared to live out their lives alone. Fewer men than women are widowers and men are usually widowers at a later age than women. The death of a spouse may ruin a man's plan for life in retirement. He never imagined what life to live as a widower. Widowers men often find themselves emotionally estranged from others family members but dependent on them for the necessary tasks of daily life i.e. cooking, shopping and keeping house, since they lack these mundane skills.

BLOCK II: POSITIVE AND NEGATIVE SUPPORT FAMILY STRUCTURE, INFORMAL NETWORKS AND CHANGING FAMILY AND HOUSE HOLD PATTERN
UNIT –IV POSITIVE AND NEGATIVE SUPPORT

Structure

4.1. Introduction:

Ageing is an inevitable and irreversible physiological process that affects all body systems. Elderly or old age consists of age nearing or surpassing the average life span of human beings. National policy on older persons' (1999) defines 'elderly' as a person who is of age 60 years and above. As a result of increased life expectancy, the proportion of elderly population in the country is steadily raising. Projections suggests that India's elderly population will be double in size between 2001 and 2026, the elderly will account for 12.7 percent of overall population in 2026. The traditional Indian society and joint family system have been influential in safeguarding the social and economic security of the elderly people in the country. However, over the last decade with the rapid changes in the social scenario and the emerging prevalence of nuclear family set-ups in recent years, the elderly people are likely to be exposed to emotional, physical and financial insecurity.

A 1984 World Health Organization survey of perosons 60 years and older revealed that 72 to 79 percent of the respondents lived with their adult children. This means that the elderly may live in a kind of a symbolic relationship with family sharing, contributing and receiving. Within this topic, the most attention has been devoted to investingating the positive and negative support associated with providing care to frail older relatives.

The process of providing care to a relative can lead to both positive and negative consequences. Negative outcomes typically include depression, anger, and anxiety. However, physical health and immune function can also be affected by prolonged stress, many caregivers find providing care to be immensely rewarding, feeling that their relative is receiving the best care possible or that the support they give now is a natural outgrowth of a positive relationship history.

However, the situation for the last two decades has been changing and it certainly different today. There is considerable mobility due to job opportunities and through marriage. Adult children move out and away from their parents. Parents of adult children are naturally aged are growing older. Houses are getting smaller, so are the intentions of adult children for keeping parents in the same house. Through on the positive side it may be said that some young do continue to support elderly parents financially and seek their blessings, advice and support. It is only when the elderly suffer from chronic disability and a diminished capacity for self-reliance that their adult children may find it difficult, especially in the urban areas.

4.2. Family Structure:

Family and Ageing the most influential and important of the social domains which shape the experience of ageing is that of family and wider social relationships. Over the life course individuals belong to a variety of kinship and social groups, all of which bring interactions and relationships with family, friends and neighbors. They also provide us with many of our major social roles such as parent, child and spouse. The extent to which an older person is enmeshed within a social network of kin, friends and neighbours will greatly influence her/his experience of ageing. The availability of, and quality of, family and wider social relationships are very important factors in the quality of life experienced by older people and provide a major resource with which the aged can challenge the stereotypes associated with ageing and later life.

Writing in 1997, Chris Phillipson evoked the words of Peter Townsend...

"If many of the processes and problems of ageing are to be understood, old people must be studied as members of families (which usually means extended families of three generations); and if this true, those concerned with health and social administration, must at every stage, treat old people as an inseparable part of a family group, which is more than just a residential unit. They are not simply individuals, let alone _cases' occupying beds or chairs. They are members of fami lies and whether or not they are treated as such determines their security, their health and their happiness".

According to Phillipson et al. (2001) that the experience of growing older is not shaped solely by family and kinship groups but also encompasses wider social relationships such as friends and neighbours and other social activities. Rowe and Kahn (1997) state that social engagement is a prerequisite for 'successful ageing'.

Jerrome (1993) suggests that five sets of factors have influenced the family relationships of older people.

First, demographic changes have changed the `distance' between generations and have fundamentally altered the size and age distribution of families. This change in the nature of family structures has been described as the `beanpole' structure of long slim family structures created because of increased longevity and decreased family sizes. This has resulted in the creation of family structures in which four or five generations are present but size of each generation of family is small.

Second, changes in employment have altered gender relationships within the family context. Women who were mostly responsible for care of the elderly are actively participating in work force.

Third, legislative change, especially regarding divorce, homosexuals, has affected the structure and composition of families. There is emergence of single parent household, childless couples

Fourth, ideological change i.e. change in value system has altered the way care is provided for dependent people and has resulted in changes within families in terms of expectations of marriage and parenthood.

Finally, rising levels of economic prosperity and the provision of welfare benefits has served to loosen the economic ties within families. In contemporary western societies older people are not, generally, directly economically dependent upon younger members of their families, although there are obvious financial co-dependencies across the generations.

All of these factors combine to influence the family context within which older people experience old age. Most unpaid care for older people is provided either by their children or by their spouses or partners. Overall, older people aged 65 to 79 arenetproviders of care to family members (partners, children and grandchildren), while those aged 80 and over are net receivers.

What is a family?

Defining precisely what does, and does not, constitute a family is a question which policy makers, politicians and sociologists are concerned. What type of living arrangements are described and classified as a family is remarkably problematic. Are gay couples a family? Are children required to be present before the term `family' can be applied to a living group? Clearly the way the `family unit' is defined is, at least to some degree, an ideological construct. Some would argue that the term `family' could be applied only to a heterosexual married couple with children — the stereotypical `nuclear' family. Others would include single parents, cohabiting or gay couples within the term `family'. Another way to define `family' is by the number of generations included within it. A `typical' nuclear family would constitute of two generations: parent(s) and children. Indian society is known to consist of three generational family although examples of up to five generations living together have also been found.

A further distinction may be made between the term `family' and the wider notion of the kinship group. De facto the term `family' has become virtually synonymous with the concept of the nuclear family. Consequently Finch (1989a) suggests that the term `kinship group' should be used when considering the web of wider blood relationships which extends beyond the immediate household while the term `family' is restricted to groups of co-resident or immediate blood relatives. Again such definitions may be expanded to include the relationships resulting from the `blending' of groups via (re)marriage, divorce and cohabitation.

Regardless of how the concept is defined, families and kinship groups have been seen as being especially important for older people. Shanas (1979) proposed the primacy of the family for older people because family acts as the primary and favorable source of support whether emotional or instrumental for old people. Proponents of disengagement theory proposed that family relationships are more important for older people because of their loss (or disengagement) from other social spheres such as employment.

More recently, notions such as `successful' ageing continue to state that social relationships and family bonding helps in participation and enhancing, quality of life in old age. Furthermore, early gerontological research accepted the highly gendered nature of family relationships and posited that women experienced ageing less problematically than men because of their more central location within family relationships and because of the enduring nature of these relationships. Throughout their adult life course women are often defined by their `caring 'relationships such as mother, wife and grandmother rather than by occupational status. Such simplistic notions have been replaced but they have enduring implications because assumptions such as these influenced the type of research questions that have been asked about families and family relationships.

Much of our knowledge of the family life and social relationships of older people is derived from studies concerned with `caring' and the provision of care within families. Thane (1998) also notes that early gerontological studies were highly uncritical of the data they collected about intergenerational relationships and missed many of the potentially existing tensions. Despite this, Thane (1998) concludes that the family remains central to the experience of old age and later life and indeed other phases of the lifecycle and that this represents acontinuation of the broad pattern established across a long historical perspective.

Social and political commentators on the family, especially in its relationships with older people, have shown a very narrow and pessimistic picture of the family in modern industrial society and they criticize the neglect of older people by their family members. Cicero, in his study of old age, lamented that families were not what they used to be, especially in the way that they cared for and respected their elders. However, Thane (1998) disagrees with this illustration of neglect of old people and the notions that older people were marginalised by families because of spatialseparation.She perceives that along with many other social factors, such as the behaviour of children or relationships with older people, the extended family has been idealized and the nuclear family has been portrayed negatively or at worst `demonized' as a selfish and `uncaring' form of family organization.

Social change is almost universally characterized as having a highly negative and damaging effect upon the social and family circumstances of older people. Hence the move towards nuclear families has been lamented without recognition that the family is a very flexible unit which demonstrates a pattern of almost continual adaptation to changing political, social and economic circumstances.

Family structures changed considerably in the twentieth century. There were changes in patterns of living arrangements, divorce and remarriage, decreases in fertility, and increases in women's labor force participation. Each of these has the potential to affect intergenerational relations.

Many individuals have delayed both marriage and childbearing in order to spend more time pursuing educational goals. Starting a family later, coupled with decreased fertility, means that families are smaller today than at any point in the past, and the typical pattern is fewer children spaced more closely together in age than in previous generations. This results in what Vern Bengtson, Carolyn Rosenthal, and Linda Burton (1990) refer to as the beanpole family, in which each generation is smaller, with more years between each generation, but more generations are alive at any one time. The rise in rates of teenage pregnancy and out-of-wedlock births has, to some extent, mitigated this trend, which Bengtson and his colleagues (1990) refer to as age-compressed families. It is unclear how the nature of intergenerational ties may be affected by these changing family structures, and whether fewer and more enduring ties might lead to increased closeness between generations or serve instead to accentuate any conflict between generations (Bengtson, Rosenthal, and Burton 1996).

The changing structure of intergenerational relationships in the United States is further complicated by increases in rates of divorce and remarriage. Divorce rates roughly doubled between 1970 and 1990 (Cherlin 1992; Martin and Bumpass 1989) and have remained consistently high; more than half of all first marriages end in divorce. Most individuals who divorce eventually remarry, and divorce rates among subsequent marriages are even higher than for first marriages. Marital dissolution and reconstitution affect intergenerational ties in ways that are only now beginning to be fully appreciated. For example, due to the cumulative effects of families being formed, dissolved, and reconstituted an older adult may find himself or herself embedded in a complex web of ties with biological children, stepchildren, and children-in law. Given that a majority of baby boomers can expect to find themselves in one of these complex family forms, it is important to learn more about how these marital transitions affect the availability of support for future generations of older adults.

One final trend in families is the increase in women's labor force participation. Women now work outside of the home in the vast majority of households. This labor force participation has implications for the individual's or couple's timing of retirement, wealth upon retirement, parent-child relationships, and the availability of family caregivers for frail older adults (e.g., Zarit and Eggebeen 1995).

Heng-Wei Chen and Merril Silverstein (2000) remark that modifications in family and household structures resulting from economic development in contemporary China have broken down the extended family living households. With smaller households and an increase in nuclear families, a new type of living arrangement has evolved the network family in which married adult children, rather than co-residing, tend to live near their older parents so as to provide assistance to the older adults. Cross-national work on the relationship between family and state systems

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of care reveals families are likely to continue to provide high levels of assistance to older adults through adaptations of family functioning (Davey and Patsios 1999; Davey et al. 1999).

4.3. Ethnicity:

The last two decades have witnessed considerable discussion and debate on the impact of demographic transition and of changes in society and economy on the situation of older person. The United Nations Principles for older person adopted by the United Nations General Assembly in 1991, the proclamation on Ageing and the global targets on ageing for the year 2001 adopted by the General Assembly in 1992. Various other resolutions adopted from time to time are intended to encourage governments to design their own policies and programmes in this regard. There has for several years been a demand for a policy statement by the state towards its senior citizens so that they do not face on identify crises and know where they stand in over the national perspective. The need has been expressed at different forums where ageing issues have been deliberated. The statements, by indicating the principles underlying the policy, the directions, the needs that will be addressed and the relative rules of governmental and non-governmental institutions, is expected to facilitate carving out of respective areas of operation and action in the direction of a human age integrated society.87 Object of Principles The object of United National principles for older person is to implement the recommendations of the first world assembly on ageing, 1982 at national level. These principles are formulated so that all concerned state parties can apply these principles in their national laws.

1 PRINCIPLE OF INDEPENDENCE OF ELDERLY

In first principle encompass six rights, which are as follows:

• Older person should have access to adequate food, shelter, clothing, water and health care through income, family support and community support and self-help.

• Older persons should have the opportunity to work or to have access to other income generating opportunities.

• Older persons should be able to participate in determining, when and at what place withdrawal from the labour force takes place.

• Older persons should have access to appropriate educational and training programmes.

• Older persons should be able to live in environments that are safe and adaptable to personal preferences and changing capacities.

• Older persons should be able to reside at home for as long as possible.

Firstly right to get appropriate food shelter, clothing, water and medical care to elderly, secondly, right of elderly to work according to their own wishes, thirdly, right to withdrawal from work place. Fourthly, Right of elderly to access educational and training programme which guide them how to be independent and active in advance Age. Fifthly, it is right of

elderly that suitable environment should be provided to old age people in all aspect i.e. social, economic, political and cultural lastly, old age people have right to stay in their own home as they want to live. They should not be deprived of their right to live in their own home. In brief, independence is a right of elderly as mentioned in the U.N. Principles 1991.

2 PRINCIPLE OF PARTICIPATION OF ELDERLY

This principle contains three rights.

• Older persons should remain integrated in society participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations.

• Older persons should be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities.

• Older persons should be able to form movements or associations of older persons.

Elderly are reservoir of vast knowledge and experience. They can actively participate in society by sharing their experience and knowledge with young generation; secondly, they can participate actively in formulation and implementation of laws and policies. As elderly are experienced and skilled person. They can do work or participate in society as volunteer, where they have interest also. Thirdly elderly can form associations and unions, where they can have exchange of views, platform to give leisured time to spend within friends.

3 PRINCIPLE OF CARE OF ELDERLY

This principle contains five rights from 10 to 14

• Older persons should benefits from family and community care and protection in accordance with each society's system of cultural values.

• Older persons should have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.

• Older persons should have access to social and legal services to enhance their autonomy, protection and care.

• Older persons should be able to utilize appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment.

• Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.

Older people are taken care by family and community as their cultural values preach them. Secondly, elderly, people should use the health care techniques due to which they become physically, mentally and emotionally

fit and avoid illness. Thirdly, Elderly people need to avail social and legal services for their protection and care. Fourthly, older person should be able to utilize institutional care services and opt the option of rehabilitation, of those who are neglected by their children. Fifthly elderly people have right to enjoy human rights and freedoms given to them by Nation. They have right to take decision about care and quality of life, which they want to lead.

4 PRINCIPLE OF SELF FULFILMENT OF ELDERLY

This principle contains two rights from 15 to 16.

• Older persons should pursue opportunities for the full development of their potential.

• Older persons should have access to the educational, cultural, spiritual and recreational resources of society.

Elderly people should be avail those opportunities through which they can utilize their potentials and can develop their personality. Elderly are the reservoir of traditions and culture. They can contribute in the society because they have utilized the resources for their self-fulfillment.

5 PRINCIPLE OF DIGNITY ELDERLY

Two principles contain two rights from 17 to 18.

• Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse.

• Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.

Elderly people should have right to exploitation free environment i.e. physical and mental abuse. They have right to live in dignity and security. Secondly, elderly should be treated with dignity and honour without any discrimination on the basis of age, gender, racial or ethnic background or other status and be valued independently of their economic contribution.

4.4. Financial Resources as Factors-Economics of Ageing:

4.4.1. Ageing

Ageing of the individual is recognized as a multifaceted process of maturation and decline through including some growth potential over the second half of the adult life span.

4.4.2. Economics of Ageing:

Ageing by virtue of itself indicates multiple problems and one of the major problems faced by most of the elderly persona are economic hardship. In the pre-industrial Indian Society most of the old people used to remain financially independent till they lived. They retained ownership of landholdings and other occupational establishments and participated in productive activites according to their physical fitness. In the process of

ageing indiviudals grows old and their physical and mental strength gradually decreases. Consequently they may not be able to perform certain roles and work which they were previously performing. Such an mobility decreases their earning capacity and eventually they are forced to depend upon others. As one grows old control over the finance of the family slips from him. Individuals who required to retire and deprived of their main source of living may have to face these problems. Individuals who are depends on others may face these problems if these persons die or become infirm or the individuals may face these problems because of their increased need of medical assistance in old age.

4.4.3. Income

Income security in old age also depends on the availability of and access to secure and affordable publicly-provided social services, including healthcare and long-term care. Besides ensuring good health, equitable access and utilization of healthcare services provides a safety net for older people and protects them and their families, from falling into poverty in later life as a result of catastrophic out-of-pocket healthcare expenses. The long-term care needs of older persons increase as they get to older ages, and where formal care is the only option, the costs can be overwhelming. In many low-income countries, where Governments do not finance long-term care, the entire financial burden falls directly on older people or their families. Yet even in Europe, older persons' out-of-pocket payments account on average for 9.6 per cent of their household income, and in some countries up to 25 per cent. Older persons who have not been able to accumulate sufficient income or wealth through contributory pensions, savings, intergenerational transfers or other sources, are not be able to access the health or care services they need without social-protection support. Some Member States require older persons to utilize savings and assets before they can access government-subsidized or -funded long-term care services.

In addition, poverty rates are higher for older persons in countries with a high prevalence of HIV. In particular, high mortality among young adults means not only that many older persons have lost potential family support from adult children, but have now also assumed greater responsibility for generating adequate income as well as to care for grandchildren.

4.4.4. Income & Employment

❖ The 2.1 million older adults on Supplemental Security Income receive, on average, just $435 each month. (SSA)
❖ On average, older women received about $4,500 less annually in Social Security benefits in 2014 than older men due to lower lifetime earnings, time taken off for caregiving, occupational segregation into lower wage work, and other issues. Older women of color fare even worse. (SSA, 2015)
❖ Nearly half a million older adults aged 55-64, and 168,000 aged 65+ who wanted to work were unemployed 27 weeks or longer in 2014. (Bureau of Labor Statistics [BLS], 2015)

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❖ Older workers of color are most at risk for unemployment, with older African American men twice as likely to be unemployed as older white men. (BLS)

4.4.5. Poverty

Poverty can be broadly defined as deprivation according to some dimension of wellbeing (World Bank, 2005). Three components are needed to compute a measure of poverty: 1) The welfare measure; 2) The poverty line or the threshold below which a given household or individual will be classified as poor; and 3) The specific indicator of poverty. Most measures of welfare (first component) are based on data on income or consumption of individuals, or more commonly, of the average household income or consumption. To define the poverty line (second component), which separates the poor from the non-poor, an absolute or relative level of income or consumption is often determined as the relevant threshold. An absolute poverty line refers to a set standard of what households should be able to have in order to meet their basic (mostly food) needs. The international poverty lines used by the World Bank (at $1.25 a day and $2.50 a day in terms of purchasing power parity or PPP) are examples. A relative poverty line is defined in relation to the overall distribution of income or consumption in a country. For example, the main poverty line used in the Organization for Economic Cooperation and Development (OECD) and the European Union is a relative poverty measure based on ―economic distance,‖ a level of income usually set at 50 or 60 per cent of the median household income. Finally, regarding the third component of the poverty concept, the most commonly used poverty indicator is the poverty rate which refers to the proportion of the population whose percapita income or consumption is below the poverty line. In much of Africa, older persons traditionally rely on their extended family, especially their own children, for their welfare. However, as a result of the HIV/AIDS pandemic, conflicts, shocks such as recurrent droughts and rapid urbanization, many older persons in sub-Saharan Africa have become primary sources of support for their families and/or caregivers for grandchildren because prime-age adults have fallen ill, died or migrated. Poverty is still prevalent in sub-Saharan Africa and is slightly higher for older persons than the total population (Kakwani and Subbarao, 2005). National poverty rates varied from 36.7 per cent to 68.9 per cent in the general population and between 43.7 per cent and 79.4 per cent among older persons. The findings of the study confirmed older persons‘ disadvantage especially when they have become either principal breadwinners for the family or caregivers for children. In assessing the role of social pensions in the economic welfare of older persons, KakwaniandSubbarao (2005) conclude that in sub-Saharan Africa, even in the 11 countries where the older population is at high risk of poverty, universal social pensions, that is, for all older persons, would be fiscally costly and probably unsustainable for most countries. One of the most substantial changes in income inequality and poverty over the past two decades in OECD countries has been the shift in poverty rates between age groups (OECD, 2008). The risk of poverty among older persons has fallen, while poverty rates among young adults and families with children have risen. However, because the initial old-age poverty rates were very high,

persons aged 75 years or over remain the group most likely to be poor. By the end of the twentieth century, ageing was well under way in the more developed countries where the demographic transition started earlier. Ageing was beginning to take place in many developing countries that had experienced significant and sometimes quite fast fertility declines, mostly in Asia and Latin America. If the current projections are realized, ageing will become a virtually universal phenomenon during the twenty-first century, although it will progress with different intensity and speed across countries and regions. This global demographic shift entails fundamental social, economic and development challenges and opportunities, not the least of which is the increasing priority to satisfy the needs of older persons while enabling them to have longer, healthier and more productive lives.

Getting old presents a significant, additional risk of becoming or remaining poor. In later life, people reduce their working hours or stop working because of retirement options or health issues, and when they need or prefer to continue working, many earn lower wages. In many countries, the absence of social protection systems with high coverage and adequate benefits, their assets and savings, when savings exist, are usually not sufficient to guarantee adequate income security until the end of their lives. This makes older persons particularly vulnerable to economic insecurity as well as poverty, with limited options for escape.

Poverty Measures

- ❖ 21% of married Social Security recipients and 43% of single recipients aged 65+ depend on Social Security for 90% or more of their income. (Social Security Administration [SSA], 2016)
- ❖ More accurate measures of economic wellbeing—including the Elder Economic Security Standard™ Index and the Institute on Assets and Social Policy's Senior Financial Stability Index show millions of older adults struggling to meet their monthly expenses, even though they're not considered "poor" because they live above the FPL.

4.4.6. Housing:

It goes without saying that house should be able to adapt to the needs of people at every stage of life. The ageing population and the changing nature of family, work, education etc., make it all the more necessary that the home has accessible and adaptable interior design and features allow for changes as required. This enables elderly to satay within the familiarity and comfort of their home and surrounding environment. Moreover, moving about or walking may not be easy for an elderly due to poor health or disability such as poor eyesight, hearing impairment etc. a simple fall can create serious problem for them. Thus, an appropriate housing design with easy access to services may facilitate the elderly to lead a hassle-free life and reduce their dependency.

In view of the above the planners must assess the situation/living arrangements and provide the basic needs of elderly. It should be aim at getting technical/scientific inputs for a barrier free planning for preparing a minimum standard for planning/designing a housing colony which may be

elderly friendly and to suggest appropriate barrier free housing designs and alternate models. While considering the needs of the elders, we must take in to account the following basic facilities required in housing:

- ❖ Designing of the staircase
- ❖ Bath rooms
- ❖ Location of the cupboard
- ❖ Colour of switches
- ❖ Lighting of the rooms
- ❖ Traffic crossing
- ❖ Reservation in public transport
- ❖ Safety and security of the elders
- ❖ Safe balcony
- ❖ Good ventilation
- ❖ Special helpline for distress calls
- ❖ Redressing property disputes among children and relatives
- ❖ Malnutrition, verbal and physical abuse, threat, insecurity, isolation etc.

Suggestions

The following viable measures may reduce the day to day problems faced by the elders:

- ❖ State Government should be advised to follow the Urban planning policy byelaws for the construction of the buildings. The town and country planning organisations may layout the buildings according to the byelaws and the enire space of the building should be barrier free/disabled friendly and the elderly should be allotted the accommodation on the ground floor so that they can have free access to the garden, market place or any open space.
- ❖ CPWD, PWD and other organisations should be sensitive to the Senior Citizens while considering the construction layout.
- ❖ Singly Window Clearance for elderly must be ensured by the State Government. So that elderly can access information freely.
- ❖ There should be specific plans for Group housing for senior citizens.
- ❖ The residence and offices should be user friendly for elderly, special attention should be given to the layout plan of the house-kitchen, toilets, staircase, balconies, corridors etc.
- ❖ Technical and scientific input for a barrier free planning of house such as the standardized floor levels, easy access from living room to be panned nearer the bedrooms and living areas and proper lighting arrangements to improve the visual equity.
- ❖ Non-inflammable and non-toxic paint should be used while finishing a new built house.
- ❖ Provisions to be made in designing ramps, parking space, textured grooved surface, space in the corridors accessible for a wheel chair.
- ❖ The builders to be sensitized regarding barrier free access for elderly while constructing the building and it should be cost effective and should adopt some general guidelines.
- ❖ Active, creative and productive life to be provided to the elderly.
- ❖ Provision for lifts in the buildings where elderly may be living on upper floors.

❖ Common byelaws to be incorporated by State and central government.
❖ The documents and guidelines to be made available for the standardized, cost effective, barrier free housing for elderly.

The Need:

❖ Popularizing the above concepts among the general population
❖ Population is the above concepts among the builders and
❖ To keep minimum standard needs of the elderly.
❖ To keep minimum standard in thousand needs of the elderly.
❖ Train the elders to need the search environment
❖ Propagate the knowledge about maintenance and welfare of parents and senior citizen act, 2007.
❖ Provision for at least one old age in every district.

It is estimated that one third of Indian population consist of aged population. Indian standard of life and expectancy is on the increase. Due to urbanization joint family systems are breaking in to nuclear family systems. Thus, the elders needs social, economical and emotional security. Today child tomorrow's adult and today's adult and aged. Every human being needs and care from cradle to grave.

UNIT – V INFORMAL NETWORKS

Structure

5.1. Introduction

5.2. Informal Networks

5.3. The informal/formal care distinction

5.4. The Growing Interest in Informal Care of the Elderly

5.5. Characteristics of Informal Supporters

5.6. Family and Kinship Ties

5.7. Friendships and Neighborhood Ties

5.1. Introduction

Whether the individual intention to provide informal care results in the actual provision of care is facilitated or restricted by contextual factors, in particular, the presence of other types of helpers in family, the larger social network and the community. On the individual level, the presence of other (potential) caregivers may impact on caregiving via individual dispositions (e.g. normative pressure) or via the opportunity structure of the care network (e.g. community care or technology). Depending on the context, the presence of other helpers may have a positive effect (indicating complementarity) or a negative effect (indicating substitution) on caregiving. On a network level, both structural and normative aspects of the social context may underlie substitution and complementarity within one level (e.g. the family), but also between two or more levels (e.g. family versus community).

5.2. Informal Networks

A society as large and complex as India needs to explore the contemporary society to work out an extensive plan for the care and well-being of the elderly. The plan would vary from those in the more developed countries due to the different stages of urbanisation and differences in the cultural and familial systems in India. The diversity that has emerged in the ageing process necessitates that research efforts focus on different ageing issues in society. This in turn is expected to promote the development of effective age-related policies and programmes. The heterogeneity among the elderly population cannot and should not be ignored, while framing various models of care for the elderly in our society.

Informal care refers to the care given to dependent persons, such as the sick and elderly, outside the framework of organized, paid, professional work. Attention to the importance of informal care has increased with the adoption of community care policies which place increasing reliance on care provided by family, relatives, and friends, often women.

5.3. The informal/formal care distinction

Long term care is received in many different settings, and is carried out by a wide range of carers ranging from medical professionals' to formal' (paid) carers to informal' or family carers (who in most cases are not paid). Informal care can also be referred to as family or unpaid care,

denoting the fact that it is delivered by family members, neighbours or friends, typically in the recipient's or carer's home, usually without any financial recompense. Formal or paid care, on the other hand, can be provided either in the community (in the older person's home or in a public community setting such as a daycare centre) or in a residential institution. A complex care mix exists in many countries that have both formal and informal care services operating in parallel (of course, many countries continue to rely exclusively, or almost exclusively, on informal care and have not developed the formal care services sector). However, in country like India mostly aged are given informal care and the roots of formal care have not spread their tentacles yet because 67% of the population reside in rural areas where we stick to the tradition of taking care of our elders either to avoid sarcasm or as a part of respect and obligation. For social and familial relations of the elderly, there appears to be a steady change in care-giving from the traditionally secure joint family care of the elderly to extended family care in which care by adult children forms a major part. Scholars cite that if the present trend continues, there will likely be a decrease in elder care by adult children in the future, which will create more demand for old-age homes. India is at a crossroads and has to decide whether to go the family care way or the institutional/community care way.

5.4. The Growing Interest in Informal Care of the Elderly

In recent years, policymakers and service planners have become more interested in finding ways to support informal care providers, for several reasons:

• Most of the care for the elderly is provided by informal caregivers, most of whom are family. Studies conducted in India and elsewhere among disabled elderly reveal that informal care has remained extensive despite the accelerated development of the formal service system. Informal support is provided in a range of areas, such as activities of daily living (ADL, e.g., washing and dressing); household management (IADL; e.g., preparing meals and shopping); and emotional and social support. Moreover, family members now often provide support in areas that were, until recently, the domain of professional caregivers. For example, due to the shortening of hospital stays, families now care for the elderly during their convalescence from an acute illness, sometimes even when the elderly still require acute treatment. Furthermore, as life expectancy increases, care providers are increasingly called upon to confront end-of-life care at home. The care provided by informal caregivers has thus become more complex, requiring them to have understanding, knowledge and skills in a broad range of areas.

• Recent demographic, epidemiological and social changes also challenge the informal care system. For example, the aging of the population, changes in family structure, and the entry of increasing numbers of women into the labor market all affect the ability of a family to cope with the aging of a relative. In addition, for the first time in history, due to rising life expectancy and dropping birth rates, the average married couple may have more parents than children. While family care of sick and disabled relatives is by no means a new phenomenon, and has indeed typified most societies throughout history, it is now being provided for longer periods.

Furthermore, it is increasingly likely that most individuals will at some time play the role of caregiver; thus, caring for disabled and sick elderly relatives is relevant to all.

• There is consensus that extensive informal help enables many elderly to remain in the community, thereby postponing or averting institutionalization. Not only do most elderly prefer to remain at home, and most professionals believe that this is important to maintaining their quality of life, but also provision of care at home saves public resources.

• Professional caregivers are increasingly aware of the advantage of training family to provide care (which they are providing in any case), so as to improve its effectiveness and quality.

• Research findings have raised the awareness of professionals to the fact that burnout and the heavy burden on the families may lead to aggressive behaviors toward the elderly and even to physical and mental abuse. To prevent these phenomena, it is necessary to support family caregivers.

• Evidence is increasing of the negative implications of the burden resulting from caregiving on the family. Professionals are becoming more aware that caring for an elderly relative can significantly undermine the quality of life, as well as the physical and mental health, of the caregiver.

• Liebig and Rajan state that for a country like India, the State cannot enter as a major player in elder care in view of the high (prohibitive) cost to the exchequer and the low national priority to elder care. The need to develop models of home or family care may be supplemented by suitably adapting them to a variety of respite services while at the same time suitably adapting them to Indian conditions (Phoebe S. Liebig and IrudayaRajan, 2005). For these reasons, policymakers, service planners and professionals view informal care of the elderly as extremely important, and wish to preserve it as a social resource.

5.5. Characteristics of Informal Supporters

As noted, the system of informal support for the elderly is composed primarily of relatives. Even when the family is a large one, one member usually takes on more responsibility than the others. Most of the literature focuses on this person, known as the "primary caregiver". An examination of primary caregivers in India shows diversity in their characteristics and needs.

• In most cases, the primary caregiver is either the spouse or a child of the elderly person.

• Most primary caregivers live with, or in proximity to, their elderly relative.

• Most (two-thirds) primary caregivers are women.

• Caregivers' health affects the level of support they can provide and their ability to cope with burden and stress. It should be noted that caregiving itself may adversely affect health.

Another key issue refers to the changing structure and function of the family and its implication for the elderly in the family. A growing concern pertaining to the problem of ageing in India is the changing family and kinship bonds. The family and kinship bonds, which offered social security for the care of the old have gradually weakened over the past decades under the pressures of industrialization, urbanization, modernization, and value change (Dak, 1997). In traditional agrarian Indian culture, elders were revered and respected in the society and old age was not a problem. There were strong social supports and observances with regard to elder care. The elderly not only participated in religious and social activities but also their counsel was highly valued in familial and community matters. Their power and status in the family were reinforced by their rights over the finances and property. Due to rapid social transformations in the society, the traditional joint family system has been dwindling fast and showing signs of complete disintegration (Nayar, 1999; Singh, 1997). The growing tendencies towards urbanization and modernization led to the nucleation of the families and promoted individualism and commercialization of the value patterns among younger generations (Jamuna, 1997, 1999). Many elderly parents in rural areas had to stay back in their places with fewer people to care for them. Increase of dual career families is another striking feature of modern tunes. Due to work responsibility outside the home, women, who are the traditional caregivers, may not be able to extend adequate care to the elderly at home. Dak (1997) reported that with advancing age, most elders lose their family headship role and as a result there is a corresponding decline in their status and power in the family. This is true of both elderly women and men. Also, the strong bonds and mutual help that were the hallmarks of traditional joint family have dwindled. This process of change that was initiated sometime ago has steadily gained momentum resulting in serious shrinkage of quality care for the elderly (Jamuna, 1999). In most Indian families it is considered as the duty of the son (the eldest son in particular) to look after aged parents. But due to the host of changes that are taking place in the society and in the family over a period of years this has become difficult. Migration of children, in search of occupational opportunities has put them away from their aged parents. Post-parenting families are also present in India. These are families of husbands and wives living by themselves either due to the death of their children or unwilling aged parents resisting living with their adult children (mainly to keep their self respect, identity and to avoid conflicts with their daughters-in-law). In general, the post-parental and uni-member households are increasing. There are also cases where the elders prefer to live with their daughters (Suryanarayana, 1998).

5.6. Family and Kinship Ties

Historically in Indian culture, respect and regard for parents and elders was the most important value that was inculcated and ingrained in the minds of the children. Traditionally in Hinduism, as prescribed in the smritis, life span of a person is divided into four stages or the ashramas. The first stage is the brahmacharya or the life of a student, the second is the grihasthashrama or the life of the married person as a householder, the third stage is that of vanaprastha where a person slowly gives up his attachment to all objects acquired during grihasthashrama and hands over

his responsibilities to the younger generation and prepares for the final stage of sanyasa, the state of total renouncement of the world and dedication of body and soul to attainment of godly pursuits. The philosophy propelling such division of life being the aim to die divine having born a mortal.

The ancient law giver Manu in his Dharma Sastra ordains that every grihastha has to take care of his parents and elders. Brihaspati said, 'A man may give what remains after the food and clothing of family: the giver (who leaves his family naked and unfed) may taste honey at first but afterwards finds it poison'. According to the Mitakshara, where there may be no property other than what has been self acquired, the only persons whose maintenance out of such property is imperative are aged parents, wife and minor children. Kautilya in his 'Arthashastra', has reproved those who neglect their aged parents and has permitted the village elders to punish those sons who failed to provide care for the aged parents.

The traditional Indian society followed the joint family system. Not only the parents but the extended family of uncles and aunts, grandmothers and grandfathers lived together under the same roof. The son was morally bound to take care of his parents. The practice is still prevalent in India in modern days as we find old parents live with their sons. The most common living arrangement found in India for the elderly has always been living with their families. The family looked after the old, including the widows and the bachelors and spinsters supported the members out of work and generally there was a feeling of togetherness in the family providing safety and security to all members. This tradition assured the elderly of the much needed care and support and fulfilled their physical and emotional needs during their advanced years.

The Indian society of yore emphasised on cohesiveness of the family unit which usually consisted of four or five generations living together without any consideration for the income of any individual member. Income or earning capacity of the member of the family had nothing to do with the respect accorded to and the care exhibited by the family unit. In fact older persons were accorded great respect and reverence by all members of the family unit. Joint family system was unique in that none of the elders were left without care and support especially since some of the elders were not necessarily the parents of the younger generation living together.

 The authority with regard to the joint family was in the hands of elder in the family known as Kartha. Everyone in the family was respectful of the family elder, the patriarch of the family. All decisions regarding the family and its members both economic and social like marriage or acquiring or disposing of property was taken by the patriarch. All the property of the joint family was owned by all the male members of the family and dealt with by the Kartha. There was utmost loyalty and deference to the decisions taken by the patriarch in the family unit. The respect and deference was also exhibited hierarchically with regard to age to all the other members of the family.

In rural societies, families are often more extended than in urbanised societies where the independent nuclear family is predominant. But with the advent of modernisation, propelled by the phenomenon of industrialisation and globalisation, societies are witnessing the trend of people migrating from rural to the urban areas resulting in the waning of the joint family system in the urban areas and a skeletal presence of it in the rural areas. Industrialisation, urbanisation and globalisation have changed the way of life and the value systems fostered by the traditional society. It has led to disintegration of the joint family system and hastened the formation of nuclear families. Nuclear families are the norm of the day in the present society. The value system has drastically eroded. The society and its people have increasingly become materialistic. The increase in the number of women going for work in the present scenario also has an impact on the dynamics of family structure in India. The other dimension of such changes in family has been the change of authority in the households from the elders to the younger generation. Career oriented young men and women with a keen sense of independence and individualism have spelt the death knell to the joint family system and have to a great extent caused the marginalisation of the elderly. All these contributing societal factors have played a significant role in denting the support base of the elderly in India who are now in most cases bereft of the care and support of their families. Adding to the woes, it is often found that the urban infrastructure is insufficient to meet the needs of migrating population and the worst affected is the elderly in the urban settings. Poor infrastructural facilities and very little common public space available in the cities unlike the rural areas force the poor to live in slums with poor hygiene and sanitation facilities. The situation is characterised by greater isolation of the elderly in the family. The traditional respect and authority wielded by the elders, the status and care accorded to them by the family are long gone and the elderly are perceived as an economic burden by the younger generation struggling to eke out a living in the commercial society of the present day. Though the most common living arrangement of the elderly in India is still with their families their living conditions and quality of life are dependent on various factors in the family and society.

The other characteristic of the elderly in modern days is the lack of control over their own property which is usually their source of income. Many of the elderly transfer their right and control over property to the younger generation and are left without a source of income. This coupled with loss of decision making authority leads to loss of status and also their self esteem. This is perceived both among women and men. The fast disappearing family support is slowly bringing forth the scenario of the elderly either living alone or with a spouse. This brings the pertinent issue of care and support to the elderly into focus especially those who are weak and not of good health and therefore are dependent on others for care and support. To substitute for the lack of care from the family the elderly are forced to look for service providers outside their homes. In India the institutionalisation of elders is yet to become a suitable alternative. One reason being the sheer lack of enough such specialised institutions and the other being the affordability of decent and suitable accommodation by the masses. Therefore the preference of living arrangements of elderly is with their own families. The other reason for such preference among the elderly

is the perception of loss of freedom of movement and moving away from the familiar social circle.

The traditional norms and values of Indian society laid stress on to show respect and provide care for the elderly. In past, the older members of the family were normally taken care of in the family itself. The common joint family and social networks provided an appropriate environment for the elderly to spend their lives. Advents of modernization, industrialization, urbanization, occupational differentiation, education, and 'growth of individual' philosophy have eroded the traditional family values that vested authority with elderly. These have led to defiance and decline of respect for elders among members of younger generation. Family support and care of the elderly are unlikely to disappear in the near future, family care of the elderly looks likely to decrease as India develops economically and modernizes in other respects. Rapid growth in the number of older population presents issues that must be addressed to proceed effectively. In spite of several economic and social problems, the younger generation generally looks after their elderly relatives. Though the young generation takes care of their elders, never the less, more than 1000 Old Age Homes are run in India. Status of ageing people in India and The reduction in fertility level, reinforced by steady increase in the life expectancy has produced fundamental changes in the age structure of the population, which in turn has lead to the aging population. India had the second largest number of elderly (60+) in the world .India is home to one out of every ten senior citizens of the world. Both the absolute and relative size of the population of the elderly in India will gain strength in future.

The old age will be a permanent and larger proportion of each nation's whole population. Old age populations also have grown because of worldwide improvements in health services, educational status, and economic development. The multifarious dimensions of ageing in India have increased the human longevity has given rise to greater anticipation of health and services necessitating vigorous research in various dimensions of health and disease in old age and innovations in providing social and economic services also the social roles to another and such roles are structured by the social system. According to Bhatia (1983), "age and ageing are equally related to role taking, value orientations and modes of behaviour of a person the expectation of which varies at different age-stages of members of a society". The aged population is affected by various socio-economic and health problems and lifestyle behaviours, especially in rural areas. These problems result from rural-urban migration, urbanization and industrialization, which pave way for the break-down of joint family system, growing loneliness and other related problems in the rural areas. Historically, the joint family system has been considered as a characteristic of Indian life. Under this system, as many as three generations live together at any time in the same dwelling. In earlier period, the eldest male member controlled all economic and social affairs, and the eldest female member manages household matters. The migration, urbanization and westernization have severely affected the value systems in Indian Society.

Previously, the care of old age persons was never been considered as problem in the Indian families. Mostly, old age parents are taken care by their adult sons and their families. In most of these families, the primary caregiver is daughter- in -law. Women, the traditional caregivers in the family, are unable to extent the old age care due to increased educational and vocational opportunities and need to work and earn outside. These factors coupled with the emergence of nuclear family system and modernization increase the number of old-age homes in urban areas. In a social circumstances where family networks continue to be the major source of psycho-social support and deep rooted cultural norms and perception regarding the family, although apparently dwindling in near past, the role of family as the crucial source of support for the old age persons assumes greater significance. Thus effective family support is a key component of the overall well-being of the old age people. Following the traditional living arrangement prevalent in rural India, co-residence of the aged members of the family with their children is common. A fast rise in the aged population adds to the socio-economic challenges in India. Notwithstanding the Indian proverb "old is gold", life for many older people is less than happy and satisfaction. When young people leave their villages for the towns and cities, the old are left to fend for themselves.

In urban areas women work outside home and, as a result, they cease or elude from the traditional care givers for old people. Families are becoming more nuclear. Their function as a social safety net for the old age persons is also eroding fast. The perception of the old as the repository of collective wisdom is also on the wane. Being economically unproductive, they do not have the same authority and prestige as before; older people are perceived as burdens. In industrialized countries, like India, pension systems cover the economic needs of the old. In India, where 90 per cent of the total workforce is employed in the informal sector, social security offered by pension schemes is only available to the 10 per cent retiring from the organized sector. There is a government scheme for destitute persons above the age of 60 years. The amount currently is Rs 1000 a month, which is insufficient to meet the bare necessities of an old age person.

According to a study conducted by Help Age International, only one in five of those eligible receive the benefit. Being illiterate and poor, many are not able to fill in the relevant forms or produce age certificates. The vulnerability among the old age persons is not only due to an increased incidence of illness and disability, but also due to their economic dependency upon their spouses, children and other younger family members. Vulnerability among the old age also depends on their living arrangement since the old age persons are less capable of taking care of themselves compared to younger persons and need the care and support of others in several aspects. The middle classes in India, especially the younger generations, have experienced the greater social mobility in their own lives as compared to their parents. Their children too have a tendency to break away from traditionally defined ways.

Historically, in a modern and rapidly growing section, among who the institution of joint households though strong, in the past, is now becoming weak. It has been under the maximum impact of the ideology of

individualism. It articulates and makes its presence felt in the tends to perceive its problems as those of the entire society.

5.7. Friendships and Neighborhood Ties

Old age is supposed to be the golden age for elderly. During the sunset years, when all their responsibilities as parents are fulfilled and when they are looking forward for adequate care and support from their children, they are deprived of it due to economic, social and psychological factors. Females are in excess over males in old age because of higher life expectancy at birth and also the recent trends in mortality favouring females. When compared to elderly men, women are more vulnerable to the problems associated with old age.

Various problems are faced by the elderly due to the changed attitude of younger generation towards elderly. Society has become more self-centric, materialistic and achievement oriented that elderly are being deprived of their rights. Younger generation considers elderly as a burden on society, but they indeed fail to realize the fact that they are a resource, which can contribute to the wellbeing of the society. Traditional joint family system, which existed in India, always gave respect to elders and their roles were very clear. But the situation has changed now by bringing enormous changes in values, attitudes and life style of people and elderly people has become role less. Subtle expressions of elderly of being isolated and neglected speak a lot to the society. Knowingly or unknowingly society and government has shut their eyes towards the problems faced by the elderly in families. With the advent of industrialization, urbanization and modernization, concept of nuclear families emerged enhancing socio-economic and psychological problems for elderly members. The "We" concept which existed in the traditional joint family system was replaced by "I" concept. This individualistic attitude of people marginalized the elderly from the mainstream of society.

A shift from traditional joint family systems, which was family oriented, to an individual oriented nuclear family system is responsible for changing the status of aged in the family. Since the elderly women are no longer considered as productive, attitude of family members and society towards her becomes unhealthy. Elderly men compared to women have more networking or friendship while majority of elderly women are confined to four walls of the house.

Various problems are associated with old age starting from health related issues (both physical and psychological), economic dependence and mistreatment by family members and outsiders. Those elderly who are alone with no support network are more vulnerable to such issues. People with good networking seem to be more confident and healthy as they nurture a feeling that someone is there for them to rely on. It has a bigger impact on their psychological well-being.

The greatest fear in the elderly to vocalize the problem they face in families is fear of further harassment by their family members. If they have proper support system they can rely upon, they feel protected and speak out. Existence of informal or formal support system itself prevents the family members from mistreating the elderly.

Social isolation has become a common problem among elderly, especially among elderly women. In old age, it is not easy for elderly to reach out to their old friends for support or develop new friendship. This situation makes them more vulnerable to various kinds of age related problems. Studies conducted at various parts of the world reveals that social support has a significant role in promoting well-being of the elderly.

The social support system helps in meeting three major needs of elderly: (i) socialization (ii) carrying out the tasks of daily living (iii) assistance during times of illness or crisis. These authors categorized support system into two – formal and informal. Formal support system is the support provided by the government and other formal organizations in the area of economic, health, education and transportation entitlement. Informal support system is the provision of day to day companionship by friends and neighbours. Both formal and informal support system has significant role in promoting mental and physical health of elderly, thus ensuring their welfare.

The three forms of support system for the elderly are: the informal network, the semiformal support system and formal supports. Informal supports are provided by family and friends; semiformal support refers to the support provided by neighbourhood organizations such as churches or senior citizens centre. Formal supports include financial (social security, supplemental social security) medical as well as social welfare agencies and private fee for-service providers.

With increasing age there is physical deterioration and changes in terms of physiology which makes the elderly susceptible to a number of communicable and non-communicable diseases. Certainly the prevalence of NCDs is way more and requires serious attention. One such non communicable disease or a condition is malnutiriton. Malnutrition was initially considered with regard to not meeting the protein energy requirement of the body; but now it is more than protein energy but now concentrates on undernutrition and overnutrition. Changes in nutrition or Nutrition transition was persistent accompanied by change in the preference of dietary habits. A trend to prefer high calorific diet which is also available at cheaper costs has led to obesity. In case of elderly there is an increase in incidence of obesity. Sedentary lifestyle with less physical activity is another contributing factor to various mortalities among the elderly. The key determinants which determine the nutritional status among the elderly include social factors with change in trends of caregiving and weaker social support. Another factor which hampers their health and nutrition status is social isolation, staying away from the family, infrequent visits by family members, singlehood, destitution all has a negative effect on their health. Stress and worries along with loneliness sometimes cause the elderly to face psychological complications which affects their daily chores. They do not take any interest in their life and neglect taking care of themselves. Change in food habits also make them less likely to adapt to the food thus affecting the dietary intake drastically. With this social environment they develop friendship and bond with neighbors.

UNIT – VI CHANGING FAMILY AND HOUSEHOLD PATTERN

Structure

6.1. Introduction
6.2. Changing family and household Pattern
6.3. Composition
6.4. Role Relationships:
6.5. Living arrangements and emerging needs:

6.1. Introduction

The impact of industrialization, urbanization and modernization, radical changes have taken place in the society, particularly family. The family system is in transition shifting from the traditional extended and joint family system in the pre-industrial period to the modern nuclear family, which is ever increasing. This changing pattern of the family has deleterious effects for the elderly as they are losing prominence in the family system. Even the extended and joint families, particularly from the lower and middle class, are under great economic pressure. The reasons are meager income on one hand and increasing necessities on the other; besides lack of opportunities for employment, thus, making the life of the elderly miserable on account of their neglect by the family members. Migration, of youth is also aggravating the problems of elderly. The elderly parents of the permanent/long-term migrants, who are alone and cannot join their migrant children for one or the other reasons, are facing innumerable problems as there is no one to care because of increasing materialistic outlook of people. In the joint family structure, which prevailed in the in the Indian society, it was the duty and responsibility of the younger members of the family to take care of the aged people but with the passage of time, the joint family system is being replaced by the nuclear family system. In this situation the younger members are not providing care to their aged. They are felt to live on their own and thus a feeling of isolation and separation is engrossing them.

6.2. Changing family and household Pattern

Right from ancient times, family has been the dominating institution both in the life of the individual and in the life of the Indian community. The Indian family is considered strong, stable, close, resilient, and enduring. Historically, the traditional, ideal and desired family in India is the joint family.

Joint family ideally consists of three or four patrilineal related generations, all living under one roof, working, worshiping, eating, and cooperating together in communally beneficial social and economic activities. Patrilineal joint families include men related through the male line, along with their wives and children. The young married women live with their husband's relatives after marriage, but they retain important bonds with their natal families as well. Usually, the oldest male member is the head in the joint Indian family system. He mostly makes all important

decisions and rules, and other family members are likely to abide by them. The family supports the old; takes care of widows, never-married adults, and the disabled; assists during periods of unemployment; and provides security and a sense of support and togetherness. The joint family has always been the preferred family type in the Indian culture.

With urbanisation, economic development and western influence, India has witnessed a break up of traditional joint family into more nuclear-like families, much like population trends in other parts of the world. The traditional large joint family in India, in the 1990s, accounted for a small percent of Indian households, and on average had lower per capita household income. Joint family still persists in some areas and in certain conditions, in part due to cultural traditions and in part due to practical factors.

In recent years, India's largest cities have grown at twice the rate of its small towns and villages, with many of the increases due to rural-urban migration. Now a days, many Indians, especially in cities live in nuclear families a couple with their unmarried childrenbut belong to strong networks of beneficial kinship ties. Often, clusters of relatives live as neighbors, responding readily to their kinship obligations.

The Indian family is by and large patriarchal in structure. In a patriarchal family set up, all male members, that is, husband, elder brother and father, perform duties like decision making for the rest of the family, and their physical and moral protection. This patriarchal set up is changing slowly towards equalitarian interaction among the educated, urban middle classes, and also among some rural set ups.

Unfortunately in India, still male children are desired more than female children and on average, they are given special privileges. Male children are raised to be assertive, less tolerant, independent, self-reliant, demanding, and domineering. Females, in contrast, are socialized from an early age to be self-sacrificing, docile, accommodating, nurturing, altruistic, adaptive, tolerant, and religious, and to value family above all. Sex and sexuality issues are not openly discussed, sex education is not readily available, interrelationships with the opposite sex are discouraged, and premarital sex is frowned upon. In the traditional Indian family, communication between parents and children tends to be onesided. Children are expected to listen, respect, and obey their parents.

During Vedic period, Indian women who once enjoyed equal status with men in all aspects of life, lost their position and dignity in medieval period, after the Muslim conquest in the Indian subcontinent who brought purdah to Indian society. Things are changing rapidly in modern India. The status of women in India has been subject to many great changes over the past few millennia. Women's rights are secured under the Constitution of India — mainly, equality, dignity, and freedom from discrimination; further, India has various statutes governing the rights of women.

The elderly in India are generally obeyed, revered, and treated with respect and dignity by family and community members. Old age is a time when a person is expected to relax, enjoy solitude, retirement, pray, enjoy spending time with the grandchildren, and not worry about running the

household or about finances because the oldest son is now in charge of the finances and family matters, and the oldest daughter-in-law is generally running the household. In most instances, the elderly care for their grandchildren and assist with cooking and household chores. Even adult children continue to consult their parents on most of the important aspects of life.

In spite of urbanization and industrialization in the contemporary Indian society, the family institution continues to play a central role in the lives of people.

6.3. Composition

The Indian family has been a dominant institution in the life of the individual and in the life of the community. For the Hindu family, extended family and kinship ties are of utmost importance. In India, families adhere to a patriarchal ideology, follow the patrilineal rule of descent, are patrilocal, have familialistic value orientations, and endorse traditional gender role preferences. The Indian family is considered strong, stable, close, resilient, and enduring. Historically, the traditional, ideal and desired family in India is the joint family. A joint family includes kinsmen, and generally includes three to four living generations, including uncles, aunts, nieces, nephews, and grandparents living together in the same household. It is a group composed of a number of family units living in separate rooms of the same house. These members eat the food cooked at one hearth, share a common income, common property, are related to one another through kinship ties, and worship the same idols. The family supports the old; takes care of widows, never-married adults, and the disabled; assists during periods of unemployment; and provides security and a sense of support and togetherness. The joint family has always been the preferred family type in the Indian culture, and most Indians at some point in their lives have participated in joint family living. The beauty about the Indian culture lies in its age-long prevailing tradition of the joint family system. It's a system under which even extended members of a family like one's parents, children, the children's spouses and their offspring, etc. live together. The elder-most, usually the male member is the head in the joint Indian family system who makes all important decisions and rules, whereas other family members abide by it dutifully with full respect. A major factor that keeps all members, big and small, united in love and peace in a joint family system in India is the importance attached to protocol. This feature is very unique to Indian families and very special. Manners like respecting elders, touching their feet as a sign of respect, speaking in a dignified manner, taking elders' advice prior taking important decisions, etc. is something that Indian parents take care to inculcate in their kids from very beginning. The head of the family responds by caring and treating each member of the family the same. The intention behind the formation of any social unit will fail to serve its purpose if discipline is lacking and the same applies to the joint family system as well. Due to this reason, discipline is another factor given utmost importance in the joint family system in India. As a rule, it's the say of the family head that prevails upon others. Incase of any disagreement, the matter is diligently sorted out by taking suggestions from other adult members. One usually also has to follow fixed timings for

returning home, eating, etc. The reason why Indians are proving to emerge as a prosperous lot globally, many researches claim, is because of the significance they attach to the joint family system. All working cohesively to solve a problem faced by any one or more members of the joint family, is what works magic in keeping one tension-free, happy and contended even in today's highly competitive environment. An Indian may be a top corporate honcho or a great sportsperson or a movie actor and so on in a particular professional field, but all these accomplishments relegate to the backseat when at home. The process of industrialisation and the consequent urbanisation and commercialisation have had drastic impacts on the family. Migration to urban areas, growth of slums, change from caste oriented and hereditary occupations to new patterns of employment offered by a technological revolution, the cut-throat competition for economic survival and many other economic changes have left their impact on the family. Briefly speaking, these changes in the socio-economic-political-cultural milieu of our society have led to changes in the structures, functions, roles, relationships and values of the family. In the context of the changes in the economic system more and more members of the family are moving away from the larger family circle and living as individuals or members of a nuclear unit in urban areas. The patterns or loyalties, obligations and expectations have changed. The cases of the child and the aged in particular have become a problem for many due to structural changes in the family.

6.4. Role Relationships:

Older people tend to play a role in supporting and maintaining informal social networks, which in turn bind communities and families together. Older people are said to be net providers (up to the age of 75 years old). This is due to the fact that they provide childcare, financial, practical and emotional assistance to family members including helping people outside the household with the tasks of daily living.

Grandparents now play an important social role in a time where people tend to have more living parents than children. This benefits grandparents directly whom find that this is an important aspect of their lives and makes them feel fulfilled. Not only does it benefit the grandparents, but also their grandchildren considerably.

The socialization function of the family has been sustained by the inclusion of grandparents in the household. During the process of socialization, Indian grandparents teach their grandchildren practical abilities and provide them with information about their family and their past.They also provide them with care and support, and act as role models and sources of ideas and reflection about human life. As agents of their grandchildren's socialization, grandparents are significant and contribute to their cognitive, moral and socio-affective development. This creates a close relationship between children's development and the roles played by their grandparents within the web of family relationships. It is been seen in the Indian culture that advice, education and reflection are more frequently attributed to grandfathers while affectionate relationships and care are attributed to grandmothers. Grandmothers also tend to be more involved and intimate

and act as substitute mothers when needed. Regarding developmental stage, while the grandchild is young, the grandparents' main roles are helping with his or her care, developing play behaviors, and stimulating them cognitively and emotionally, thus contributing to their affective, cognitive and social development. But as the child grows, grandparents lend new focus to this interaction such as giving them company, advice, being supportive in parent-child relationships, helping when they need it, and mediating any conflicts with the parents. The grandparent role, then, may serve the function of friendship, companionship and solidarity. In the Indian culture many children see their best friends in there grandparents and can express themselves without any fear of judgment and scolding from them. Such relationship between grandparents and grandchildren in our culture helps in n number of ways. Some of which are:

• Provide an opportunity for both to learn new skills
• Give the child and the older adult a sense of purpose
• Help children to understand and later accept their own aging
• Invigorate and energize older adults
• Help reduce the likelihood of depression in the elderly
• Reduce the isolation of older adults
• Fill a void for children whose parents are working
• Help keep family stories and history alive
• Helping in inculcating family values
• Giving them company, advice, being supportive in parent-child relationships, helping when they need it, and mediating any conflicts with the parents.
• Serve the function of friendship, companionship and solidarity.
• Explain them the importance of values like honestly, solidarity, togetherness, helping behavior with the help of moral stories and by playing role models.
• Making them aware of all the rituals and cultural heritage of India and its past.
• Imbibing in them a sense of proud of being a part of such a diverse cultural heritage.
•Bringing them close to their land by reciting folk songs and telling its meaning and importance in their lives.
• Try to bring in their interest in very small but very peaceful activities like planting seeds, bird watching, walking on grass etc
• Grandchildren on the other hand try to make their grandparents more aware of the recent technology and its usefulness.

6.5. Living arrangements and emerging needs:

Living arrangement of senior citizens in India is of increasing concern in view of the expanding cohort of older ages resulting from increasing longevity. Moreover, with the rapid decline in fertility, there is substantial reduction in the number of children to take care of the elderly. The increasing number of the elderly has been of concern in the developed world for many years, both from the individual and social policy perspectives and for effectively responding to the increasing costs of providing care. In developing countries like India, where social pensions are meager and access to health insurance is still very limited, the traditional support systems from family and community becomes important

to uphold the Indian tradition of respect and care of the elderly. As a result, elderly members of the family have normally been taken care of within the family itself. The family and social networks provided an appropriate environment in which the elderly spent their lives, engaging in religious activities, participating in the rearing of grandchildren, and following other pursuits. This way, the institution of family fulfilled the needs of the elderly in providing social, psychological and economic security. In addition, the family took care of the physical welfare as well as the psychological wellbeing of the older family members, and in turn, the elderly contributed by dispensing their acquired wisdom and prudence, distributing their wealth and belongings, and maintaining family harmony resulting in symbiosis and reciprocity. The most crucial aspect of living arrangements of the elderly is co-residence with adult children in extended families or multi-generational households, where kin provide income, personal care and emotional support to the elderly. Scholars and policy makers working in this area view the living arrangements of the elderly as a measure of their wellbeing. It has been a common assumption that co-residence with children and grandchildren in multi-generational households benefit the elderly, and that the elderly who live with at least one adult child are better off and better provided for than those who live alone or with non- relatives. Thus, Cogwill (1986) concludes that co-residence of the elderly and young has been in the spirit of —life time reciprocity. Though co-residence is an important criterion for the well-being of the elderly, Chan (1997) and IrudayaRajan et al (1999) argue that it may not always ensure a healthy relationship between successive generations and economic, emotional, and social support from the younger generation can still be provided even without co-residence. However, they believe that the level of social and economic development becomes an important determining factor. Further, it is said the co-residence does not always indicate flow of support from the younger to the older generation; co-residence may also imply child-care or help in household chores by the elderly. The Indian economy, demography and society are in a major transition. The economic development gains are not equitably shared across different geographical regions and sections of the society. These social and economic changes have brought in cultural changes as well as changes in individual characteristics. With the demographic transition under way, there are only a few children to take care of the elderly. They are now more educated, mobile, aspire for a higher standard of living, and as such, changes in their individual behaviour and attitude are observed. These, in turn, are expected to bring changes in the living arrangements of the elderly with implications for their well-being. In terms of interaction and familial support, there are interesting patterns of Note, that elders in urban areas do not have familial support by means of communication and meeting is not surprising, given that support networks tend to be stronger in rural areas. Female children have differential patterns of familial support than male children, with females indulging in more by way of communication and meeting, while male children are more likely to assist monetarily. Health and functionality are important indicators of interaction: those in worse health are more likely to receive monetary support, while those in better health are more likely to send transfers to their children. Pensions do not seem to protect elderly in terms of living arrangements, instead, compound familial support: elderly who receive pensions are also

more likely to receive monetary support from their children. This could also mean that these are the most vulnerable elderly who need both public and private transfers. Interaction terms in the multivariate models are needed. It is possible then, that India is moving toward a more western system of living arrangement, where highly educated, functional elderly in good health are more likely to live independently of familial structures by choice rather than compulsion. There is however the fact that widows and women are the most vulnerable of the survey group, who need better safety nets by way of governmental schemes behind the backdrop of changing household structures in India.

The term living arrangement; is used to refer to one's household structure living arrangements in terms of the type of family in which the elderly live, the place they stay and the people they stay with, the kind of relationship, they maintain with their kith and kin and, on the whole, the extent to which they adjust to the changing environment. Living arrangement is an important component in dealing the welfare of any specific group.

Living arrangements of older people are influenced by several factors such as gender, health status, and presence of disability, socio-economic status and societal traditions. Generations of older Indians have found shelter in the extended family system during crises, be these social, economic or psychological. However, the traditional family is fast disappearing, even in rural areas. With urbanization, families are becoming nuclear, smaller and are not always capable of caring for older relatives. Yet, in India, older people are still cared for by their families. Living in old age homes is neither popular nor feasible. Allowing parents to live in old age homes draws criticism from the family network and society at large. There is strong cultural pressure to look after the parents in the family.

Physical composition of families' affects the living arrangement of the old and it exerts and important influence in maintenance of quality of life of the elderly. No doubt, it is an important determinant of mental health in old age. Living arrangements determine the social network and social support a person enjoys. The type of intergenerational interactions, the flow of resources and help from one person to another depends on where and with whom people live. In traditional India, joint family was the norm and older persons invariably lived with their sons' families, which is still the most common and favoured type of living arrangement for elderly in India. But people have never lived this long. As a result of rapid urbanization and people living longer, changes in family composition are inevitable.

The population of living arrangements in India as per the NSS 60th round reveals the pattern of the current co-residence among the Indian the elderly the elderly by sex and place of residence. Interstingly, only 2.9 per cent of the elderly live alone and another 1.26 per cent with others relatives or non-relatives. More the elderly women (4.07%) live alone than to the elderly men (1.77%). In other words, only 4 per cent of the elderly in India are living in a household where their immediate relatives are not present. Another 7 per cent of the elderly live with their spouses alone, possibly as their children might have migrated. A little over half the elderly (51%) live with their spouses. Own children and their spouses are no more. Thus only

two categories, namely those who live with children and grand children but without spouse, are predominant among the Indian the elderly. Though much disparity is not noticed between the rural and the urban households in this respect, the differences are pronounced as between men and women.

India is a country with an ancient culture and a hoary tradition where elderly enjoyed a respectable place in the society. Old age and wisdom were considered synonymous in the traditional agrarian Indian culture. Joint families with common land holdings were abundant in rural areas. Elder care was never a problem. But in the last five to six decades the fast pace of modernization that has been taking place has seriously affected the status that the elderly enjoyed hitherto. The India of today can be characterized as a typical developing country. Compared to many other countries in the world, India has a low per capita income with more than a fourth of the population under the poverty line, a low standard of living, low literacy rates, poor status of women, a high birth rate and infant mortality, and inadequate standards of health and hygiene. The silver lining to all these is the rich cultural heritage that respects age and deems elder care as an obligation on the part of adult children an observation that the recently released National Policy for the Elderly in India is trying to capitalize on.

According to the NSSO Report (1991), living with one's own children is common for many elderly followed by living with their spouse. The report shows that both in the rural and urban areas living alone is less common for the elderly women and co-residence with adult married children is more common. But, many elderly widows were living in smaller households compared to the non widowed elderly women. Widowed women were vulnerable and were suffering from greater economic and social dependency. The poor economic status of many of the families was a deterrent factor to good caregiving by adult children.

Living arrangements trends of declining fertility and mortality rates help to explain profound changes in the size and composition of the nuclear family associated to the decreasing importance of extended families in many parts of the world. Rapid migration from rural to urban areas, mainly as a result of industrialization processes, has been a contributing factor to the decreasing importance of the extended family. More recently, large flows of international migrants have further contributed to this trend. In addition, increasing educational attainment has been found to have an impact on fertility levels and on the composition of the family. The living arrangements of older persons are determined by cultural norms regarding co-residence and inter-generational ties and familial support. In countries or regions which have an aged population, older persons have relatively fewer children and grandchildren than in countries which have a youthful population. Partly because of this situation, older persons in more aged populations are more likely to live independently, that is, either alone or with a spouse only. The longer life spans associated with ageing populations open opportunities for more complex intergenerational living arrangements, such as three or even four generation households in some countries (United Nations, 2005). Other cultural and social factors, such as late marriage and an increase in singleness and divorce rates, also influence the size and structure of families. These reflect important changes in values

and lifestyles in countries around the world. Age at first marriage has increased in all regions of the world during the last 30 years (United Nations, 2000) and divorce rates increased significantly in most countries. The emancipation of women, including their more active participation in labour markets and increased control over reproductive behavior through modern contraceptives, has been an important factor in the lowering of fertility rates. In developed countries, childlessness has become a widespread phenomenon. In the western part of Germany, for instance, one third of all men and women born after 1960 are expected to remain childless (Dorbritzand Schwarz, 1996). The majority of older persons in all countries continue to live in their own homes and communities, a phenomenon that is sometimes referred to as "ageing in place".

- In the developed world the largest proportion of older people lives with a spouse in a single-generation household (43 per cent) and another 25 per cent live alone. Older persons in developed countries are more likely to live in non-familial residential settings, but overall only a small proportion of older people in all countries live in centers of institutional care.

- Living independently is rare among older people in developing countries, but is the dominant living arrangement in developed countries.

- In the developing world, the large majority of older persons continue to live in multigenerational households, most of them with their children and grandchildren, and some also with other adults. Only 13 per cent of older people live with a spouse and a very small proportion (7 per cent) live alone. In these countries where older persons have limited resources to sustain themselves and rely heavily on support from children, living independently, especially alone, could be a disadvantage or even an indication of neglect.

- In societies where older persons have sufficient economic resources, including public pensions and asset income, living independently tends to be a sign of economic self-sufficiency and higher standards of living.

- At the world level, 40 per cent of the world's older population lives independently, with no significant difference by sex A key issue on older persons who do not live independently is the nature of the co-residence. Is the older person living in the household of others or are the other household members living in the home of the older person? This question is relevant because it reflects the status of the older person in the household, who may either be the person controlling the resources and making the decisions, or a dependent person who is subordinated to others. An indirect way of addressing this question is by examining who is the reported household head in the survey or census. The available data show that

- A large majority of older persons not living independently, specifically, 85 per cent of older men and 69 per cent of older women are household heads or their spouse is the household head.

- In other words, only 15 per cent of older men and 31 per cent of older women live in households in which neither themselves nor their spouses are the head of the household. These figures can be

taken as an indicator of the proportion of older persons in a subordinatedposition within the household hierarchy.

- Subordination is far more prevalent among women 45 per cent of older females are subordinated, compared to only 13 per cent of males.
- Subordination is much larger in the less developed regions than in the more developed regions.

Currently, in urban areas, women have started working outside the home. Women were the traditional careers for old people. Women's labour force participation has reduced the number of workers available to care for their elderly relatives. Where people live in their later years will make a significant difference to the quality of their living. Availability of careers in case of illness, disability, emergencies, depends on living arrangements. Living with a married daughter's family is a less preferred alternative.

In recent years, in large cities relatively well-to-do people are considering living in special condominiums built for older people. In metropolitan cities, senior housing projects with medical and recreational facilities are being promoted by construction companies. Integrated housing schemes where older people can live in their own apartments in a building complex that also houses orphanage, hospital, bank and other services, are also being introduced. The South Indian states of Kerala and Tamil Nadu have together 57% of all old age homes. These states have witnessed emigration of young people in large numbers toMiddle Eastern and Gulf countries. People are now more affluent but have no one to care for them.

BLOCK III: INTERGENERATIONAL RELATIONSHIPS AND FORMAL NETWORKS
UNIT – VII INTERGENERATIONAL RELATIONSHIPS

Structure
7.1. Introduction
7.2. Intergenerational Relationships
7.3. Filial Responsibility
7.4. Relationships between Grandparents and Grandchildren's
7.5. Types of Reciprocity

7.1. Introduction

In India, Intergenerational relations are represented by the works of Sinha, 1972; Gangrade, 1975; Rath, 1971; where they have tried to understand the phenomena of generation gap with the differences on values and attitudes between generations. Rath (1971) in his study found the older generation to have a positive attitude towards religion and negative attitude towards science whereas for the younger generation it is vice-versa. The younger and older generations differ significantly on the meaning given to god and religion (Mishra and Prasad, 1978). Younger and older peoples' perceptions towards old age reveal a pre-dominance of negative attitudes and beliefs indicating minority group position for the older people. Though differences were not only in matter of attitudes, other factors like future, financial insecurity, perception of the problem, role activity and status of elderly in the family too lead to conflict in the relationships Besides, the literature also suggests that if the generations shared values norms and cultural traditions, i.e. (manifestations of shared values & norms). Grandparents provide care to grand children in financial constraints, grandmothers help bring up the grandchildren, they had higher social adjustment and were willing to take up child care activity, and such elderly who participate in family processes and society experience Solidarity type of relationship and satisfaction. Beside this another aspect of the study is to see the interaction pattern generational relations and role of demographic variable like location (rural/urban), education on Intergenerational relations. The study of intergenerational support it was found that intergenerational support is less common in urban areas than rural locations. Intergenerational gap was more pronounced in urban families between older and younger generation than in the rural families In context of education, Vermani and Sharma (1979) found that younger generation carries negative attitudes towards older generation. These negative attitudes are further strengthened among young generation respondent because they have higher level of education, thus negative attitudes towards the older generation increase with increasing education levels. However, Bhingradiya & Kamala (1997) contend that Education and modernization reduce the intergenerational problem within the rural family.

7.2. Intergenerational Relationships

Intergenerational transmission is one dimension of the larger concept of intergenerational relations. The term intergenerational relations describes a wide range of patterns of interaction among individuals in different generations of a family: for example, between those in older generations, such as parents and grandparents, aunt, uncles, and those in younger generations, such as children and grandchildren, nieces and nephews. The term is also frequently used to describe behaviors involving older and younger people in society at large, even if they are unrelated to one another. For example, media accounts describe potential issues between the attitudes and behaviors of older members of the baby boom generation and younger generation Xers.

In the context of family lives, intergenerational transmission refers to the movement, passage, or exchange of some good or service between one generation and another. What is transmitted may be intangible and include beliefs, norms, values, attitudes, and behaviors specific to that family, or that reflect sociocultural, religious, and ethnically relevant practices and beliefs. Intergenerational transmission can, however, also include the provision of resources and services or assistance by one generation to another. One example of this, illustrated by Barry McPherson (1998) is the issue of transferring the ownership and operation of the family farm from one generation to the next.

Family roles may also be transmitted from generation to generation. For example, Carolyn Rosenthal (1985) describes the roles of headship, kin keeper, confidante, and financial adviser as roles within families. This work documents how not only are these roles in themselves mechanisms for the transmission of information, advice, beliefs, values, and resources between generations, but that the roles are passed through the generations, in a form of generational succession. Rosenthal and Victor Marshall (1988) also examine the intergenerational transmission of ritual in families in a study across three generations of Canadian families.

The concept of intergenerational transmission is also used by social scientists who conduct research on family violence. For example, Ann Duffy and Julianne Momirov (2000) utilize the concept of intergenerational transmission to explain the social learning of violence within families. In this context, intergenerational transmission refers to the socialization and social learning that helps to explain the ways in which children growing up in a violent family learn violent roles and, subsequently, may play out the roles of victim or victimizer in their own adult families.

Family researchers have also studied the intergenerational transmission of difficult life course transitions like marital dissolution or divorce. In particular, studies in the United States have found that parental divorce increases the likelihood that adult children will experience separation or divorce (Glenn and Kramer 1987; Keith and Finlay 1988; Amato 1996). Even when factors such as the socioeconomic status of both parents and children are controlled for, Nicholas Wolfinger (2000) concludes that the children of parents who have had more than one

marriage tend to replicate these patterns of marital instability. Multiple family structure transitions have a negative effect on children; that is, the experience of numerous parental relationship transitions is likely to result in the reproduction of these behaviors by adult children.

The scope for intergenerational interactions and expression of affection was high in the traditional joint family. The changing family pattern is reducing the chances for such interactions and is promoting an individualistic orientation and commercialized transactions among the younger generations. This sort of generation gap contributes significantly to the increased feelings of alienation and loneliness among the elderly (Jamuna, 1996). In the Indian context, an important kinship interaction is between mothers-in-law and daughters-in-law. The prejudice and stigmatized interperceptions between them significantly affect the quality of interpersonal interaction and care. This relationship partly depends upon how the mother-in-law treats the daughter-in-law when she joins the family and the following years. If the mother-in-law is less authoritarian, considerate and understanding towards the daughter-in-law and appreciates her service then the relationship between them and the quality of care given by the daughter-in-law is comparatively better than what it would have been otherwise (Jamuna, 1991, 1995, 1999; Ramamurti et al., 1992). Added to this is the increasing participation of women in the labour force, which reduces the time and effort available on the part of the daughter in-law in caring for her aged in-laws (Jamuna, 1993, 1995, 1999).The studies on the status of the elderly among tribal families indicate that the aged are comparatively more secure and kinship ties are strong in these families (Suryanarayana, 1998). The status of the elderly is very much dependent on how different generations (especially the young generations who are the careers) view the aged and their problems. Effects of modernization and recent socioeconomic transformations has brought a significant shift in the evaluative perceptions with regard to certain important issues of elder care. Comparing the views of the younger generation in 1984 and 1994 (Jamuna, 1997), it was found that less number of younger people in 1994 viewed caregiving as the duty of sons. Compared to 1984, in 1994 larger proportions of the young, the middle aged and the elderly considered Old Age Homes as alternative options for the care of the elderly and particularly the disabled among them. Majority of the middle aged and the elderly in 1994 (compared to 1984) viewed the spouse rather than the children as the primary caregiver. The shift in the attitude was greatest in the younger generationers who evidently were more susceptible to the influences of modernization and lifestyle changes (Jamuna, 1997). As the middle aged got closer to old age, they were better able to empathize the problems of the aged, when compared to the younger generations. Studies on intergenerational preferences or distance showed that rural elderly prefer to involve their children and grandchildren in various types of social interactions more than the urban people. Data showed that the intergenerational distance in interactions was largely due to differences in interests more than differences in values between the generations (Reddy, 1985). It was also noticed that the size (number of persons in a social network) and quality of social support networks was reduced among rural and urban elderly of today. Thus, the outcomes of modernization, out-migration, and dual career families, brought structural and functional

changes in the family and adversely affected elder care by the members of the extended family.

7.3. Filial Responsibility

Filial responsibility describes the sense of personal obligation or duty that adult children feel for protecting, caring for, and supporting their aging parents (Schorr 1980). Filial responsibility is evident in both attitudes and behaviors of adult children, frequently finding expression in assistance with household tasks and shopping, maintenance of personal contact, provision of affection and emotional support, shared living arrangements, and help in meeting daily needs. Although typically considered aresponse to immediate demands or crises, filial responsibility also entails an important preventative dimension that promotes independence among older adults. As such, the filial adult child empowers older parents by enabling them to perform the tasks that they are capable of doing for themselves, discouraging premature dependence. This aspect of filial responsibility is enacted when adult children help their parents to acquire new skills, seek novel and enriching life experiences, and disregard negative stereotypes about aging, and also allow their parents to speak for themselves, and respect their parents' self-determination in making decisions that affect their own lives (Seelbach 1984).

Care of dependent older persons is a salient issue around the world for a number of reasons. Not only are more people surviving to old age due to improved medical care, but greater numbers are living into older age when the incidence of health impairments rises dramatically, increasing the likelihood of the need for support and assistance. Social changes and family lifestyle transformations (e.g., more working women, fewer multigeneration households, more nuclear families, urbanization) have also altered the family's ability to assist older members. Given the likelihood that more adult children will encounter the privileges and demands of filial responsibilities, Victor Cicirelli (1988) coined the concept of filial anxiety to capture the "state of worry or concern about the anticipated decline and death of an aging parent as well as worry or concern about the ability to meet anticipated caregiving needs, either prior to any caregiving or during the provision of care and in anticipation of further parental decline and additional needs for care" (p. 478). With a rapidly aging population, the question arises: Should the responsibility for care of older dependent family members lie with the family or be provided by society in general?

Many countries have tried to articulate who is responsible for the welfare of dependent family members via the creation of laws. England's Poor Law of 1601 stated that communities were responsible for meeting the needs of the poor elderly, but only after the resources of adult children were exhausted (Schorr 1980). Although the North American colonies adopted the Poor Laws, the statutes were never really tested. The shift from agrarian-based economies, like those in early North America, to primarily industrial economies led to the possibility that elders would no longer be able to ensure their financial well-being through control of the family farm. Thus, industrialization led to increased independence and individualism, as well as greater vulnerability of dependent elders (Bulcroft, Van Leynseele, and Borgatta 1989).

The interface between private and public sectors for the provision of elder care continues to be defined and shaped by the creation and revision of public policy. For instance, the introduction of the Social Security Act in 1935 in the United States represented a critical federal commitment to the needs of older Americans, decreasing aged persons' dependence on family members. In contrast, however, is the fact that thirty states retain varying types of laws attributing legal responsibilities to the family for the care of elder members. For instance, there is a great deal of variation between the statutes of each state (i.e., definition of need, who is named to support, enforcement procedures, nature of support expected) and the vague and ambiguous language employed, making enforcement difficult, if not impossible (Bulcroft, Van Leynseele, and Borgatta 1989).

Many policies related to the provision of long-term care in the United States offer supplemental assistance to families who are caring for their dependent members, empowering the natural care-givers, who offer their services for free (Bulcroft, Van Leynseele, and Borgatta 1989). Governments often attempt to buttress the family's ability to provide for their elderly by offering such incentives as tax breaks for children who claim their parents as dependents. Another example in the United States is the Family Medical Leave Act of 1993 that requires companies with more than fifty employees to grant twelve weeks of unpaid leave per year to any worker requiring time off to care for dependent family members, including parents.

Other countries have also enacted legislative actions and social policies geared toward encouraging filial conduct. China's constitution requires that adult children fulfill their duty to care for aging parents, but the government supplements this aid through public pensions and a state income maintenance program for select elders. Although state programs are increasingly important in enhancing the well-being of elders, expectations from children for support in old age still predominate. This is especially true in rural areas where children, particularly sons, forfeit their right to inherit family property if the obligation to parents is neglected (Pei and Pillai 1999). In 1973, South Korea's Ministry of Health and Social Affairs established a Filial Piety Prize. A major event during Respect for the Elderly Week, the prize is awarded to between 150 and 380 of the most filial responsible adult children in Korea each year and serves as one of many incentives for children to provide support to parents (Sung 1990).

In light of the magnitude of the needs required by a growing number of dependent elders, families and governments will benefit from a collaborative approach to meeting the demands. Research on filial responsibility expectations provides some clues as to how government programs can best interface with families in meeting needs of aging members.

Filial responsibility encompasses attitudes that endorse certain responsibilities or obligations that adult children should assume in addressing their parents' needs and in maintaining their well-being. Researchers examining filial responsibility attitudes have employed a variety of different measures (e.g., vignettes as in Wolfson et al. 1993 and item-scales as in Hamon and Blieszner 1990) with varying sample populations (e.g., grandchildren, college students, elder parents,

multigenerational families). Most have also measured filial responsibility expectations in a universal way ("What should children do for parents?"), rather than asking individuals what they expect from themselves or from their own children ("What should my children do for me?") (Lee, Netzer, and Coward 1994a). Some inquire about a few select areas (e.g., shared living arrangements, financial assistance) of filial responsibility, whereas others are more comprehensive in their coverage, including items on instrumental, emotional, and contact norms.

Whether using samples from Canada (Wolfson et al. 1993), the Netherlands (Ikkink, Van Tilburg, and Knipscheer 1999), urban China (Chen and Adamchak 1999), or the United States (Hamon and Blieszner 1990), findings consistently reveal strong and persistent endorsement of filial norms by both adult sons and daughters (Wolfson et al.1993). Greatest support is given to the notion that children should offer emotional support to their parents, with less emphasis placed upon physical assistance and financial support.

Although parents want to maintain their independence and typically do not expect as much from their adult children as children expect from themselves (Hamon and Blieszner 1990; NoveroBlust and Scheidt 1988), parents also hope that children will be there for them when called upon to do so. Samples of Floridians and urban Chinese indicated that parents with higher levels of education, more income, and better health have lower filial responsibility expectations (Lee, Netzer, and The ways in which adult children express filial responsibility for parents include maintaining personal contact, providing affection and emotional support, sharing living arrangements, and helping their parents meet daily needs. PHOTOTEX/CORBIS Coward 1994a; Chen and Adamchak 1999). In addition, parents may alter their expectations of their children (from high to low) depending upon the characteristics of their children (i.e., how many are female and geographical proximity) rather than on their own personal circumstances (Lee, Netzer, and Coward 1994b). For instance, in South Korea, parents place greatest expectations on eldest sons rather than daughters or daughters-in-law (Won and Lee 1999). However, in many Western countries, because older mothers are more likely to be widowed and survive to older ages, they frequently hope to receive more from adult daughters.

Some cultural differences in expectations emerge. Expectations of shared living arrangements may be greater in Asian cultures (i.e., South Korea), where such practices are more common than in Western cultures (Won and Lee 1999). For Filipinos, respect, warmth and affection were the most strongly endorsed expectations, followed by instrumental support (NoveroBlust and Scheidt 1988).

Within the United States, research has shown how racial differences affect norms in filial responsibility. Older African Americans expect more help from their adult children than do their white counterparts (Lee, Peek, and Coward 1998). Expectations for intergenerational coresidence and the exchange of financial assistance are greater among older African Americans and older Hispanics than among older whites (Burr and Mutchler 1999).

Many variables influence what children actually do for their parents. For example, aging parents' life situations influence how much and the types of aid they receive. Parents who need greater assistance (e.g., are widowed and/or are in poor health), expect more help from their children, and actively seek that aid, are more likely to receive support than parents who neither expect nor ask for help (Cicirelli 2000; Hamon 1992; Ikkink, Van Tilburg, and Knipschneer 1999; Litwin 1994; Peek et al. 1998). It is interesting that in both the Netherlands and the United States, mothers are more often recipients of aid from their children than are fathers (Ikkink, Van Tilburg, and Knipschneer 1999).

The circumstances of adult children also influence filial role enactment. Filial concern about the well-being of one's parents positively affects children's inclination to provide emotional support and assistance; conversely, recalled negative family relationship histories negatively affect children's concern and subsequent help (Whitbeck, Hoyt, and Huck 1994).

The child's gender also comes into play. Meeting filial obligations appears to be a gendered activity, with more daughters serving as primary providers and carrying the bulk of filial work, although sons do provide care in many cases (Blieszner and Hamon 1992; Hamon 1992; Lee, Dwyer, and Coward 1993; Matthews 1995). Even in Eastern societies like China and South Korea, which have historically emphasized sons' as primarily responsible for parent care, daughters are increasingly providing more of the elder support (Chen and Adamchak 1999). Among siblings, daughters are more likely to assume nurturing roles and accept tasks related to personal care or domestic support than are sons (Dwyer and Coward 1991; Matthews 1995). In brothers-only sibling networks, sons tend to wait for parents to tell them when they need assistance, work independently of one another in providing for their parents' needs, perform masculine tasks (e.g., yard work, attending to plumbing problems), employ outside aid, work to restore and promote their parents' independence, and define their filial work as relatively inconsequential (Matthews and Heidorn 1998). In a Canadian sample, however, sons who coreside with aging parents are heavily involved in nontraditional forms of care (Campbell and Martin-Matthews 2000). Regardless of whether sons or daughters are providing care, children tend to provide more support to same-sex parents, especially in the realm of personal-care duties (Campbell and Martin-Matthews 2000).

Children's marital status may affect the amount of participation a child assumes in assisting parents. Married and divorced children may have a more difficult time providing active support to a parent (Cicirelli 1989; Matthews and Rosner 1988) than those who are single.

Full-time employment and number of dependent children in the home significantly reduced the amount of assistance provided by sons, but not that provided by daughters (Stoller 1983). Geographic location understandably affects the enactment of filial responsibility. Children who live close to or coreside with aging parents are more available to oversee and care for their needs (Matthews and Rosner 1988). As a consequence of economic development and industrialization in Taiwan, however, coresidence between elder parents and their adult sons is declining, but economic transfers and financial help between sons and their parents has

increased. This shift may be compensating for the fact that young Taiwanese often must reside far from their parents' home in order to work (Chattopadhyay and Marsh 1999).

The number of siblings present within a family system affects the amount and type of support provided to parents by each individual. For example, in situations where two daughters are present, both appear to share equally for the care of their parent. Although joint responsibility occurs frequently in larger sibling groups, filial responsibilities are less likely to be divided equally. Birth order and a parent's relationship with particular children may also affect the enactment of filial responsible behaviors (Matthews and Rosner 1988).

There are a number of theoretical explanations for the existence of filial responsibility. Margaret Blenkner (1965) introduced the concept of filial maturity as a unique developmental task of midlife. She observed that a filial crisis occurs when adult children, typically in their forties or fifties, realize that their parents can no longer fulfill the supportive role they once did during economic and emotional hardships and that they must become a reliable source of support for their parents. Corinne Nydegger (1991), on the other hand, believes that the filial role is not the result of a filial crisis, but as the result of gradual change. From her perspective, "filial maturity is a lengthy, complex process, involving children's personal development and their interaction with parents who are also maturing" (p. 107). Although they propose different theories, both views suggest that filial maturity and filial responsibility are the result of a developmental process that occurs during the life course.

Social exchange theory offers another plausible explanation for a strong endorsement of filial norms. According to this theory, human beings are motivated by self-interest and seek to maximize their rewards and minimize the costs that they incur in a relationship. At the same time, the theory asserts that relationships are governed by a norm of reciprocity: "one should reciprocate favors received from others." Because parents provide food, shelter, care, supervision, socialization, and other necessities to their offspring, children should protect and attend to their parents' emotional and material needs when they experience illness and/or are debilitated (Nye 1979). In some cultures, children might even perform rituals for deceased parents in order to contribute to their wellbeing in the spirit world. Thus, over the life course intergenerational transactions should produce fairly equitable exchanges. Adult children whose own parents were good to them but who fail to feel responsible for maintaining the well-being of aging parents would likely encounter a number of costs (e.g., guilt, social disapproval), whereas those who do acknowledge their part in the interdependent relationship with parents might encounter rewards (e.g., satisfaction, inheritance, affection, gratitude). Some scholars believe that it is impossible for children to restore balance, to ever fully and adequately repay their parents. A sense of indebtedness (Seelbach 1984) or irredeemable obligation (Berman 1987) to parents persists, even in social exchange, because parents give first, voluntarily, and spontaneously. Subsequent gifts, no matter how superior in content, cannot match the first gift. Research by Gary Lee and his colleagues (1994) supports a reciprocity effect: there is a tendency for parents who expect more from their children

to also give more to their children. Likewise, those who give more to their children, receive more from them.

Attachment theory poses another explanation for the endorsement of filial norms. The existence of an internal state of attachment, an emotional or affectional bond that adult children have for parents, prompts them to remain in contact and communication with parents, protecting them from harm (Cicirelli 1989; 1993). Thus, a sense of filial responsibility is the result of friendship, mutuality, and positive feelings for one's parents rather than a sense of debt or obligation (English 1979).

A related explanation is that children are inclined to care for aging parents out of a moral imperative to do so. Children may perceive that filial norms are morally expected, and demonstrate appropriate or correct behavior toward one's parents. Such beliefs may be rooted in the Judeo-Christian commandment to "honor thy father and thy mother" (Exodus 20:12). In Jerusalem, for instance, the greater the religious observation of the care-giver, the stronger the sense of filial responsibility (Litwin 1994). In many Asian cultures, Confucian moral principles provide a strong ideological basis for filial piety and status of elders as well. Accordingly, filial piety demands that children should love, respect, and serve their parents. The importance of respect and warmth for elders is reflected in the language of Asian cultures (See Ingersoll-Dayton and Saengtienchai 1999). Utangnaloob (Philippines), Bunkhun, (Thailand), and xiao (China) respectively refer to the respect, gratitude, and obligation that children should feel toward parents and serves as the basis for the provision of parent care. In fact, among a sample of exceptionally filially responsible children in South Korea, respect for parents was the most important motivator for providing filial support. Respect was indicated by "treating parents with unusual deference and courtesy, showing exceptionally earnest and sincere consideration for the parent, [and] showing extraordinary honor and esteem for parent" (Sung 1990, p. 613).

Children may adopt a responsible filial role because of socialization. Most adults acknowledge filial norms, yet filial expectations are not always explicitly delineated in terms of the appropriate or acceptable levels of support and assistance adult children are expected to afford their parents, particularly in light of other role demands (e.g., spouse, parent, employee) (Donorfio and Sheehan 2001). Nonetheless, even though such norms may vary across families, depending upon such things as cultural, racial, or ethnic influences, family structure; socioeconomic status differences; level of embeddedness in social networks; degree of traditionalism; varying geographic locations; and the sense of obligation for one's aging parents persists (Johnson 1996). In South Korea, family harmony, public recognition, and praise from neighbors are all valued outcomes of filial conduct, and as such, are effective incentives for filial role enactment (Sung 1990). Hilary Graham (1983) asserted that women are socialized to care to the extent that it becomes a defining characteristic of their identity and life work. It is through caring that "women are accepted into and feel they belong in the social world" (p. 30), particularly in capitalistic and male-dominated societies. Because women are socialized as kinkeepers, nurturers, and domestic laborers in families, it is not particularly surprising to find that

daughters are more likely than sons to be principal caretakers of parents or at least receive more credit for such family work (Blieszner and Hamon 1992; Matthews 1995).

7.4. Relationships between Grandparents and Grandchildren's

Grandparent/grandchild relationships exist along a number of dimensions: association, affect, role meaning and significance, and exchange. Significantly, the quality of the relationship along these dimensions is often mediated by the middle generation. Just as it is true that a parent only becomes a grandparent because of the actions of his/her child, it is also true that the strength of the cross-generational relationship is dependent on attitudes and behaviors of the middle generation. Adult children who maintain close ties with their own parents provide the norms for strong links between grandchildren and grandparents.

The frequency of contact between grandparents and grandchildren the associational dimension depends on a number of factors. Primary among these factors is the geographic proximity of the two generations. Frequency of contact is higher for those who are proximate; interaction is highest for those grandparents and grandchildren who co-reside and lowest for those who are separated by the greatest distance. Although declining proportions of grandparents live in the same household as their grandchildren, the overwhelming majority of older parents live close to at least one of their adult children and opportunities for contact are high. Studies have shown that interactions between the cross-generations are highest when the grandchildren are young and dependent, presumably because of the intervention of the middle generation. As grandchildren reach their teenage and college years and strive for independence, they are less likely to be in frequent contact with their grandparents, but that pattern is reversed as they reach adulthood and establish their own families. At the end of the twentieth century, patterns of association between grandparents and their grandchildren appeared to be curvilinear.

Despite the physical distance that separates many grandparents from their grandchildren, the affectual or emotional bonds between the generations remain strong. Differentials do exist in the degree of closeness, including whose perspective is recorded, the gender of each generation, and the feelings of the middle generation. For example, grandparents are more likely than grandchildren to report that their relationship is close; studies conclude that the older generation has more at stake in perceiving intimate bonds. But grandchildren of all ages consistently report the warmth of their affection for their grandparents. Gender also appears to be important; grandmothers, and particularly maternal grandmothers, have the closest relationships with their grandchildren. Traditionally, this finding stems from the special kinkeeping role of the woman in the family. This is also connected to the importance that the middle generation plays in establishing and maintaining the closeness of the relationship between grandparents and grandchildren. Because mothers and daughters tend to maintain closer ties as they age than do other family dyads, they foster closer ties with the next generation.

Grandparenthood is a significant and meaningful role for older persons. Research findings consistently show the high levels of satisfaction and pleasure that older persons derive from their grandchildren, and the salience of the relationship is something that is reciprocated. In past centuries, the grandparent was likely to be a figure of authority, based on the economic and social interdependence of family members. But the twentieth century, with its emphasis on independence and autonomy, produced a person more comfortable with a companionate role than an authoritarian one. Nevertheless, grandparents play many different types of roles for their grandchildren, including that of historian, mentor, role model, and surrogate parent. And they carry out these roles by assuming a variety of grand parenting styles, some remote—those who see their grandchildren infrequently and whose interaction is mostly ritualistic; others companionate those whose focus is on leisure-time activities and friendly interactions, and yet others who are involved those who take an active role in rearing their grandchildren.

Despite the ideal of independence and autonomy in early twenty-first century families, there is a high degree of obligation and exchange among the generations. Many types of aid flow between the bonds of grandparents and grandchildren. Each generation both gives and receives, depending on life stage, health, and economic circumstances. Significantly, each generation expresses the belief that it has a filial obligation to the other to provide various types of assistance. Instrumental or physical aid includes assistance with chores, financial assistance, and care giving. Most often, grandparents offer financial help to and babysitting for their grandchildren; in return, grandchildren, when they are old enough, perform chores for their grandparents. Emotional or expressive aid consists of nurturing, social support, and friendship, important commodities that flow both ways throughout the life of the relationship.

At the close of the twentieth century, a new focus on two ranges of exchange emerged. The first was on custodial grand parenting where grandparents became surrogate parents for young grandchildren because of some catastrophic circumstances surrounding the middle generation, such as death, illness, divorce, drug addiction, or incarceration. On the one hand, studies report that the caregiver grandparent, most often the grandmother, tends to be more stressed, socially isolated, and generally less happy than other, noncustodial, grandparents. But recent research points out some of the more positive effects of the role such as the satisfaction of bettering the life of a grandchild. On the other side of the exchange spectrum is the growing recognition that long life brings the increased likelihood that a grandparent will spend a part of his/her final years in some degree of dependency. Grandchildren are part of the family constellation or the support convoy that may be called upon to offer assistance. Studies show that once they reach young adulthood, grandchildren not only accept their "grand filial" responsibility in theory, but practice it, in fact. Older grandchildren report that they provide both instrumental and emotional aid to their dependent grandparents.

There are six factors of Grandparent and Grandchildren's close relationships;

1. Physical Proximity

Not surprisingly, geographic closeness is one of the strongest predictors of a close relationship between grandparents and grandchildren. This factor may be out of the control of some grandparents, although some have demonstrated a willingness to move to be close to their grandchildren. Other factors, such as the health and financial status of the grandparents can be factors if they limit travel. Geographical distance isn't terribly important for grandparents who are fit, healthy and financially able to afford the cost of frequent trips to see grandchildren.

Although grandparents agree that there is no substitute for face-to-face interaction, technology has made it easier to build a relationship with grandchildren across the miles. Many grandparents visit with their grandchildren daily via Face Time, Skype or other video chat platform. Older grandchildren will appreciate loving text messages, as long as they are not too frequent. Face book and other social networking sites are also good for staying in touch with tween, teen, and young adult grandchildren. The bottom line is that loving grandparents will find a way to bridge the distance.

2. Frequency of Contact

Grandparents who stay in frequent contact with their grandchildren have closer relationships, but physical distance isn't the only obstacle to contact. Parental divorce commonly has a drastic effect on contact between grandchildren and grandparents. Often contact increases between the custodial parent and his or her parents, and contact with grandchildren increases, too. But the parents of the non-custodial parent frequently find their contact with grandchildren greatly reduced. Since women still receive custody more frequently than men, most of the time maternal grandparents have an enhanced relationship with their grandchildren after divorce, while paternal grandparents have a reduced role. Of course, more fathers are winning custody, and joint custody is on the rise. Perhaps in the future divorce will not affect the grandparent-grandchild relationship as radically as it often does today.

3. Grandparents' Function within the Family

When grandparents provide child care for grandchildren or become actual or surrogate parents to their grandchildren, they have a greater than average opportunity to bond. Many grandparents who fulfill these roles, however, wish that they could be "regular" grandparents rather than having to fill parental shoes. Also, research shows that it is the regular presence of grandparents that results in closeness rather than the functions that they perform. Whether you are a grandparent who has taken charge of your grandchildren or a "cool" grandparent who mainly plays with them, you can be close to your grandchildren.

4. The Concept of Normalcy

Families that expect strong relationships between the generations are more likely to have them. That's because family members are taught from an early age that family members share obligations. Those obligations may include caregiving for children and for the elderly, financial assistance

and general sharing of tasks. And the assistance flows in both directions — from young to old, from old to young. Families that have this type of culture are more likely to demonstrate strong grandparent-grandchild bonds than families in which individuality and independence top the list of values. Such families also adopt practices that keep extended families close.

5. Emotional Bonding

Although grandparents and grandchildren often report mutual closeness, grandparents may report a greater degree of closeness than the younger generation. That's just natural. When families work as they should, children are closest to their parents and siblings. Grandparents usually occupy their second circle or second tier of emotional proximity. As children grow, their circles enlarge, and their peers become vitally important to them. Grandparents may be further displaced.

Grandparents, on the other hand, often live in a world of shrinking circles, as their peers and older relatives die, move away or suffer from serious health issues. Their children and grandchildren may come to occupy a larger space in their lives rather than smaller. What is important, however, is that grandparents who develop establish early emotional bonds with grandchildren will find that those bonds last. Such bonds usually survive the passage of years and the many changes that both generations go through.

Research also shows that the middle generation is of vital importance in determining closeness. When grandparents and their adult children are close, closeness with grandchildren comes naturally and easily.

6. Reaching a Consensus on Values

Grandchildren often get their early values from parents and grandparents. As they mature, however, they are more likely to grow their own set of values. Families are closest when they share values, but few families will ever be in total agreement. Researchers say a generation gap sometimes develops when younger generations find older generations lacking in social tolerance and even prone to hypocrisy. Grandparents should not abandon their values and standards, but a willingness to listen to the younger generation can go a long way. And grandparents should be sure that they practice what they preach.

Although these six factors have an influence on grandparent-grandchild closeness, the attitude of grandparents is the most important factor. Research shows that love for grandparents isn't built into the grandparent-grandchild relationship. In other words, grandchildren don't automatically value their grandparents. Instead, they learn to value their individual grandparents and the way they occupy that role. Detached or uninvolved grandparents are unlikely to find a place of honor in the family circle. On the other hand, grandparents who thrive on creating family drama and stirring up conflict are unlikely to be valued family members either. All in all, it is the grandparent who is determined to build a strong and lasting relationship with grandchildren who is most likely to succeed.

7.5. Types of Reciprocity

A Continuous form of mutually giving and taking among peoples of equal status is known as reciprocity. This is a kind of exchange system which depicts about primitive as well as modern types of exchange system. According to Marshall Shalins (1965), there are three types of reciprocity which experienced in human communities of the world. These are generalized reciprocity, balanced reciprocity and negative reciprocity. These are however distinct and different from each other on the ground of social distances among partners.

In **Generalized reciprocity** the exchange of goods taking place but there is no specific time limit and particular type of things to be return. In western society we are familiar with generalized reciprocity as it exists between parents and children. Parents are constantly giving things and providing services out of love or a sense of responsibility. Parents cannot expect the child to repay the amount for the gifted things. Among the foraging the distribution of food plays an important social mechanism is also an example of generalized reciprocity. Also the hunter's kin relatives and each persons of family expect an equal share. Balanced reciprocity demands an absolute return within a specific time limit. The goods of equal value to be given.

Balanced reciprocity is most often called gift giving obscures its economic importance in societies where it is the dominant form of exchange where it can be more clear cut in analyzing the simple barter system or market purchases. Suppose we walk out of a general supermarket and returns without paying money for purchased goods, then very soon we will be stopped by the supermarket employees and may be chances of arrest because we failed to reciprocate immediately with the accurate money. Christmas gifts also an example of a rough form of balanced reciprocity. In western societies, the balanced reciprocity involves the gift giving at weddings, birthdays, exchange of weddings and buy drinks for friends. However the obligation of return of gifts having nearly equal value to be maintained, if not so the relationship with the gift giver will be no more strong. Negative reciprocity involves unsocial extreme of exchange. It experienced when a trade is fixed which is of material advantage based on wishing to get something for nothing (gambling, theft, cheating) or better of a bargain.

Negative reciprocity is the characteristic of both impersonal and unfriendly transactions. As such it is generally carried out by those who stand as outsider to one another both in industrial society and tribal society and peasant societies. Another good example of negative reciprocity is the traditional historic relationship between traditional dynastic China and the Nomadic empires of Mongolia. For more than a thousand years the nomadic tribes of Mongolia organized into empires to manage their relationship with china and get access to its vast resources. The ability to of Mongolia emperors to benefit their constituent tribe was based on their capacity to extent health and resources from china. They did this by following the violent policy of raiding on Chinese govt. and asking for tribute payments because the nomads were highly mobiles war against them was prohibited expensive and the Chinese were repeatedly forced to by peace from nomads. The threat of violence lay under the surface of all interactions between the two groups. Ceremonial Exchange Although the

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many kinds of goods are actually traded; Malinowski reports that from traditional point of view, the most important aspects of the Kula is the trading of two kinds of articles each of which moves in a different directions. Soulva the long type necklaces consisting of red shells, and mwali is the bracelets of white shells. However the soulva moves clockwise and mwali moves counterclockwise. These items are exchanged between trading partners on the different islands that make up the Kula ring. On most islands, all men participated in the Kula and some women are allowed to Kula as well. On the Trobriand, however, only high ranking men can take part. They receive the necklaces or bracelets from their trading partners. Although Kula items can be permanently owned and may be taken out of circulation, people generally hold them for a while and then pass them on. Kula trading partnership is life lifelong affairs, and their details are fixed by tradition. Although one level, The Kula is simply an exchange of goods, Malinowski conceptualized this trade that, this trade is very often resembles with the cultural norms and values of Trobriand islander's life so far. The kula deals with a complex meaning of cultural, psychological and social aspects of the life of participants. The kula also comprises the kinship structure, economic values magical ethics, and prestige, myth and ritual perspectives. There is also some rules which govern this particular ceremonial exchange The Kula are: The kula can be done between the kula partners' only. The exchange of gifts is taking place incidentally. Both the kula partners behave like friends and they have several obligation and duties according to the distance between their village surroundings'. Every person have to obey the rules of kula specific to geographical directions of transaction. It is to be remembered that bracelets passes from left to right and necklaces from right to left. The arm shells and shell rings travel in accordance with the rules of kula and in any circumstances these are never traded back. The articles of kula never be kept for longer than a couple of years. Kula is not done in any kind of stress and it never stops. Market Exchange Now a days the goods and services are bought and sold in money price .How ever this is the principal distribution mechanism of worldwide basis which is called as market exchange. Moreover it is primarily influenced by demand and supply. In market exchange the social and political roles of the exchange person are important like incase of reciprocity and redistribution. However by principle of market exchange occurs without any regardless to social and political position of exchange persons. Thus market exchange is very crucial, distinct and convey with economic mode of exchange. The penetration of the market varies among societies. Theoretically, in a market society, if one has enough money, everything may be bought and sold. In practice, all societies limit what may purchase legally. In many traditional societies people gain access to key factors of production such as land and labor through kinship or obligations of reciprocity and redistribution. In such places market may not exist or may be limited to trading a very small no. of goods.

UNIT – VIII ELDERLY AS SUPPORT PROVIDERS

Structure

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8.1. Introduction

India has been a country, where the status of family has been of utmost importance since ages. India is known for its diversity and collectivist culture. Families in India are tied up with unseen bond, cooperation, harmony and interdependence. Togetherness is what rules over here. There has been a long standing tradition in the Indian culture to live in extended families. The joint family has always been the preferred family type in the Indian culture, and most Indians at some point in their lives have participated in joint family living

Joint families are like microcosms of an entire world. They are the first training grounds, where people learn interpersonal skills. People in joint families learn lessons of patience, tolerance, cooperation and adjustment. They also learn what it means to take collective responsibility. When young people live with senior members of the family from the time they are born, they grow up appreciating, admiring and loving them. They also learn to adjust because they realize that as younger people, they have the flexibility of adjusting and changing whereas older people often get caught up in patterns of functioning.

When people are raised in different time periods, their values and perceptions of the world can be quite different, and this can lead to difficulties in understanding one another. Because of this gap in understanding between generations, it's important to find links between younger and older generations. But in eastern countries, where the concept of joint families is still so prevalent and going strong it is much more easier for the grandchildren to understand the perspective of an older member and to be able to relate with it. This understanding does not only provide a better perception of the environment but it also forms the basis of the socialization process for these kids. Hence in the Indian culture living with grandparents is not an obligation it is a necessity as it opens the doors of overall growth of the children in the family. The experience, care and nurture of the elder lies make the kids much more aware of the positives around them. It helps them to understand that as the time is changing the value systems have diminished- these diminished value systems has done so much of harm to our society. But if the kids take the responsibility of bringing back the values of honestly, hard work and helping nature the

scenario could easily be changed. The mutual advantage of living in the joint families and having grandparents around is the understanding of world as a positive place to live and inculcating positive values to make it further a better place. For the elderly people, it is a positive opportunity to find meaning in their lives.

8.2 Elderly as Support Providers

In India, family is the most important traditional social institution, where everybody gets shelter and care whether it is a child, youth, disabled, ill, elderly, or widow. The family serves as a fundamental structure for living together intimately and sharing economic, social and emotional responsibilities. Family as an intimate group provides protection to the sick, economically inactive and the aged. Security and emotional satisfaction to the individual can be provided through a network of interpersonal relations, implicit reciprocal duties and obligations between the family members.

It is the family that provides the individual at any age the emotional, social, and economic support. The ability of the aged persons to cope with the changes in health, income, social activities etc. depends to a great extent on the support the person gets from his/ her family members. In India, the cultural values emphasize that the elderly members of the family be treated with honor and respect.

Intergenerational co-residence has traditionally been a significant source of familial support for the elderly people. By co-residing with their adult children, the elderly can enjoy financial and social support, companionship and personal care. The living arrangement for the aged persons is often considered as the basic indicator of the care and support provided by the family.

Apart from applying social control in support of the elderly the cultural practices help integrate by providing for roles in household chores. Taking care of the young children, looking after the societal responsibilities, settling inter-personal or inter-household or even inter-group conflicts, helping in the matrimonial match-making fall in this domain. Thus, the aged are made to play useful roles in the household and in the society so as to make them feel reassured that they are an important part of the society. They also become the essential media for the transmission of the cultural values from generation to generation through the process of storytelling for entertaining the children. Co-residence maximizes such opportunities.

8.3. Nature and Extent of Support Extended
8.3.1. Family

The National Policy on Older Persons 1999 takes note of the significant role that family has been performing in protecting the right to care of its older members; however, it points towards changes apparent within the family structures: "it is true that family ties in India are very strong and an overwhelming majority live with their sons or are supported by them. Also, working couples find the presence ol old parents emotionally bonding, and of great help in managing the household and

caring for children. However, due to the operation of several forces, the position of a lare number of older persons has become vulnerable due to which they cannot take for granted that their children will be able to look after them when they need care in old age, especially in view of the longer life span implying an extended period of dependency and higher costs to meet health and other needs."

The "several forces", as indicated in the National Policy on older persons 1999, that have necessitated changes in attitudes towards care of older persons within the family include

❖ Industrialization and urbanization,

❖ Education,

❖ Exposure to consumerist life styles,

❖ Higher costs of bringing up and educating children,

❖ Shortage of space in dwellings in urban areas and high rents,

❖ Migration by young in search of better work opportunities leaving their older persons behind in the villages or small towns or even large cities,

❖ Changing roles and expectations of women including their concepts of privacy and space,

❖ Women's right to work and employment outside the home, and

❖ Reduction in the number of care-givers within the family consequent upon wider acceptance of the small family norm.

Resource transfer by the working young towards the old persons within the family is still a widespread phenomenon. Strains that have surfaced in this process are more accentuated in terms of scarce time, scarcity of persons as "care providers" or scarce capabilities within the family, particularly in cases where the old persons require long-term care. Strains in the family's capacity to transfer resources to its older members have also surfaced on account of the ever-evolving aspirations of the younger members of the family; the highly individualistic view of life in the modern times has widened the consumerist aspirations of the family members. Such situations at any age, the family provides the individual the emotional, social, and economic support. The ability of the aged persons to cope with the changes in health, income, social activities, etc. at the older ages depends to a great extent on the support the person gets from his/ her family members. This support, it may be said, is more culturally based rather than development dependent. For instance, in India, the cultural values emphasize that the elderly members of the family be treated with "honor and respect".

8.4. Government support for the aged

❖ Article 41 of the Directive Principles of State Policy in the Indian Constitution, specifies that the State shall, within the limits of economic capacity, provide for assistance to the elderly.

❖ The National Policy on Older Persons, announced by the Government of India (Government of India, 1999) mandates State support for the elderly with regard to health care, shelter and welfare. Social security has been made the concurrent responsibility of the Central and State Governments.

❖ Section 125 of the Criminal procedure Code, 1973, specifies the rights of parents without any means for maintenance to be

supported by their children having sufficient means. • Government Pension scheme has become the most sought after income security scheme. The policy seeks to ensure that the settlement of pension, provident fund, gratuity, and other retirement benefits is made promptly.

❖ Mobile health services, special camps, and ambulance services are being thought of, for making the health care facilities to reach the elderly.

❖ For solving the problem of providing housing for the elderly, group housing is proposed, which will have common service facilities for meals, laundry, common room and rest rooms.

❖ The policy also proposes to develop educational and informational material relevant to the lives of older people such as the creative use of leisure; appreciation of art; culture and social heritage; skills in community work and welfare activities.

❖ The Government of India has started giving fare concessions to old age people in all modes of travel, concessions in entrance fees, preference in reservation of seats, priority in telephone and gas connections.

❖ The Government has declared the year 2000 as the National Year for Older Persons to highlight the issues relating to the care and support for the old age people.

❖ It is also proposed to have a National Older Person's Day every year. Indian National Policy on Older Person (NPOP) National policy, seeks to assure older persons that their concerns are national concerns and they will not live unprotected, ignored or marginalized. The goal of the National Policy is the well - being of older persons.

It aims at:

❖ The Policy recognizes the need for affirmative action in favor of the elders. Special attention is given for older females so that they do not become victims of triple neglect and discrimination on account of gender, widowhood and age.

❖ The Policy views the life cycle as a continuous one of which past-60 phase of life is an integral part. It does not view age 60 as the cut off point for beginning a life of dependency.

❖ The Policy values an age-integrated society. It endeavors to strengthen integration between generations, facilities two-way flows and interactions and strengthen the bonds between the young and the old. • The Policy recognizes that older persons too are a resource. They render useful service in the family and outside.

❖ The policy firmly believes in the empowerment of older persons so that they can acquire better control over their lives and participate in decision-making on matters which affect them as well as the other issues as equal partners in the development process.

❖ The Policy recognizes that larger budgetary allocations from the state is needed and the rural and urban poor will be given special attention.

❖ The Policy emphasizes the need for expansion of social and community services for older persons, particularly women, and enhances their accessibility and use by removing socio-cultural,

economic and physical barriers and making the services client-oriented and userfriendly.

In order to implement the National Policy on Older Persons, the National Council for Older Persons (NCOP) has been constituted in May 1999, in the Ministry of Social Justice and Environment, Government of India with the Minister for Social Justice and Empowerment as the Chairperson, and the Secretary of that Ministry as the Vice-Chairperson. The NOCP includes persons from different Departments of the Central and State Governments, Non-Governmental Organizations (NGOs), representatives of the National Human Rights Commission, the National Commission for Women, and elected members: oldest member of the RajyaSabha and the oldest member of the LokSabha. The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 Was enacted in December 2007 to ensure need based maintenance for parents and senior citizens and their welfare.

The Act provides for :-

❖ Maintenance of Parents/ senior citizens by children/ relatives made obligatory and justiciable through Tribunals
❖ Revocation of transfer of property by senior citizens in case of negligence by relatives
❖ Penal provision for abandonment of senior citizens
❖ Establishment of Old Age Homes for Indigent Senior Citizens
❖ Adequate medical facilities and security for Senior Citizens The Non-Government Organizations (NGOs) are also undertaking the work of taking care of the aged mostly in urban areas, although in a limited way.

8.5. Friends Support:

Apart from family members, friends also play non-negligible roles on the elderly's EWB. While most studies on friend support were concerned with positive affect, relatively fewer studies have focused on negative affect of the elderly. In terms of positive affect, past studies showed frequencies of contacting with friends were more strongly associated with life satisfaction, happiness, and self esteem of the elderly compared with children support and served as a primary predictor for morale than family support. In terms of quality of relationships, studies again suggested that older adults reported higher levels of enjoyment and better self-esteem when interacted with friends compared with family members.

When it comes to negative affect, still some studies revealed that support from friends prevents or reduces the feeling of loneliness. Perceived support from both family members and friends were associated with less depressive symptoms. In the context of China, friend support was found unrelated to depression levels, it was suggested that perhaps Chinese older people less relied on friend support for ameliorating negative affect when facing difficulties.

Results of friend support may also be influenced by the characteristic of friend interactions. Compared to family support, friend support is generally considered as great sources for those aspects of related to current state of enjoyment. Networking with friends tends to be a matter of choice, which is spontaneous and reciprocal, rather than predetermined as in kinship relations. As birds of a feather flocked together, friends may

be more open to leisure activities and conversations of mutual interests, which are oriented towards the enhancement of positive affect.

8.6. Neighbours Support

Care givers are coming under two categories – primary and secondary. Primary caregivers are those who are mainly responsible for providing care to the patient and the secondary caregivers are those who support the primary caregiver in his care giving activities. For example, if the wife is a caregiver for her sick husband, she is the primary caregiver and her sons, daughters-in-law, grandchildren, friends and relatives who assist her are the secondary caregivers

However, Morano and Morano (2006) explain three components of support system of aged: the informal network, the semiformal support system and formal supports. Informal supports are provided by family and friends; semiformal support refers to the support provided by neighbourhood organizations such as churches or senior citizens centre. Formal supports include financial (social security, supplemental social security) medical as well as social welfare agencies and private fee-for-service providers.

Older people place great value on their relationships with spouse, family and friends, as well as with the community. Since added years of life prolong a person's relationships with others in the community, the presence of the elderly in the family means a wider and dependable social network for the family. This belies the myth that older people are typically lonely and alienated from family and friends. Older people play an important role in supporting and maintaining informal social networks and thus provide the 'social glue' that binds three and even four generation families. Persons living in communities with highly developed social capital are said to feel less isolated and less fearful and more in control of their lives

8.7. Social Support:

Social support is the sustainable way to address effective health care for the aged. All social welfare schemes, health schemes and other government and nongovernment facilities for the senior citizens and elderly people reach the target population through the instrumental support providers. Those with better social support system have a greater chance of resolving problems they face. Social support, from both work related and private sources play as a protective factor for cardiovascular, endocrine related and immune system, emotional support enhances better physical functioning, social support is identified as a protective factor against functional decline in the elderly people. Social support is commonly divided into two types namely, instrumental and emotional. Instrumental support relates to assistance in problem solving by tangible help, whereas emotional support relates to communication of caring, empathy, and self-esteem. Curtona and Shur distinguish between instrumental and emotional support by commenting the former as "action facilitation "and latter as "nurturing support". Of course, the distinction is not without its problems.

It may so happen that instrumental support carries emotional meaning. Instrumental supportive acts can be perceived as emotionally supportive as well. Semmer et al found that the support behaviour described as instrumental carries an emotional meaning attributed to them by the support recipient.8 Another study by Schwarzer and Leppin revealed that instrumental support was both predictive of physical health as well as yielding satisfaction with support, which may mean that the value of instrumental support rests upon the emotional meaning associated with it. Although older adults still seem to be part and parcel of their families to a large extent and care provision is still high from the family end, changing living arrangements and family composition in tune with adult child migration for economic and other gains might reduce the availability of care and support to older adults from their families in the near future. It is also evident that the social support for older adults outside their household is still not a widely available and availed component for their care and assistance. Hence, there is need to devise formal strategies to address the care and assistance needs of older adults in India, especially the poorer and marginalized families which are unable to cater to the needs of the older adult.

UNIT – IX Formal Networks

Structure

9.1. Formal Networks:

Population ageing provides significant opportunities for sustainable development which are associated with the active participation of older generations in the economy, labour market and society at large. In view of their experience, knowledge and skills, older persons are important actors in communities, making key contributions in the following interrelated areas:

9.2. Economic development:

Older persons make substantial contributions to the economy through participation in the formal or informal workforce (often beyond retirement age), taxes and consumption, and transfers of assets and resources to their families and communities, and their broader retention in the workforce (among those who wish or need to continue working) has the potential to enhance labour productivity. Today more older persons are contributing to an entrepreneurial ecosystem (Lee 2017), while embracing new technologies, by providing services through digital platforms, car or accommodation sharing and peer-to-peer lending. In the contexts affected by absence of breadwinners, migration, disease outbreaks and conflicts, older persons' work can be the only source of monetary or in-kind income to sustain families.

9.3. Unpaid care work:

Older persons, particularly older women, play a vital role in providing unpaid care for spouses, grandchildren and other relatives, including those with disabilities (UNFPA and HelpAge International 2012). Furthermore, with changes in family structures, the HIV/AIDS pandemic and growing migration, grandparents have become central and indispensable to the well-being of families, especially in the absence of public care and other social services.

9.4. Political participation:

With variation across contexts, older persons in some countries, notably in advanced democracies, can carry significant weight which is mostly associated with the concentration of economic resources and a tradition of political participation (UNDESA 2007). As older persons continue to constitute an ever-greater proportion of the total population, they have the potential to be more influential in society. This can have important implications for social, economic and political outcomes in those countries (progressive but also regressive), as older persons tend to vote in greater numbers than young people (Goerres, 2009), and are increasingly forming their own associations such as lobbying groups, political parties and grassroots organizations (UNFPA and Help Age International).

9.5. Social capital:

Many older persons tend to be actively involved in community and civic life through volunteering, governance of public institutions, and participation in community-based institutions. This can contribute to strengthening social capital in terms of facilitatingcooperation and improving interactions within and between groups based on shared values, trust and solidarity (OECD 2007). Older generations are also often the important sources of historical memory and wisdom, guardians of culture, and repositories of social traditions and rare knowledge and skills, which can critically complement those of young people. With the growing proportion of older persons in the global population, there is greater acknowledgement of the importance of ageing and recognition of the rights of older persons, as evidenced by a number of international mechanisms and initiatives. Despite these efforts, however, older persons have not benefitted systematically from development gains in all contexts, as they tend to be overlooked by development policy and discourse, and their needs and rights are often not sufficiently addressed (UNDP 2016; UNFPA and HelpAge International 2012).

9.6. Age discrimination and its consequences

Older people from the age group of over 65 years are particularly at risk of social exclusion, loneliness and abandonment due to various physical and mental illnesses and limitations, such as blindness, loss of hearing and other old age related illness including dementia and Alzheimer diseases etc. The impact of age discrimination may be described in the following way:

9.6.1. Social impact:

Age discrimination creates social insecurity of the elderly population. Older people feel neglect due to age discrimination. The older people become the more likely to be dependent on families and the professional staffs of nursing homes and other service providers. Human beings, who are dependent on others for their survival, whether they are children or older persons, are always vulnerable to mistreatment and abuse. As older population has grown, the number of cases of adult abuse has also grown.

The aged people become isolated from their family and close relatives due to old age. Older persons lose their freedom. Many times, they cannot express their choices in any matter, even in their very personal matter like choosing dress, food, furniture etc. After getting retirement, they become dependent on their younger fellow which they sometimes feel as dishonor because they always have to account their expenses to the fellow members. Younger people treat them as a burden of the family, who only increase the monthly cost and do nothing productive else. Today, young generation is not interested to pass their time with older persons. Older persons feel lonely and isolation due to age discrimination.

9.6.2. Abuse and neglect:

Elder abuse and neglect is the result of age discrimination. Aged population forms a large and vulnerable group suffering from high level of physical, economical and social insecurity. As a result, they become increasingly vulnerable to abuse and neglect. Elder abuse is a violation of human rights and a significant cause of illness, injury, loss of productivity, isolation and despair (WHO, 2013). The mistreatment of older adults takes many forms, including physical, verbal, emotional and sexual abuse, financial exploitation, and neglect. Many elderly adults are abused in their own homes, in relatives' homes, and even in facilities responsible for their care.

9.6.3. Physical Impact:

As adults grow older they may become more physically frail, may not see or hear as well as they used to, and may develop cognitive problems such as dementia. It has been well documented; the problem with inadequate or inaccurate information about ageing is its tendency to promote stereotypical thinking, which results in negative attitude towards ageing (Palmore, 1998; Stewart, 2004). The number of physical abuse cases increases in old age by family members, relatives and also nearest and dearest ones. Physical elder abuse is non-accidental use of force against an elderly person that results in physical pain, injury, or impairment. Such abuse includes not only physical assaults such as hitting or shoving, slapping, pushing but the inappropriate use of drugs, restraints, or confinement.

9.6.4. Psychological impact:

The three main psychological effects of age discrimination are acceptance, denial and avoidance. Acceptance means the victims submit to stereotypes and sometimes even go so far as to end them. This may cause the elderly to grow apathetic and eventually withdraw from society. Denial occurs when victims identify with the dominant group, refuse to consider themselves elderly, sometimes until they reach to their 80s. They may attempt to hide their age through choice of fashion, hair coloring and cosmetic surgery. Of the three psychological effects avoidance is the most destructive. Here the victims, who try to avoid the stereotype, may isolate themselves or resort to drugs and alcohol as a means of escape. They sometimes suffer from mental illness such as depression which can lead to suicide also (Palmore; 1971). Psychological/mental abuses include threats, verbal assaults,

depression and stress, controlling behavior such as prohibiting or limiting access to transportation, telephone, money or other resources.

9.6.5. Financial exploitation:

Most of the research findings show that older persons are faced any kind of victims due to old age. Most of the employers are not interested to employ the older persons in work. Because of that that may be more work is not performed by him due to less mobility. Discrimination against women is wide spread in Bangladesh. This is a result of a lifetime of deprivation, lack of education, poor health and nutrition, low status and restriction on mobility and association. The significant reduction in income that retirees face reduces their consumption along with the purchasing power of society as a whole. Financial abuse is the unauthorized or improper use of the resources of an elder.

9.6.6. Sexual abuse or abusive sexual contact:

Sexual elder abuse or abusive sexual contact is any sexual contact without the elder's consent. Such contact can involve physical sex acts, but activities such as showing an elderly person pornographic material, forcing the person to watch sex acts, or forcing the elder to undress are also considered sexual elder abuse.

Ageism, at present is a burning issue all over the world. It causes a great hamper to the progress of the society as well as in a country. Because here, a portion of total population are became lag-behind from the main flow of development. The discrimination faces by older cannot be changed following a single prescription. Special measures should be taken in family, institutions, community and government level as a whole. Aged population is not a burden but they can be asset of a country because they have long experience, knowledge, wisdom and skills which can be used in national development. We should change our negative attitude towards the aged people, respect them, assist them to overcome their problems, give them opportunity to do something for the country and consider them as valuable asset.

Social connections come from a variety of sources—family and friends, shared living spaces, interaction with neighbors, and participation in community or religious organizations. For many people as they get older, their family structure changes as children leave home and spouses die. Also, as their friends die, the networks of older persons shrink. Many try to remain socially active through involvement with community organizations, church, and neighbors, but confronted with fewer and less intimate connections, older people may disengage from the social world.

9.7. Links with the community

In addition to formal types of relationships, the benefits of links to more formalised aspects of community life are well documented. For those who volunteer, these include the possibility of contributing to the community, learning new skills, gaining a sense of worth, meeting people, and so on.

Being actively engaged in community life has also been found to have positive benefits for health. It is also likely that engaging in the community in this way is mutually beneficial, and that by helping in the community, older people may establish relationships that in time will assist them as they age and their needs increase.

A key question about the effectiveness of civic group infrastructure as providing both a support vehicle and positive ageing experience for older persons is whether access and participation in civic life is equally distributed among the older population. That is, is civic life more important or more accessible for some older persons than others? Using the FSAC data, the impact on levels of civic group involvement of respondents' health status, country of birth, subjective assessment of financial wellbeing and educational qualifications, respectively, were explored. These are a few of the key differences we might expect to find in the population, and are consistent with differences found in levels of informal networks and exchanges, above:

While health status was significantly related to levels of civic group involvement for the whole survey population (those aged 18 years or over), this relationship was not significant when we considered those aged 55 years or over alone. That is, age and health effects together interact with levels of civic engagement.

• The country of birth of respondents did not appear significantly related to civic group engagement (although note other literature does point to differences between cultural groups – a point that warrants further investigation).

• Educational qualifications were significantly related to levels of civic group involvement for the whole sample, but did not distinguish groups of older persons.

• The data do, however, point to a financial effect across the entire sample, including for older persons, whereby those who reported they were 'just about getting by', 'finding it quite difficult' or 'finding it very difficult' were significantly less likely to engage in civic group life than those who reported they were 'doing alright' or 'living comfortably'.

This brief analysis points to the need to further investigate inequalities and various cultural differences and the way they impact on the capacity of older persons to engage in civic group life, and to benefit from these interactions. As well as actual engagement in civic group life and voluntary work, the way people feel about other community members in general – whether they know them or not – has also been argued to be an important part of social capital. For example it is thought that a general sense of trust and reciprocity in the community relates to the likelihood of people cooperating with others and that these feelings influence the extent to which people are likely to participate in civic groups and general community life.

9.8. Engagement in Community Life

Connecting people of all ages

Seniors hope to see an inclusive society where the young respect and care for the old. They also hope for more social spaces near their homes where they can interact frequently with other seniors so that they will be less lonely.

Suggestions on how we can strengthen care and respect for seniors include:

- Leverage technology such as chat groups on mobile platforms to build social support networks within the communities.
- Work with schools to nurture a culture of respect for seniors among our youth.
- Create more opportunities for inter-generational interaction, for instance by co-locating eldercare and childcare facilities.

Aged Care Services

Ageing-in-place, remaining independent

Seniors want to age comfortably and gracefully in the communities where they live. Seniors want eldercare centres and primary care services like General Practitioner (GP) clinics and polyclinics nearer their homes. They also hope that aged care facilities will offer a wider range of activities in the future to keep their minds and bodies active. Meanwhile, caregivers want more support in caring for their elderly loved ones, such as respite care and financial support.

Suggestions on how seniors can be supported to remain independent and to age in the community include:

- Greater support for caregivers
- Equip caregivers with better caregiving skills.
- More respite services for caregivers.
- Introduce eldercare leave.
- More assistance with information and referral services.
- Increase accessibility to home and community services
- Increase homecare and eldercare centre capacity.
- Better organisation of transport services to help seniors get access to centre-based aged care services. Wider range of home and community care options for seniors in need of care.
- Eldercare centres should provide a wider range of meaningful activities.
- Bring health services closer to the community.

These include consultations with dieticians and medication reconciliation services.

Affordability

- Provide greater funding support for aged care services, especially for the needy.

HOUSING

Supporting changing needs

- Many seniors prefer to be independent and do not want to live with their children as they fear they may be a burden.
- Seniors hope to see more health and social services better integrated into housing options in the future. They also hope that their homes will be retrofitted with features to make them safer and more senior-friendly, e.g. light switches placed low enough for seniors in wheelchairs to reach, a clothes-drying system that is easier to manage, an emergency alert system and safer stoves which do not pose fire hazards.

TRANSPORT

Re-defining the travel experience

Seniors want to lead independent and active lives, and hope to see a more senior-friendly transport system that enables them to make their own way around Singapore more easily, safely and comfortably.

Some transport improvements suggested by seniors include:

- Mass Rapid Transit (MRT) system
- Improve signage in MRT stations to aid wayfinding and reinforce seniors' confidence in taking public transport.
- Allow seniors more time to board trains.
- Reduce the speed of escalators as well as the opening and closing of fare gates during off-peak hours.

Bus system

- Larger bus service numbers for improved visibility
- Audio announcement system in buses to help seniors keep track of the route and stops made by the bus.
- Automatic mechanism to help seniors in wheelchairs to board and disembark from buses.

Walking and cycling

- Separate paths for walking and cycling to ensure safer commuting.
- Lifts or escalators at pedestrian overhead bridges.
- Social behaviours on public transport
- A sustained public education campaign to encourage users to move to the back of buses or to the middle of train cabins and to give up seats for seniors.
- Remind bus drivers not to accelerate or brake too suddenly which may cause seniors to lose their balance and fall.

PUBLIC SPACES

Making our urban infrastructure more senior-friendly

Seniors want to lead active lives. They tell us that we need to make our public places "safer", "friendlier" and better equipped with amenities.

Seniors feel that the government should actively promote awareness and interest in senior-friendly urban design.

Specific suggestions include:

Safer

- Increase the lighting along pedestrian pathways and use non-slip flooring. Surfaces with grooves should be replaced so that wheelchair-users can navigate these pathways too. Improve steps and stairways.
- There should be ample handrails and the height of the steps should be kept lower. Steps should also be wide enough and have good colour contrast.

Friendlier

- Improve wheelchair access to public amenities such as hawker centres and eating outlets.
- Install signage with wordings in bigger fonts in public areas.
- Install more sheltered walkways with railings and gentle ramps.
- Install more benches with backrests and handles on both sides so seniors can sit down and stand up easily.

Additional amenities

- Install more senior-friendly toilets in public places.
- Situate essential services such as clinics, aged care facilities and food establishments near residences.
- Create more social spaces within residential areas, to encourage seniors to meet with friends and neighbours.

RESEARCH ON AGEING

Understanding needs, encouraging innovation

Experts highlighted the need for Singapore to conduct more research into ageing. Research should be specific to the local context and involve researchers from various disciplines. Research outcomes should also be applicable to real life scenarios.

Experts identified the following research;

- Expanding health span
- Research into the prevention as well as the management of age-related conditions.
- Research into effective programmes that can delay the decline of brain function.
- Productive longevity Research into retirement adequacy or ways to help seniors transit from employment to retirement, and how to meet their need for social connectivity.
- Research into the factors that motivate seniors to remain in the workforce and to engage in lifelong learning and volunteerism.

Ageing-in-place

Study how urban design and architecture affects a person's living space as they age. "Living Laboratories" can be created to study how adaptable design concepts can be applied to address the ageing community's evolving needs.

- Research into care models that can better and more effectively support seniors and their caregivers.
- Research on seniors' social connectivity, and its link to depression and loneliness.

9.9. Levels of Connection in Community Life

Traditionally, care settings have had a tendency to be shut off from their surrounding with community. In most care facilities, services such as catering, hairdressing, the doctor and so on are provided 'in-house' – and this has the effect of reducing the need to reach out to the wider community. And yet, creating better links with organisations and services in the local area provides many benefits for a care home, sheltered housing or day care centre. These include:

- greater visibility of the care setting in the wider neighbourhood – this can help the general community, including older people still living in their own homes, to feel more positive about care facilities.
- greater variety and choice of activities for residents, including more social stimulation
- helping residents to maintain existing interests and contacts
- Introducing new people, new faces, different ideas and experiences.

When thinking about care facilities developing community links, there are two possibilities: older people going out into the community more and/or 'bringing the outside in' that is, inviting visitors into the care setting. Care teams should encourage and promote both these positive choices.

Neighbourhood

Take a walk around the neighbourhood surrounding the care home, day facility or individual's home (depending on where you work). With 'fresh eyes' you might find some new places to explore. A walk to a post box to post a letter or watching children play in a playground might provide a welcome break in the day for an older person who spends much of their day in a chair in one room.

Visit the nearest library and look at the noticeboard and leaflets to see what is happening in the local area and take a note of options, ideas and contact details for more information. Talk to the librarian and ask if there are new ways to improve access to books for residents. Some may provide a mobile library service, but a visit to the library might be an even better experience for those who enjoy a browse. A tourist information office can also offer lots of ideas for places to visit.

What else is in your area? A football club or a golf course might be of interest to some people. A garden centre or allotments might be a possibility for others.

In a survey of 50 residents conducted by the National Association for Providers of Activities for Older People (NAPA), many of the women said that the activity they missed the most after moving into a care home was shopping! One said, 'I like to pop out to the shops even if I don't really need anything. I really miss that here.' It might help to make links with a particular shop and ask for the support of the manager to enable a visit to go smoothly.

Reaching out:

If you have a local museum, ask if there is a person who is responsible for providing services to older or disabled people. Often this person is known as an 'outreach officer'. Is there a facility for someone from the museum visiting the home or can some of the museum exhibits/artefacts be loaned to you? It might be possible to develop a relationship with a local café or pub owner or even a cinema manager in order to organise a visit for a group at a less busy time with special rates. This might be good for their business as well as good for you!

Margaret Powell is the home manager at Ashley House care home in Bordon, Hampshire. She explains how the local ice cream van visits her care home: 'Our local ice cream van visits us on a regular basis throughout the summer. Of course we can easily provide ice creams from our own freezer, but it wouldn't be the same. Everyone enjoys the walk out to the van, having a little chat and choosing what they want. Last time he visited, the ice cream man had found some cones that were more digestible for our residents. I think he enjoys his visits to us as much as we do!'

The team at Ashley House also invited the whole local church congregation to come in for a service held in the home. One of the women commented, 'We've been to church today and we spoke to real people!'

Preparation

Good preparation is key to any organised trip out or a visit from an outside organisation. If you are working in a care home or day centre, you will need a member of staff who is confident enough to use the internet or pick up a telephone to talk to someone to organise an activity involving the wider community. Although it sounds simple, it can be very time-consuming trying to find the right person in an organisation to link up with.

On trips out, having chairs available for some older residents – or knowing exactly where the chairs will be before you get there – might make the whole trip less stressful. Easy access to toilets is also important.

Typically, the biggest practical problems are transport and having enough staff available to escort people, especially those who use wheelchairs.

You will need to explore the costs of community transport options versus using regular taxi companies. You might want to recruit volunteers specifically to help with taking people out more regularly.

Preparation for bringing children and older people together

Community links with a school or a children's nursery, good preparation will be even more important. it cannot just invite a group of children into visit older residents and expect everyone to know what to do! You will need to think about what kinds of activities the children might enjoy doing which could also involve older residents, for example creating an art collage or singing songs together. You will need to consider practical issues like welcoming the children, introductions, refreshments and what to do if anyone becomes distressed. Go to the activity at the end of this feature to consider what you might need to do to ensure a successful visit.

The organisation Magic Me produces a useful guide to developing community links for intergenerational projects, called sharing the experience (Langford and Mayo, 2001).

Links that support an individual's interests

- If a person has been a longstanding member of a political party or a trade union, then continuing their membership might be very important for them. Similarly a person's links with a particular faith community will be important to maintain if they wish.

- Someone who has regularly enjoyed watching football or cricket matches could be supported to continue to visit their local club. It might be possible to find a volunteer from these clubs to either pick them up or accompany them to matches.

- If you are working with an individual with dementia still living in their own home, it is equally important to help the person continue regular weekly activities such as the walk to the post office or having their hair done. Even if it is quicker and easier to go to the post office for the person or ask someone in to do their hair, it will be an opportunity lost for exercise and a retained sense of normality and routine.

Cross-cultural links

Every week of the year is likely to include some kind of festival related to different cultures or religions. This offers a wealth of activity ideas and potential new community contacts. Whether it is Chinese New Year, St Patrick's Day, Easter, Diwali, Eid or Carnival time, there will be people and organisations in the local community who might be able to add fun and diversity to your usual events.

This can also help build up positive links across different cultural groups within your care setting especially when you have residents or staff from many different backgrounds.

BLOCK IV: FACTORS AFFECTING THE LINKS, INSTITUTIONAL RELATIONSHIPS AND SOCIAL EXCLUSION AND NEGLECT OF THE AGED
UNIT – X FACTORS AFFECTING THE LINKS.DECLINING ROLE OF COMMUNITIES.

Structure

10.1. Introduction

Ageing of population is affected due to downward trends in fertility and mortality. Low birth rates coupled with long life expectancies, push the population to an ageing humanity. It is observed that percentage of aged 60 or more is rapidly swelling and even the percentage of persons above age 80 is going up over the years. Simultaneously, the ratio of people of "working age" (15–59 years) to those of elderly population is shrinking — and even within the working age group average age is also increasing. For the developing countries like India, the ageing population may pose mounting pressures on various socio economic fronts including pension outlays, health care expenditures, fiscal discipline, savings levels etc. By 2026, North India population would be younger compared to the South. In India another paradoxical problem will arise in due course of time – by the year 2026 Kerala will have highest educated working people with average age hovering above (median age) 35 years whereas Uttar Pradesh will have uneducated and less educated working population with average age below 30 years. Although projections indicate that India's population above 60 years will be double in size between 2001 and 2026, the elders will account for 12.17 percent of overall population in 2026, and being a vast country India may face the problems differently at rural and urban part. India will have another kind of a problem as despite of rapid and consistent economic growth, it will have a huge ageing population who may be far poorer than

their counterpart in the West. In India, most of those who have worked in organized sector get pension and other retirement benefits after attaining the age of superannuation varying between 60 to 65 years. But for others, Government of India and State Governments, at present, have very nominal old-age pension coverage. It varies from Rs. 75/- to 150/- in a month. In addition some other additional benefits for the elderly are also being provided by the Central and State Governments. But much is to be done as at the old age their medical expenses go up and dependency on children / relative goes up for physical, mental and economic support. Thus in India, though percentage wise greying is not very rapid, but due to its mammoth size planning for the elderly is a huge challenge for the policy makers. The problems faced by the females are more critical compared to that of men due to low literacy rate, customary ownership of property by men and majority of women being not in labour force during their prime age with only very few in the organized sector. Therefore, the policy for elderly may also keep a realistic achievable gender component. It is to be remembered that sensitizing the issue and deliberate public action can dilute some of the adverse consequences of ageing Educating the mass with high investment in human resource development can overcome these problems up to a great extent. To develop requisite policy programmes for the elderly population, there is a need for a study of elderly persons on various aspects and initiate social, economic and health policy debate about ageing in India. But there is a serious dearth of datasets and analyses to identify the emerging areas of key concern and immediate intervention.

10.2. Factors Affecting the Links

10.2.1. Demographic Factor

The demographic profile of the elderly population in India, as per 2001 Census, showed that in the case of the general population, the majority of the elderly (75 per cent) are living in rural areas and the rest (25 per cent) are in urban areas (see Appendix). While 53 per cent among elderly males are literate, the figure drops to only 20 per cent among elderly females. The data on work status of the elderly (NSSO, 2006) revealed that 36 per cent are still in the labour force and two-thirds (64 per cent) of them are out of the labour force. Over a quarter of elderly (26.9 per cent) are self-employed and the casual labourers among the older population are to the extent of 7.4 per cent. Only 1.5 per cent of them are in regular salaried employment. Elderly males are more economically active as compared to elderly females. The data on old age dependency ratio (NSSO, 2004) revealed that it was higher in rural areas (125) than in urban areas (103). Further, it was observed that a higher number of males in rural areas, 313 per 1000, were fully dependent as compared to 297 per 1000 males in urban areas. For the elderly females, an opposite trend was observed (706 per 1000 for females in rural areas as compared with 757 for females in urban areas). Overall, 75 per cent of the economically dependent elderly are supported by their children and grandchildren. As 90 per cent of the total workforce in India is employed in the unorganised sector, retirement from gainful employment precludes financial security like pension and other post-retirement benefits. It is estimated that one-third of the elderly population live below the poverty line and another one-third of them are living just above the poverty level. The profile of the National Old Age Pension Scheme (NOAPs)

beneficiaries revealed that most of the pensioners were women - widows - not blessed with sons and having a very low economic status.

10.2.2. Economic Factors

It is generally believed that the elderly are a burden on the family and the nation as they do not contribute to the national income. This is not always true. In India, 40 per cent of the elderly who are 60 and above are working. The figure rises to 61 per cent in the case of males. On the other hand, there are adults (in the age group 15-59) who are not working and are dependents (Bhagat and Unisa, 2006). In India, an overwhelming proportion of elderly (90 per cent) whose children are alive, live with their children (Bloom et al., 2010). For elders living with their families - still the dominant living arrangement - the economic security and well-being are largely contingent on the economic capacity of the family unit. Particularly in rural areas, families suffer from economic crises, as their occupations do not produce income throughout the year. Inadequate income is a major problem of the elderly in India (Siva Raju, 2002). Nearly 90 per cent of the total workforce is employed in the unorganised sector. They retire from their gainful employment without any financial security like pension and other post-retirement benefits. The Ministry of Social Justice and Empowerment, Government of India (1999), in its document on the National Policy for Older Persons, has relied on the figure of 33 per cent of the general population below poverty line and has concluded that one-third of the population in the 60 plus age group is also below that level. Though this figure may be understated from the older people's point of view, even at this estimate, the number of poor older persons comes to about 23 million. As per the Policy, the coverage under the Old Age Pension Scheme for poor persons, which is 2.76 million (as on January 1997) will be significantly expanded, with the ultimate objective of covering all older persons below the poverty line. Women are more likely to depend on others, given lower literacy and higher incidence of widowhood among them (Gopal, 2006). Hence, the greater vulnerability of women due to higher life expectancy than men and the higher incidence of widowhood indicates the need to have a special focus on gender-based policy implications and social security needs of women. Vulnerable groups like the disabled, fragile older persons and those who work outside the organised sector like landless agricultural workers, small and marginal farmers, artisans in the informal sector, unskilled labourers on daily, casual or contract basis, migrant labourers, informal self-employed or wage workers in the urban sector and domestic workers deserve mention here. Under the standardised economic security policy the government is providing retirement benefits for those in the organised sector and economic security benefits for those in the unorganised sector. The National Old Age Pension Scheme (NOAPs) is in operation all over India and the reports indicate that the most vulnerable sections of Indian society, namely, women and lower caste individuals have benefited from this scheme. Governments of all states and Union Territories have their own schemes for old age pension and the criteria for eligibility and the quantum of pension vary. The combined national budget allocation for the NOAPs comes to 0.6 per cent only as compared to 6 per cent of Central Government revenue expended on pension for its employees (IrudayaRajan, 2001). There is a need to protect and strengthen the

institution of the family to enable it to cope with its responsibility of taking care of the elderly. Along with effective professional welfare services there is a need to develop counseling services for both, the elderly, and their family members. It is also important to provide financial support to low income families having one or more elderly members.

10.2.3. Social Factors

These days, due to a change in family structure, the elderly are not given adequate care and attention by their family members. This trend is fast emerging partly due to growth of "individualism" in modern industrial life and also due to the materialistic thinking among the younger generation. These changes lead to greater alienation and isolation of the elderly from their family members and from society at large. Due to the changes in the family structure and the value system, respect, honour, status and authority, which the elderly used to enjoy in traditional society, has gradually started declining, and in the process the elderly are relegated to an insignificant place in our society (Niharika, 2001). Though the younger generation takes care of their elders, in spite of several economic and social problems, it is their living conditions and the quality of care, which differ widely from society to society. The loss of the decision-making power is experienced more by those who have surrendered their property in favour of younger members and thus have no control over the sources of income. The loss of status and decision-making power is felt more by ageing women than men (Nandal et al., 1987, Siva Raju, 2004). Khan and Raikwar (2010), in an empirical study of 320 people over 60 years of age in Delhi, selected through multi-stage stratified random sampling, suggest that 89 per cent of the respondents expected that their family members should take care of them but only 37 per cent are actually taken care of by their family members. Ninety- two per cent of the elderly felt that they should be included in important household matters but only 26 per cent of them were actually involved in family affairs. Though a majority of the younger generation view the elderly as a socioeconomic burden, the advantages of having an elderly person at home such as care in times of sickness, advice in family matters, education and all-round development of the family are also recognised by a few from the younger generation. An increase in the duration of un-utilised time during the post-retirement period as compared to the pre-retirement period is also noticed among the elderly. Religiosity seems to have increase with age. A quantitative study to understand the role of spirituality and ageing process (Pandya, 2010) in 906 elderly respondents in Mumbai reveals that the spirituality was perceived to provide support, aid relationship building and maintenance, facilitate coping with stress and ideas, and issues in relation to death and dying.

10.2.4. Psychological Factors

the elderly in relation to emotional maturity, lifestyles, death anxiety, locus of control and religiosity shows that most of the studies have been conducted abroad (Bowling, 2008) and that there is a dearth of information about the elderly in this context in India. One particular study in India has investigated the effect of socio-economic status and sex on emotional maturity, lifestyles, death anxiety, locus of control and religiosity of the elderly (60+). The study concludes that socioeconomic status is a significant factor influencing lifestyles and religiosity among the elderly in

India; sex significantly affects overall emotional maturity, emotional instability, emotional regression, personality disintegration and lack of independence; the normal coping, exploitative, domineeringauthoritarian and one-upmanship styles of life; religiosity and locus of control; and the interaction effect is significant only for emotional regression, personality disintegration, lack of independence and the individualistic, pampered, spoiled and domineering-authoritarian lifestyles (J.P. Yadav, 2004). As older people become aware of their inability and incompetency, they begin to revise their ideas about themselves. They also have to start coping with reduced income, change of status, loss of friends and spouse and lastly, their waning physical health. Psychological changes accompany the passing of years, slowness of thinking, impairment of memory, decrease in enthusiasm, increase in caution in all respects and alteration of sleep patterns. Social pressure and inadequate resources create many dysfunctional features of old age. Further, it is well known that the incidence of mental illness is much higher among the elderly than among the young. The psychological problems encountered by retired persons are much greater and the impact on the individual is entirely different as compared to those in the unorganised sectors. Decline in health status, income security and a break in professional routine together contribute to various socio-psychological problems for the retired people. The attitude of family members towards the retired person changes and his attitude towards his family members also changes. Attitudes towards old age, degradation of status in the community, problems of isolation, loneliness and the generation gap are the prominent thrust areas resulting in socio-psychological frustration among the elderly (Mohanty, 1989). Happiness in old age depends to a great extent upon a busy life, good health, access to funds and having a spouse and social contacts. Anxiety is reported to be at higher levels among the elderly in general. A majority turn to religion for overcoming their feelings of anxiety by reading or reciting religious books and hymns. Studies have found that non-institutionalised older people are better adjusted than institutionalised and geriatric patients. The younger generation as well as the elderly themselves viewinstitutionalisation of the elderly unfavourably, which is partly due to a deep rooted tradition in our society that it is the duty of the children and family to look after the elderly. Some of the factors that are found to influence the adjustment of the elderly are rigidity; flexibility; role availability and role involvement; nature and quality of husband-wife communication; marital satisfaction; nature and quality of attitude to retirement; attitude to future and death; and satisfactory physical and mental health (Ramamurti and Jamuna, 1993). The problems of retirees mainly include: shortage of money, passing time, widowhood, feeling of being physically weak, fear of death, mental tension, feeling of social neglect and feeling of neglect by family as well as by friends (Raghani and Singhi, 1970). Mishra (1987) found that with increase in income and adequacy of income of the older persons, their level of adjustment also increased, indicating significant association between sound financial position and successful adjustment. There is a scarcity of research both in India and abroad on the modes of frustration, social adjustment and needs of people in different stages of the life cycle. The level of frustration, degree of social adjustment and the need patterns of three agegroups comprising both males and females - 30-40 years, 45-55 years, and 60 years and above - belonging to the middle-class were

ascertained in a study referenced below. The findings of the study do not prove the hypothesis that the need for nurturance increases with age, but do indicate a slight trend in this direction. The results, however, prove the hypothesis that women have a greater need for nurturance than men in old age(J.P. Yadav, 2004). Most of the elderly are reported to have a negative self-image and poor self-concept (Ramamurti and Jamuna, 1984). Changes in looks and likeability and a feeling that others alienate the elderly greatly contribute to the negative self-image. It has been noticed that after the age of 50, people gradually manifest more problems and display poor adjustment and life satisfaction till the age of retirement. However, after retirement they slowly and gradually find adjustment and as such, their life satisfaction and adjustment increase show higher index until the age of 70 when the negative effects of ageing once again become more pronounced (Ramamurti, 1978). The significant determinants of successful ageing, according to some studies (Ramamurti and Jamuna, 1992, Niharika, 2004, Siva Raju, 2006), include self-acceptance of ageing changes, self-perception of health, perceived functional ability, perception of social support, inter-generational amity, belief in karma and afterlife, flexibility, range of interests, activity level, marital satisfaction, religiosity, certain value orientations and economic wellbeing.

10.2.5. Health Factors

It is obvious that people become more and more susceptible to chronic diseases, physical disabilities and mental incapacities in their old age. As age advances, due to deteriorating physiological conditions, the body becomes more prone to illness. The illnesses of the elderly are multiple and chronic in nature. Arthritis, rheumatism, heart problems and high blood pressure are the most prevalent chronic diseases affecting them. Some of the health problems of the elderly can be attributed to social values also. The idea that old age is an age of ailments and physical infirmities is deeply rooted in the Indian mind and many of the sufferings and physical troubles which are curable are accepted as natural and inevitable by the elderly. Regarding the health problems of the elderly of different socioeconomic status, it was found (Siva Raju, 2002) that while the elderly poor largely describe 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 and teeth problems, the upper class elderly, in view of their greater knowledge of illnesses, mentioned blood pressure, heart attacks, and diabetes which are largely diagnosed through clinical examination. In a study by Mutharayappa and Bhat (2008) NFHS-2 data was analysed to examine the type of lifestyle adopted by the elderly and its effects on their health conditions. "It was found that lifestyle adversely affects health and increases morbidity conditions among the elderly. Lifestyle habits such as alcohol consumption, regular smoking and tobacco chewing have adverse effects on one's ability to control diseases." As early as 1990, Gore while analysing the social factors affecting the health of the elderly, concluded that, "while there are no data showing direct relationship between income level and health of elderly individuals, one would assume that the nutritional and clinical care needs of the elderly are better met with adequate income than without it. If so, the poor countries and the poorer segments of the elderly population within each country would experience

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problems of health and well-being". In a study (Wason and Jain, 2011) of 962 elderly persons aged 60 and above in Jodhpur city, it was found that nearly 50 per cent of the subjects were at risk of malnutrition in low income group which was higher than the high income (29.5 per cent) and middle income groups (33.3 per cent). It was also observed that respondent's age and income significantly affect the Mini-Nutritional Assessment scores of the aged population. The main area of concern among the elderly is their health, which can in turn have a significant impact on their economic security, level of independence and social interaction. The analysis of NSS data by Rajan, Risseeuw and Perera revealed a huge majority (70 per cent) of the elderly reporting their health status to be ranging from "excellent" to "good/fair" while around a quarter of the elderly reported their current health to be poor. Previous analysis has uncovered that such a high percentage of positive assessment of health status was despite a large number of the elderly reporting to be suffering from at least one disability or chronic ailment. Their analysis throws light on the difference in self-reported health status across sex. Despite the female disadvantage in reported health status and preponderance of older women among immobile elderly, a much greater proportion of men are hospitalised as compared to their female counterparts (87 vs. 67 per 1000). The diseases among the elderly for which there are more hospitalised cases than the rest are heart diseases, cataract and bronchial asthma. Based on the observations made on the health status of India's elderly, it can be concluded that some definite health intervention is necessary to cater to specific complications in old age (S. IrudayaRajan, Carla Risseeuw and Myrtle Pereira, 2008). In addition, an investigation carried out by Vasantha Devi and Premakumar (2000) have brought to light that elderly members are confronted with various nutritional, physiological and other general problems. The rural elderly are mostly illiterate with low income. They suffer from more nutritional, physiological and other problems. The men are more literate, economically independent and face less physiological and nutritional problems as compared to their female counterparts. When the literacy level, income level and employment status improve, they seem to be more comfortable with their health conditions and living status.

Mental health of the elderly is another important factor in understanding their overall health situation. It is generally expected that the elderly should be free from mental worries since they have already completed their share of tasks and should lead a peaceful life. But often the unfinished familial tasks like education of children, marriage of daughter(s), etc. become a source of worry over a period of time. It is noticed (Siva Raju, 2002) that the worries among the poor are usually about inadequate economic support, poor health, inadequate living space, loss of respect, unfinished familial tasks, lack of recreational facilities and the problem of spending time. In an epidemiological study on dementia in Maharashtra (Saldanha et al., 2010), with 2145 randomly selected respondents, the prevalence of dementia in the community was seen to be 4.1 per cent and the risk of dementia increases more than five-fold in the oldest old.

The health and wellbeing of the elderly are affected by many interwoven aspects of their social and physical environment. Family support is found to be an important factor for socio-psychological well- being of the elderly (Devi and Murugesan, 2006). These range from their lifestyle and family

structure to social and economic support systems, to the organisation and provision of health care. The pattern of various inputs for developing the appropriate social policy for the welfare of the elderly may have to be suitably modified in view of the diversity of the factors and their differential influence on the living conditions of the elderly.

10.3. DECLINING ROLE OF COMMUNITY CONNECTIONS

Social isolation results in higher morbidity and mortality. Married or cohabiting couples exchange information about health, monitor each other's health, and provide emotional support and a sense of solidarity. Loss of a spouse or partner is a loss of psychological and social support and often a loss of access to informal, if not formal, health care. But illness can also drive social isolation. As their health deteriorates, older individuals no longer tend to be at the center of a network of friends and acquaintances but more often are on the periphery of social activities.

One fear is that social isolation of older adults leaves them vulnerable to abuse—verbal, physical, or financial.

10.4. EFFECTS OF HEALTH CHANGES ON SEXUALITY

Sexuality is an important component of health, and good health is important to continued sexual function. In a study published in the New England Journal of Medicine, Stacey Lindau and her colleagues found that sexual activity with a partner declines from age 55 to 85, with fairly low levels of activity in the last year among the oldest adults. In general, regardless of health, men report less change than women do in their sexual activity and little change in the probability of having a partner. Women, however, have substantial declines in both the probability of having a partner and in sexual activity, with women in poor health experiencing greater declines than those in better health.

Sexual problems, such as lack of interest, pain, and anxiety about performance, are part of the reason for the decline in sexual activity among women. For women, sexual problems may be related not only to their own health but also to their male partner's health. Among those with partners, over 50 percent of men and less than 20 percent of women attribute lack of sexual activity to their own health limitations. Women are twice as likely to say that their partner's health limitations is one reason for sexual inactivity, with over 60 percent of women but less than 30 percent of men giving this reason. In another study in the Journal of Sexual Medicine, the researchers found that among sexually active women, those reporting problems were also more likely to say they had fair to poor health, depression, and less satisfaction with the relationship with their partner. Men with sexual problems similarly reported depression and less satisfaction with their relationship but did not report poor health as often as women did.

Despite a decline in sexual activity among older women, risks of sexually transmitted infections remain for the sexually active. Using data from the National Social Life, Health, and Aging Project (NSHAP), a nationally representative survey, researchers estimate that one in 16 women ages 57 to 85 have high-risk for the human papillomavirus (HPV) and prevalence does not decline with age. However, prevalence is higher for single, sexually active women than for married, sexually active women.

Intimate connections and social involvement continue to change over a lifetime, often in tandem with changes in family structure and the types of support received from family members. These changes may lead to a decrease in psychological and emotional support as well as to reduced access to health care, leaving the elderly vulnerable to depression, loneliness, and health complications resulting from inadequate care.

10.4.1. Physical Impact:

As adults grow older they may become more physically frail, may not see or hear as well as they used to, and may develop cognitive problems such as dementia. It has been well documented; the problem with inadequate or inaccurate information about ageing is its tendency to promote stereotypical thinking, which results in negative attitude towards ageing (Palmore, 1998; Stewart, 2004). The number of physical abuse cases increases in old age by family members, relatives and also nearest and dearest ones. Physical elder abuse is non-accidental use of force against an elderly person that results in physical pain, injury, or impairment. Such abuse includes not only physical assaults such as hitting or shoving, slapping, pushing but the inappropriate use of drugs, restraints, or confinement.

10.4.2. Psychological impact:

The three main psychological effects of age discrimination are acceptance, denial and avoidance. Acceptance means the victims submit to stereotypes and sometimes even go so far as to end them. This may cause the elderly to grow apathetic and eventually withdraw from society. Denial occurs when victims identify with the dominant group, refuse to consider themselves elderly, sometimes until they reach to their 80s. They may attempt to hide their age through choice of fashion, hair coloring and cosmetic surgery. Of the three psychological effects avoidance is the most destructive. Here the victims, who try to avoid the stereotype, may isolate themselves or resort to drugs and alcohol as a means of escape. They sometimes suffer from mental illness such as depression which can lead to suicide also (Palmore; 1971). Psychological/mental abuses include threats, verbal assaults, depression and stress, controlling behavior such as prohibiting or limiting access to transportation, telephone, money or other resources.

10.4.3. Financial exploitation:

Most of the research findings show that older persons are faced any kind of victims due to old age. Most of the employers are not interested to employ the older persons in work. Because of that that may be more work is not performed by him due to less mobility. Discrimination against women is wide spread in Bangladesh. This is a result of a lifetime of deprivation, lack of education, poor health and nutrition, low status and restriction on mobility and association. The significant reduction in income that retirees face reduces their consumption along with the purchasing power of society as a whole. Financial abuse is the unauthorized or improper use of the resources of an elder.

10.4.4. Sexual abuse or abusive sexual contact:

Sexual elder abuse or abusive sexual contact is any sexual contact without the elder's consent. Such contact can involve physical sex acts, but activities such as showing an elderly person pornographic material, forcing the person to watch sex acts, or forcing the elder to undress are also considered sexual elder abuse.

Ageism, at present is a burning issue all over the world. It causes a great hamper to the progress of the society as well as in a country. Because here, a portion of total population are became lag-behind from the main flow of development. The discrimination faces by older cannot be changed following a single prescription. Special measures should be taken in family, institutions, community and government level as a whole. Aged population is not a burden but they can be asset of a country because they have long experience, knowledge, wisdom and skills which can be used in national development. We should change our negative attitude towards the aged people, respect them, assist them to overcome their problems, give them opportunity to do something for the country and consider them as valuable asset.

Social connections come from a variety of sources—family and friends, shared living spaces, interaction with neighbors, and participation in community or religious organizations. For many people as they get older, their family structure changes as children leave home and spouses die. Also, as their friends die, the networks of older persons shrink. Many try to remain socially active through involvement with community organizations, church, and neighbors, but confronted with fewer and less intimate connections, older people may disengage from the social world.

UNIT – XI INSTITUTIONAL RELATIONSHIPS

Structure

11.1. Introduction

Institutional Relationship

The belief is that the elderly, aged 60 and above (United Nations [UN], 2015) remain in the community, living in their own homes, or living with and getting help from kin. However, some indigenous elderly Africans are institutionalised. Thus, according to Tran (2012), institutionalisation invokes in these elderly, negative feelings of regret, powerlessness, guilt and neglect. Dhemba and Dhemba (2015) comment that institutionalisation of elderly Africans is shunned and is only adopted as a last resort as it is against the expected role of families to care for their elderly. It is in view of the perceived preference to age-in-place versus institutional care that the study sought to explore factors leading to institutionalisation of elderly indigenous Africans. The elderly need care as their personal activities get limited by developmental challenges resulting with a degeneration of health, disability, frailty, and incapacity for self- care (Levinson, 2008). Therefore, old age calls for decisions about where and with whom to live, and this is influenced by cultural traditions and values (Papalia et al, 2004). Thus, many factors shape, sustain and transform the elderly's living arrangements, which include migratory status, availability of children and resources, sex, family size and marital, financial and health status of both the elderly and their kin, current and past emotional bonds and shared experiences. Traditionally, the extended family's multi-generational household has always been the single most important source of care in SubSaharan Africa (Madungwe et al, 2011). Boggatz (2011) adds that Africans have always banked on the strength of traditional family solidarity.

The elderly's past social life brought out reasons for them having been under institutional care, and that they had negative experiences while institutionalized hence explaining the need for having alternative choices besides institutional care.

Ritzer (2007) describes a "total institution" as a place of residence and/or work, which houses likesituated people, cut off from society for a period of time, and who together lead a formally-administered orderly routine. In defining the concept of "total institution", Ritzer (2007) gives the theory's

main argument, which is that it delineates the key features of totalitarian social systems. Such systems encompass the residents' whole being by undercutting their individuality, disregarding their dignity, and subjecting them to a regimented pattern of life that has little to do with their own desires or inclinations. Clark and Bowling (1990) analyse the total institution theory, and say that its strength lies in that total institutions have common distinguishing characteristics, which make the concept a useful and enduring one. The characteristics depart from the basic social arrangements that individuals experience a breakdown in the barriers that ordinarily separate sleep, play and work which should occur in different places with different co-participants under different authorities and without an overall rational plan to fulfill official aims of any institution. These combined various spheres of life are a central feature of total institutions hence Goffman's use of the term "total institution" has several dimensions. However, the total institution theory has some weaknesses (Clark & Bowling, 1990), the first of which is that total institutions are not as homogeneous as Goffman portrays them because they differ depending on the services they offer. Secondly, the concept of "total institution" has a tight definition, which cannot be stretched with impunity. Lastly, not all total institutions are as oppressive and as opposed to individuals as Goffman suggests.

In the current study, total institutions were old age homes, about which Dhemba (2013) says that they alter personalities of the elderly, dehumanize, dominate, overpower, and determine their lives. Thus, the elderly have also to adjust through loss of social status, lack of autonomy, habitual activities and social contacts. Dhemba and Dhemba (2015) also comment that institutionalization de-personifies, causes loss of privacy and autonomy, and long-term institutional care creates an institutional personality syndrome whereby the elderly get disoriented, disorganized, withdrawn, apathetic, depressed, resigned and hopeless.

11.2. Ties with Institutions in Everyday Life and in Emergencies

11.3. Levels of Confidence in Institutions

11.4. Old Age Homes

We, once lived, unitedly as a Joint Family under one roof with different blood relatives – father, mother, grandma, grandpa, uncle, aunty, grandchildren and many more, now living a pathetic life of loneliness.

For generations, India had a prevailing tradition of the Joint Hindu Family or undivided family. The system is an extended family arrangement prevalent throughout the Indian subcontinent, particularly in India, consisting of many generations living in the same home, all bound by the common relationship.

The family is headed by a senior person called a 'Karta', usually the oldest male or female, who makes decisions on economic and social matters on behalf of the entire family. The patriarch's wife generally exerts control over the household and minor religious practices and often wields considerable influence in domestic matters.

Family income flows into a common pool, from which resources are drawn to meet the needs of all members, which are regulated by the heads of the family. However, with urbanization and economic development, India has

witnessed a break up of the traditional joint family into more nuclear-like families, and the traditional joint family in India accounted for a small number of Indian households.

Today the Joint Family System is slowly fading away and soon become extinct.

There are many reasons for that. The first- lifestyle of present day youngsters. With the introduction of many electronic gadgets like computers, mobile phones, and video games and with many other such electronic gadgets, the younger generation is slowly moving away from the attachment of family bonding and gets glued to such electronic items ignoring their elders and staying away separately.

Secondly, once after marriage, men are slowly moving away from their parents, reasons may be many. But the main reason which I had seen in many houses is the newly married young women in such homes force their husbands to come out of such bonding called joint family and wants to lead an independent life away from her in-laws. Do not know why they want to avoid their aged in-laws.

Thirdly, even if the newly married couple continues to live in a joint family, a problem arises slowly and steadily first with small fights between mothers-in-law and daughters-in-law that who should have control over the family, which escalates further if sisters-in-law too join the issue. Most of the TV serials are taken on the basis of such unfortunate scenario which happens every day in many households. Or it is vice versa, after seeing such TV serials much family gets divided from the joint family system.

Men in such households, slowly start listening to their women folk, and in due course will be slowly drifting away leaving their parents, sisters, brothers and other joint family members to lead an independent life or life of their own choice with their young kids. Then once everyone in that family gets married and start moving away to lead their independent life, finally on one fine day aged parents will be left alone to take care of themselves.

Many aged parents who either have been ditched by their own children, or those who have no children to take care of them, and to make a living slowly started begging on the streets, in front of temples, railway platforms or goes out looking for shelter homes.

Another incident.If visited an elderly home in a remote village in Tamil Nadu run by one philanthropic minded individual. There were about 100 aged and deserted men and women. Some are brought by the volunteers of the home from road side platforms. But many have been deserted by their own children and took shelter.

As soon as I entered the home, all the eyes started looking at me expecting something, and some even came to me and start holding my hand and some hugged me. I enquired the caretaker, are they expecting something from me, like cash or food? He immediately said, no. Then continued they are expecting the lost love from those who visit them. He told me that these elder ones still hoping that one day their children will visit the home and take them along. Hope that happens soon. This was another emotional incident in my life.

Now the importance and the necessity for such Old Age Home arises.

Many philanthropic minded individuals or organizations who after seeing the pitiable conditions of those aged person who would be begging on the

streets, take them and admit them in such old age homes, which was once scarce, and now been spread over everywhere.

This problem of ignoring elders and throwing them out of the house was very much prevalent once in China. The question of how to deal with ageing parents is a mounting problem in China.

According to Chinese government statistics, more than 178 million people in China were 60 years or older in 2010. By 2030, that figure will double.

As China's population goes grey, the Chinese media fills with stories of neglected old people. After coming to know the elders problems, the Chinese government came with a law to protect them. China's new "Elderly Rights Law" deals with the growing problem of lonely elderly people. Either they have to keep their parents and also take care, if not if they are admitted in any Old Age Homes, they must visit them often, failing which they might face jail term.

Nowadays they are forced to live alone and are exposed to various kinds of problems such as lack of physical, social, emotional and financial support. To overcome such difficulties and to face new challenges, the Government of India has enacted Maintenance and Welfare of Parents and Senior Citizens Act, 2007 is a legislation enacted in 2007, initiated by Ministry of Social Justice and Empowerment, Government of India., to provide more effective provision for maintenance and welfare of parents and senior citizens. This Act make it a legal obligation for children and heirs to provide maintenance to senior citizens and parents, by monthly allowance.

A senior citizen including a parent who is unable to maintain himself from his own earning or out of the property owned by him, is entitled to get relief under this Act.

How to overcome this issue? Simple, Youngsters, who are so brilliant in academics, need to spend some time daily to learn moral values of life, the practice of ethical living, the value of parents and relatives along with their academic studies. If they do so, on one day all the Old Age Homes will vanish and once again the joint family way of living blossom.

Unless the laws are enforced strictly, soon we might come across many Old Age Homes in India than normal homes.

11.4.1. Advantages and disadvantages of Old age homes

An old parent staying in an old age home is a common enough phenomenon. But is it desirable? Most elderly people cannot reconcile themselves to the idea of living in old age homes. We, their children, want them to live happily, in peace and preferably in the one place where they have always lived – their own homes. But this is the digital age. Aged parents are often left alone while their children go abroad to live and work. So, the next logical step is to put an old father or mother in an old age home. While there is nothing fundamentally wrong with staying in an old age home, it does offend sensibilities.

While living in one's own home is always more desirable, there are a few advantages of an aged parent living in an old age home.

 With advancing age, people often lose motor functions. Performing day to day activities becomes a daunting task. In an old age home, the association helps with daily activities. An alternative to this is having a dedicated caregiver who can help with the everyday chores around the house.

Since old age homes are for senior citizens, doctors are always at hand and emergency services are available 24×7. Alternately, the elderly should have someone with them who can schedule appointments with doctors and

go with them to the chamber. In case of a medical emergency, it's good to have a person who can take care of hospitalisation.

Safety is definitely an issue for senior citizens. The steady security in an old age home gives them protection from intruders and helps them live a safe and secure life.

One of the factors that make old age homes attractive to elders is the companionship. They are in constant company of people their own age. If their children are away from home, they have to live alone and that can cause stress and depression. Living in an old age home may give rise to feelings of abandonment as well. Loneliness is also an issue. Ideally, there should be a companion at home who can fill this void. Companionship is paramount, especially for those who have lost their spouses.

There are two sides to every coin. Let us now look at some of the disadvantages of living in an old age home.

Services cost money. Consequently, old age homes can be expensive; the higher the cost the better the services. Mostly, elderly people are pensioners or they get money from their children. They don't have a lot of money to spend and there are medical bills to pay. This is one of the primary challenges.

There is limited choice in an old age home when it comes to living space and choice in food. It is like community living and there is lack of privacy. It is not the same as living in one's own home.

The atmosphere in an old age home is impersonal. Living there does not have that personal dimension to it. This could give rise to emotional problems like depression because your beloved parents may miss their relatives, children and grand-children.

All things considered, while there are definite advantages of the elderly living in old age homes, there is no substitute for a full and happy life at home. There are services these days that can take care of their every need, at home.

11.4.2. Facilities in Old Age Homes

There have been many transformations in recent years that have had an impact on society in different sectors – societal, financial and personal. Lifestyles have changed, some for the better and a few with negative consequences. The population in general has been reaping the benefits, and mostly those from the younger generation have been able to realise many of their dreams and develop their careers in a better fashion than was possible earlier.

However, the senior citizens, referred to as elders, face certain problems as a consequence of the social transformation. This is reflected in the transition from the traditional ways of life to modern patterns, which require many compromises and adjustments. One of these involve old age homes (OAHs). What is the genesis of old age homes and how have they changed life patterns for the elders? These questions need to be examined dispassionately.

To understand the concept of OAHs, one has to go back in time five to six decades to see the life pattern of elders and chronologically trace the developments that led to the slow yet steady changes that were necessitated by circumstances. There was the much-acclaimed joint family or extended family system wherein elders lived with not only their children but also with their brothers, sisters or uncles and aunts in nearby houses, mostly in villages or in small towns. They all used to live close by, helping

each other for many purposes, be it happy small events or big occasions like marriages. Everyone was close at hand for any emergencies such as health problems or deaths. Thus, the social fabric was well-woven and due respect was given to elders. This system enabled elders to lead reasonably happy lives with hardly any tension, as they had the confidence that someone would take care of them when needed. Whenever there was some health issues for an elder, the whole family would run around to attend to all needs, rendering medical to personal assistance. With perfect understanding on caring and sharing the duties, the elders did not feel let down or lonely.

Another major blessing in those days was the system of a 'family doctor': each family would have a friendly physician who would be ready to visit houses whenever someone was unwell. Besides medical attention, the doctor would instill confidence with pleasant words of encouragement, which would in itself often cure the illness. Thus, a close, well-knit family system served wonderfully the elders in particular and all others in times of need. In those days when most of the deliveries used to be at home, the doctor was easily available to attend to the woman members of the family.

The scenario changed slowly and steadily with the decline or disappearance of the joint family system, which was replaced by the nuclear family system. A 50-year analysis would reveal the great transformation. Many reasons may be attributed for this change, which reflected not only the whole family set-up but also the life pattern of elders, who became dependent, partially or totally. The major factor was the disintegration of families, necessitated by the migration of sons and daughters, as also relatives from their places of birth to towns and cities in search of greener pastures. This was for education, jobs, career enhancement, marriage, amenities and improved lifestyles. While the younger generation had no difficulty in moving out of the house and adjusting themselves to new environs and adapting to new ways of life, it the elderly population found the change to be a hardship. For them, to move away from their own places with attached sentiments, comforts and property holdings, and a fairly happy life, to new environs in the cities was tough. But they had to sacrifice and compromise for the sake of their children and for their own security — financial, health and social. So, the stage was set for new life pattern of life for elders. Are they all in the same life system with their children? What are the variations and problems they face?

11.4.3. The patterns
There are five patterns that elders today face generally, which are situation-dependent. In one, elders stay with children in the same house in the city, which ensures financial and health security. In another situation, they live alone in a separate house with children living elsewhere in the city, considering proximity to places of work or the educational needs of children. Here, the family members visit the parents once a week or when any health problems necessitate their presence. In a third scenario, elders stay alone in a town or city while the children live in faraway cities for employment; the children visit once in a few months for occasions or emergencies of health.

In a fourth pattern, elders live all alone in the city, the children having migrated to foreign countries or for higher education, jobs and so on. The children will be living settled and comfortable lives with family and children, with all material comforts. They will visit the elders once in two or three years; this situation causes health-related and emotional insecurities, though the elders will be financially sound thanks to foreign remittances. In another pattern, elders live with relatives or in old age homes, either with spouse or alone, with financial, health and emotional insecurity. Elders, both men and women, who remained single without marriage invariably landed in OAHs. Each of these situations has its own merits and demerits. While many elders accept the change, others are unable to adjust, and start grumbling and sulking, which is understandable considering the age and exposure to circumstances.

Among the estimated population of over 10 crore in the country in the age range of 65 and above, at least 10 to 20% will be above 75 who face health problems to different degrees. Due to personal compulsions many have emigrated and stay with children mostly in the United States. But some are unable to travel owing to health reasons such as immobility or other personal reasons, and go in search of OAHs.

11.4.4. Genesis of old age homes

Each family has its own problems, with a single child or two or many sons and daughters to look after parents. As they give priority to their own lives with a bright future, many children face the embarrassment of taking care of their parents. Here comes the question of whether to stay back in the country to provide a comfortable life for parents in their advanced age or to migrate to other countries. Attracted by advanced technologies that provide opportunities to prosper in life and by materialistic benefits, many youngsters migrate to greener pastures, leaving behind parents to take care of themselves or with relatives. In the absence of either option, the choice is to leave the elders in OAHs under the care of others who manage the system. Thus OAHs were born to help chiefly the non-resident Indians (NRIs), to relieve them of the tension of leaving behind parents under the care of someone outside the family system. So, the OAHs were a concomitant of the emergence of the nuclear family system.

Having said that, it must be admitted that there are sons and daughters in some families who do not want to leave their aged parents and prefer to take care of them until their last breath, by opting to remain in the country with the satisfaction of whatever employment and other benefits they have commensurate with their education and qualifications. Thus, the mindset of children varies widely and parents have learnt to compromise with the given situation.

11.4.5. Life in OAHs

Just as in the case of systems in other sectors, OAHs have also become highly commercialised. There has been a virtual mushrooming of OAHs in recent years. It has become a lucrative business, thanks to the NRIs who are prepared to shell out huge deposits to admit their helpless parents in OAHs. The cost of providing accommodation, food, comforts and medical help is high.

A cursory glance at the number of OAHs in the country reveal that there are different categories of them to cater to the needs of elders, depending

on the payment capacity. While some OAHs seem to provide good facilities, others lack such comforts. It is not that all elders are taken care of well by the managements. Some of them impose restrictions. The food served is reported to be of low quality and deficient in quantity in many of them. A recent newspaper report spoke of how a poor elder in an OAH was beaten for asking for more food. So also their bedrooms and toilets are often poorly maintained. Some of the managements do not utilise payments made to them by children in India and abroad, leaving the helpless parents in the lurch.

Such abuse and misuse of OAHs come to the limelight often, but seldom is action taken to rectify the situation. There are some well-managed OAHs too, though they are very costly.

Thus, most of the elders in OAHs are not very happy, confined as they are to isolation. Unfortunately, children are unable to come on time when parents fall sick or even die in OAHs. But there are some elders who feel comfortable in OAHs for the freedom and friendly atmosphere with other elders who keep them company, enjoying the time with TV, games and gossip. They show some detachment from family members and feel more secure in OAHs and avoid a restricted life with their children.

The life of elders in the present age is full of problems, both for themselves and for the children. The fortunate few depart with satisfaction and peace of mind, while others leave with an unhappy state of mind. Meanwhile, the OAHs have come to be a part of our social system.

UNIT – XII SOCIAL EXCLUSION AND NEGLECT OF THE AGED

Structure

12.1. Introduction

12.2. Social Problems

12.3. Intergenerational conflict/ Generation gap:

12.4. Elder abuse:

12.5. Crime against elderly:

12.6. Problems at old age homes:

12.7. Changing social roles:

12.1. Introduction

Social exclusion is a phenomenon linked to the concept of exclusion from work, racism and discrimination. The common features of exclusion statements are mainly the lack of possibility of the helpless individual to exercise his rights because of the access restrictions that exist in areas such as education, training, employment, housing, medical care.This exclusion reduces their opportunities to productively contribute to society, which gradually leads them to poverty. The enormous financial and emotional stress of these individuals not only leads them to problematic personal, family and interpersonal relationships but also to social isolation situations. As vulnerable social groups are characterized the populations of which is prevented a full participation in economic, social, and political life of their living place or their access to education, labour market, income and to other resources.

Among the social groups considered vulnerable are also the elderly.

Factors that contribute to the social exclusion of elderly people in order to be recognized and resolved in time.

Nowadays, criterion to characterize someone as elderly besides the chronological age which is the "official" age there are other ages such as social age and psychological age. The social age refers on behaviour and the psychological age refers on feelings. However, the only stable and measurable age is the chronological age which is reported to the real life time.On elderly the result of the social structures changes in general in all societies is that they feel socially alienated, because they are forced to spend the rest of their lives in institutions, accompanied by loneliness or isolation, factors that contribute to their physical and mental deterioration.Other elements are the economic situation of the elderly, their educational level and possibly the loss of one of the two spouses. These features make high-risk problems for the elderly and should be identified, assessed and treated.

Apart from the problems the elderly faces they also have simple needs such as:

➢ Sufficient and nourishing food, proper clothing and footwear, cleanness and decent housing and home help, therefore income that can cover their basic needs

➢ Abidance at home with companion, human relationships, love, affection, integration into the family without the feeling that they are burden to others

➢ Satisfactory medical coverage and hospital care that respect their personality

➢ Activity, employment, education, communication, promotion and recognition of the offer, social interaction, fun and new interests

➢ Ability to move independent in their place and help them move when they need with different devices like: cane, crutch or wheelchair

➢ Access to services in the community or home care and hospitalization

The economic situation of the elderly person determines to a degree his position. Until a few years ago the retirement of the elderly gave them independence at least from their family members. But various groups of elderly, whose pension is not enough, live in poverty and face serious survival problems and consequently their integration into society.

In addition, a common problem is the economic exploitation of the elderly which is the illegal use of funds or property of an elderly without his/her authorization. Elder financial abuse is a growing threat to our nation's older adults. Research suggests that at least 20 percent of adults age 65 and over have been victimized by financial fraud and abuse.

Also the intense psychological problems which may be faced by the elderly, have as a starting point their isolation due to health problems and indifference faced from the members of their family, but also from the social environment towards the elderly This leads the elderly person to be more distant from his family, friends, work.

The family continues to play an important role in the care of elderly people. Caring for an elderly usually requires tremendous physical and mental effort from the person who takes care of him. It is difficult for people to take care of the elderly. The requirements, as well as the needs of elder persons can create situations, in which abuse is more likely to happen. But the problems are rising and because of modern way of living where the family feels pressed, often occurs disturbance in relations of the family members and the tensions that are created leads to violent acts against their elderly parents.

The recognition of abuse is difficult in some cases (e.g. physical abuse, violence), however, the situation is complicated when there are no immediate and visible effect on the life of the victim. Also very common and in increasing are the emotional/ psychological abuse of the elderly, which may have determinative and harmful consequences in the elderly. Moreover, their victims may not be physically or mentally capable or they may be even isolated, afraid or embarrassed to inform what is happening to them.

The residence is also one of the major problems faced by the elderly both in towns and villages. In rural areas the elderly live in homes that do not provide them modern facilities, the living conditions are inadequate and sometimes dangerous. In urban areas the elderly person

lives trapped and isolated inside the apartment, without communication with their neighbours.

Moreover, the elderly health problems are related to the fact that they suffer from many diseases and usually require a long time to recover. The elderly often uses hospital services and due to the various illnesses who need medical care very often. These associated with some senile disability result in the marginalization of the elderly. Often, self-neglect among the elderly is a growing problem that commonly goes unreported, according to a new survey of elder care experts.

All these result that older person will find it difficult to integrate and adapt to the modern lifestyle and consequently to suffer social exclusion and inability to cope with the modern requirements. This creates the view that now he/she is useless and should be withdrawn.

So when there is no understanding of the skills, offers, values, needs and problems of elderly then there is a difficulty of the individual functionality within the social reality.

12.2. Social Problems

In the early 1980's three prominent issues are identified regarding population and family: 1) the extent to which changes in social norms and responsibilities, driven by the secular process of urbanization and modernization, after traditional family modes of caring for older people; 2) the possible social support burden resulting from reduced economic self-sufficiency of aged people and the likelihood of heightened chronic disease morbidity and functional impairment related to linger life expectancy; 3) the ways in which countries develop funding priorities for public care systems given competing demands for scarce resources.

Inability to cope with changing values and life styles:

The traditional people, when relocated to cities find it difficult to understand and adjust with the new milieu. They also find the ways of the younger generation distasteful, e.g. style of dressing, social interactions, parent-children interactions, etc. They may compare the values of their youth with present trends and become overcritical of the freedom and activities of younger people, especially in urban settings.

Inability to mix with people and social isolation:

Elderly coming from rural upbringing may find it difficult to intermingle with city-bred generation and feel uncomfortable in the social circle. They may develop an inferiority complex lack of higher education, unable to communicate and to maintain a conversation, etc. – hence feel socially isolated.

Problems of Social Adjustments:

According to Schneider (1965) adjustment is a process involving both mental and behavioural responses by which an individual strives to cope with inner needs, tensions, frustrations and conflicts and to bring harmony between these inner demands and those imposed upon him by the world in which he lives.Field (1977) has reported difficult adjustment during old age because of economic insecurity, health problems, fewer relations and friends, loss of significant roles and loss of status.

Anantharaman (1980) has observed that the old subjects with positive self-concept, living with their children and enjoying good health were better adjusted than those who had negative self-concept, were living isolated life and were not enjoying good health respectively. There are theoretical models- Disengagement theory and Activity theory developed to explain the adjustment problems of the aged. In the pre-industrial society, the old people use to get enough opportunities to satisfy their various needs. In the society dominated by agricultural and handicraft economy they participated in productive activities as specialists (Simsons, 1960) directly or indirectly, depending on their physical health and remained financially independent. But the present society does not provide opportunities to its aged member to lead a comfortable, respectful and socially useful life. With modernization and industrialization, the roles and status of old people have decreased (Kooky, 1966). The younger generation replaces the aged people in their powerful positions, leaving them in a weakened and functionless situation (Simmond, 1959). Immigration presented an unusual dilemma before elderly. Those elderly who immigrate with their children to foreign land find it immensely difficult to adjust to the new environment, culture, values, life style, language etc. They feel alienated from their surroundings. Most of them long to return to their native land.

12.3. Intergenerational conflict/ Generation gap:

Requirements of each generation differ and the members of each generation want to solve their requirements with their own choice. The choice of younger generation is mainly based on the modern way of living which the old generally do not like. Approach towards life differs, thus, arises conflict. Role diffusion, change in status, disintegration of joint family system, non-participation in decision making, increasing materialism, individual orientation in place of family, urbanization, industrialization, displacement from rural to urban areas, changes in norms, values, culture and acculturation.

12.4. Elder abuse:

Abuse of elderly has become a problem of ageing and has subsequently developed into a criminal justice concern. The cases of abuse of older people by family members or others known to them, either in their homes or in residential or other institutional settings are taken into consideration. It does not cover other types of violence that may be directed at older people, such as violence by strangers, street crime, gang warfare or military conflict. It is generally agreed that abuse of older people is either an act of commission or of omission (in which case it is usually described as neglect''), and that it may be either intentional or unintentional. The abuse may be of a physical nature, it may be psychological (involving emotional or verbal aggression), or it may involve financial or other material maltreatment. Regardless of the type of abuse, it will certainly result in unnecessary suffering, injury or pain, the loss or violation of human rights, and a decreased quality of life for the older person. Whether the behaviour is termed abusive, neglectful or exploitative will probably depend on how frequently the mistreatment occurs, its duration, severity and consequences, and above all, the cultural context. International Network for the Prevention of Elder Abuse states that: Elder

abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person. "Such abuse is generally divided into the following categories: Physical abuse the infliction of pain or injury, physical coercion, or physical or drug induced restraint. Psychological or emotional abuse the infliction of mental anguish. Financial or material abuse the illegal or improper exploitation or use of funds or resources of the older person. Sexual abuse non-consensual sexual contact of any kind with the older person. Neglect the refusal or failure to fulfill a caregiving obligation. This may or may not involve a conscious and intentional attempt to inflict physical or emotional distress on the older person. Common form of mistreatment was neglect and apathy towards older persons in the family. They were treated as piece of old furniture that had outlived its value'. Their emotional, health and other needs were completely overlooked by their caregivers'. Older parents were supposed to adjust to the life style of new generation and were excluded from important decisions about the family members and also at times about themselves. This led to extreme mental depression and loneliness in older persons. Deprivation was another common form of abuse, where the needs of the elderly were overlooked or underplayed. Their dietary, health and other needs are simply ignored in many cases. Exploitation was another form of abuse that older persons faced in the society. The adult children not only used the services of older persons for managing homes, taking care of grandchildren but also asked the elderly to pay the telephone, electricity and other bills of the household; while they themselves had restricted access to these facilities. Serious economic abuse was acknowledged, especially by way of dispossession of property. Vulnerability of elderly women to neglect, isolation, deprivation, exploitation and other forms of abuse are very common. For older people, the consequences of abuse can be especially serious. Older people are physically weaker and more vulnerable than younger adults, their bones are more brittle and convalescence takes longer. Even a relatively minor injury can cause serious and permanent damage. Many older people survive on limited incomes, so that the loss of even a small sum of money can have a significant impact. They may be isolated, lonely or troubled by illness, in which case they are more vulnerable as targets for fraudulent schemes.

12.5. Crime against elderly:

In this paper, the crime against elders includes crimes committed by outsiders, strangers and non-family members. The increasing incidence of crime against the aged is a matter of serious concern, an ominous trend that is likely to grow with the rising numbers of rapidly ageing citizens. They are the most vulnerable people-defenseless, ignored by their families, and forgotten by the society at large. Rapid industrialization, urbanization and advances in medical technology have brought about major changes in the social structure of Indian society. The centuries-old joint-family system and village community disintegrated, and with it collapsed the safety net of family support system and thus problems of the uncared aged have been impinging on the welfare agenda of the State. Fractures in the joint family system and commonly owned property, urban migration, shortage of accommodation in cities and alternate individualistic cultural norms have

all contributed to sharply eroding family care of the aged which increases the risk of violence against them.

12.6. Problems at old age homes:

In recent years, there has been rapid increase in the number of old age homes and they are gradually gaining acceptance, especially by those who see these institutions as a better alternative than living in a son's home where you are not wanted. There is a debate going on in India at present among seniors' organizations, nongovernmental organizations and others about whether this growth should be allowed, supported or curbed. There is a strong feeling that proliferation of old-age homes would make it easier for children to shirk their responsibility for taking care of their aging parents by placing them in institutions. Increasing institutionalization of elderly people would lead to erosion of the desirable traditional family values and may even lead to the breakup of the institution of family itself. While this is the possibility in view of decline in traditional filial obligations among children and lack of an adequate social security safety net, there is also need for various types of institutions to accommodate the increasing number of elderly parents whose children are unable or unwilling to care for their parents. The major problems the elderly face at old age homes are:

• Adjustment with inmates: Though old age homes are often called home away from home, there is significant adjustment problems with the other inmates.

•Physical and mental disorders. Elderly are susceptible to a variety of physical and mental disorders at old age homes. These institutions can never take care of elderly as their family members can take and sometimes the elderly feel the warmth of family members is absent in these institutional settings. There is a feeling of isolation because of living away from family and friends and the outside world and this feeling of isolation results in depression. Sometimes elderly show resentment towards strict regulations of institutional homes.

12.7. Changing social roles:

Sociologically, ageing marks a form of transition from one set of social roles to another, and such roles are difficult. Among all role transformation in the course of ageing, the shift into the new role of the old' is one of the most complex and complicated. In an agriculture based traditional society, where children followed their parent's occupation, it was natural that the expertise and knowledge of each generation were passed on to the next, thus affording older persons a useful role in society. However, this is no longer true in modern society, in which improved education, rapid technical change and new forms of organization have often rendered obsolete the knowledge, experience and wisdom of older persons. Once they retire, elderly people find that their children are not seeking advice from them anymore, and society has not much use for them. This realization often results in feeling of loss of status, worthlessness and loneliness. The growth of nuclear families has also meant a need for changes in role relations. Neither having authority in the family, nor being

needed, they feel frustrated and depressed. If the older person is economically dependent on the children, the problem is likely to become even worse.

The society by facing biased older people is losing a very important group and it capacity. On the other hand, elderly people are excluded from social conditions and are experiencing situations such as alienation, loneliness-isolation. Furthermore, with rapid retirement and removal of the elderly from the production process takes place the impoverishment of older people, and their social exclusion. Many elderly people are isolated because of loss of physical or mental capacity, or through the loss of friends and family members.Therefore, the lack of daily necessities care, the poor state of health and the lack of communication with their relatives generate negative feelings of rejection and loneliness in elderly people.

Once it is suspected, social exclusion of elderly, should be reported to adult protective services. Referral to social services and Adult Protective Services are also vital to decrease morbidity and mortality and to further guide elder care. Therapists can assist vulnerable elderly persons to resolve tension, cope with trauma, assess available resources, and make plans for safety.

Finally, the reduction of the phenomenon of elder social exclusion needs a lot of effort and understanding by each and every person but especially by those ones who are directly connected with this situation such as the elderly themselves as well as their close environment.

BLOCK V: CARE TO THE ELDERLY AND LEGISLATION AND SCHEME AVAILABLE IN AGED
UNIT – XIII CARE TO THE ELDERLY: PERSONAL CARE, HEALTHCARE, HOUSEHOLD CARE

Structure

13.1. Introduction

Ageing is a global phenomenon. The world's population is ageing due to increasing life spans and decreasing birth rates. India is no exception to this demographic transition. It is projected that the proportion of Indians aged 60 and older will rise from 7.5% in 2010 to 11.1% in 2025. In 2010, India had more than 91.6 million elderly and the number of elderly in India is projected to reach 158.7 million in 2025. The ageing population will present a major challenge for the public health care system in near future. India today is confronted with the enormous challenge of preparing to meet the demands of an ageing population. The problems and issues of its greying population occupy the back seat. India should prepare to meet the growing challenge of caring for its elderly population.

Elderly care in India is fast emerging as a critical element of both the public and private concern. The traditional ancient culture with joint families and common land holding never posed a problem for elderly care. But in the last few decades due to modernization the elderly today do not enjoy the same status as they enjoyed in past. The fast pace of **social**change is affecting traditional care giving mechanisms for the elderly. Hence, there is need for a dynamic action plan to utilize the resources of the elderly and enhance their social status in the community.

What is Elder Care?

Elder care, often referred to as senior care, is specialized care that is designed to meet the needs and requirements of senior citizens at various stages. As such, elder care is a rather broad term, as it encompasses everything from assisted living and nursing care to adult day care, home care, and even hospice care.

Elder care encompasses any services required to assist senior citizens in living as independently as possible. Examples range from basic help with transportation to complex medical care.

When is Elder Care Necessary?

Elder care is not always an absolute; in fact, some senior citizens never require any type of care to live independently in their later years. However, elder care often becomes an issue when a loved one begins experiencing difficulty with activities of daily living (ADLs), both safely and independently. ADLs may include cooking, cleaning, shopping, dressing, bathing, driving, taking meds, etc.

A general decline in health is often the impetus for the introduction of elder care, as it may indicate a waning ability to independently handle activities of daily living. For example, senility, which usually comes on at a gradual pace, may mean that a person who once remembered to take medication on time is now having difficulty doing so. Failing eyesight may mean your loved one is gradually losing the ability to move safely about the house, or advanced arthritis may mean he or she is having difficulty getting in and out of the bathtub without assistance.

The need for elder care may also happen quickly, as is the case if your loved one is recovering from a broken hip or recently had a stroke and is still suffering the cognitive and/or physical effects.

What is constant, however, is that elder care may be needed when a health condition –whether physical, cognitive, or even emotional – hinders the ability to safely complete activities of daily living.

Family members or a doctor are usually the first to recognize a need for elder care. The type of elder care that is right for your loved one, however, is largely dependent upon the type of health conditions he or she suffers from, the severity of the conditions, and the deficiencies experienced as a result.

It is up to both your loved one's medical team and the family members closest to them to keep a close eye on any changes that may affect the ability to safely complete ADLs without assistance. There are a number of warning signs your loved one may display or exhibit that may prompt you to seek outside help:

13.2. Care to the elderly

Elder care, often referred to as senior care, is specialized care that is designed to meet the needs and requirements of senior citizens at various stages. As such, elder care is a rather broad term, as it encompasses everything from assisted living and nursing care to adult day care, home care, and even hospice care.Although aging in itself is not a reason to consider elder care, it is usually the various diseases and physical limitations that accompany old age that prompt a discussion about elder care.

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13.3. Personal Care

Advancing in age brings about many changes and these changes can affect virtually every part of life. Many times, these changes can also prompt the need for seniors to receive extra assistance getting through a normal daily routine. It is easy to recognize the problem of seniors being unable to complete the vital "Activities of Daily Living" (ADLs) because these include attending to our most basic needs. But many times, we don't look past that. In reality, the inability to perform ADLs can also have a harmful emotional impact on aging seniors. The inability to complete routine ADLs without assistance may cause seniors to feel helpless, or even damage their self esteem. However, in-home care can provide invaluable assistance for elderly seniors who are struggling with ADLs, while also fostering a sense of friendship and positivity.

Personal Care for the Elderly

"Personal care" refers specifically to support and/or supervision with ADLs. Our licensed in-home care professionals provide personal care support with ADLs—each of which play a vital role in maintaining a healthy and fulfilling lifestyle for seniors in need. The six major ADLs are:

❖ **Grooming**

One of the things that can negatively impact how you feel about yourself is when you are unhappy with your appearance. Other people's opinions aside, just knowing that you are well groomed

and clean is an excellent way to promote happiness and satisfaction within yourself. An in-home care professional can help seniors with all manner of personal grooming related tasks.

❖ **Bathing & Hygiene**

Maintaining a good level of personal hygiene is important for the health and wellbeing of seniors. Bathing assistance is included in personal care—spanning from sponge baths for seniors who are less mobile, to supervision in the shower or bathtub to ensure their safety. Additionally, an in-home care professional can help seniors with a myriad of personal hygiene-related tasks such as skin care, and/or brushing teeth.

❖ **Mobility**

Many times, if an individual has severe mobility problems, assistance may be necessary to help them to safely get in/out of bed and around their living space. Safety is the highest priority as aging seniors who are struggling with mobility are more likely to be susceptible to injury should a fall or other accident occur. Light stretching and other exercises for seniors are often recommended in order to help maintain joint mobility.

❖ **Eating/Feeding**

When necessary, an in-home care professional can prepare meals and feed seniors who are otherwise unable to feed themselves in a manner that promotes the dignity and respect that each individual is entitled to.

❖ **Toileting/Continence Care**

Attending to daily toileting needs or providing continence care is critical. Toileting needs may range from supervision to helping seniors during the entire toileting process. Should continence care be needed, then an in-home care professional can ensure that needs are met in a sanitary manner. Our in-home care professionals understand how personal of an issue this can be and are trained to approach these situations with tact and sensitivity.

❖ **Dressing**

Dressing is a basic part of daily life, but dressing and undressing can present significant difficulties and safety hazards for some seniors. Assisting seniors with getting dressed and ready for the day and changing into night clothes before bed is a valuable component of our in-home care services.

❖ **Assessing Levels of Care**

Because each individual has their own unique needs, the type of care and level of care for every individual may differ. Although the level of assistance may vary, any form of support will always focus on safely meeting the care requirements of a senior. For example, some seniors may only need supervision with bathing to ensure safety, while others may be completely reliant upon hands-on assistance and are unable to complete the task on their own.During an in-home care evaluation, a senior's ability to perform major ADLs will be assessed. This assessment will identify what ADLs the senior is struggling with and to what degree of support they need to successfully complete them.

❖ **Instrumental Activities of Daily Living (IADLs)**

In-home care may also provide support with "Instrumental Activities of Daily Living" (IADLs) which are important but do not require "hands on" care/supervision. These tasks could include assistance with tasks such as transportation or house maintenance. It is important to remember that IADLs are beneficial and can be vital for the independence of seniors. However, they do not necessarily fall under the classification of personal care.

❖ **Enriching Quality of Life**

Just surviving, or simply performing those actions needed to get by each day in as basic a manner as possible, is no way for anyone to live. As age advances, and physical impediments begin to grow, the seniors may begin to feel trapped by their limitations. By working with an in-home care professional, seniors can develop a plan that will allow them to enrich their days, instead of simply surviving them.

13.4. Health Care

Ageing is a natural process, which presents a unique challenge for all sections of the society. Although the exact definition of elderly age group is controversial, it is defined as persons with a chronological age of 65 years and above. With gradual improvement in health-care delivery services, life expectancy has increased and thus the percentage of the elderly population. It has been estimated that the number of people aged 60 and over will increase to 1.2 billion in 2025 and subsequently to two billion in 2050. Further, by the year 2025, almost 75% of this elderly population will be living in developing nations, which already have an overburdened health-care delivery system. These demographic transitions essentially require shifting the global focus to cater to the preventive health-care and medical needs of the elderly population.

An ageing population tends to have a higher prevalence of chronic diseases, physical disabilities, mental illnesses and other co-morbidities. The health needs and health related problems of elderly people cannot be

viewed in isolation. A wide gamut of determinants such as social concerns (viz. children moving out of their parents' home in search of occupation, leaving them isolated without any physical support in daily activities); maltreatment towards elderly; poor knowledge and awareness about the risk factors; food and nutritional requirements; psycho-emotional concerns (viz. isolation, mental stress, difficulty in keeping themselves occupied); financial constraints (viz. definite reduction in income upon retirement, to the extent that it may interfere with bare needs of life as adequate nutrition, clothing and shelter); health-care system factors (viz. most countries lack effective health insurance system for elderly coupled with accessibility concerns and inadequacies in the government health-care system); and physical correlates; determine the medical problems and thus cast a significant impact on the quality-of-life of the elderly.

Prevention and control of health problems of elderly necessitates a multifaceted approach incorporating active collaboration of health, social welfare, rural/urban development and legal sectors. A community based geriatric health-care program should start with the development of a comprehensive policy so as to include not only medical aspects, but other determinants as well. Strong political commitment and social action are imperative for the effective implementation of customized policy at the grass root level. Other measures such as improvement in the health knowledge of the elderly about potential risk factors; social measures like developing a culture wherein children voluntarily take the responsibility of looking after their aged parents; regulatory mechanisms, which make it obligatory for the members of society to look after their elder parents; development of a health insurance scheme to cover their health-care needs; development of pension schemes with contribution from employee, employer and government; advocating the construction of elderly-friendly houses/roads/staircases; promotion of primary prevention to inculcate healthy life-styles in early adulthood; information, education and communication strategies toward three broad groups namely elderly persons, the middle aged who would move into elderly age group in the near future and younger people who are the potential care providers for their elderly parents/relatives regarding the issues of hygiene, nutrition, physical exercise, avoidance of tobacco and alcohol, accident prevention measures and awareness about recognition of early signs/symptoms of common geriatric problems; training and re-training of medical and paramedical staff to effectively understand the special health needs of the elderly; immunization services; necessity of periodic health assessment in early detection of conditions; provision of prostheses and other medical aids; development of gerontology units; and ensuring effective communication; can be implemented in a strategic manner for achieving the best outcome.

- Physical problems
  - ❖ Gait, stability (walking problems)
  - ❖ Sensory issues (a loss or decline in hearing, seeing, smelling)
  - ❖ Chronic health conditions (diabetes, heart disease, arthritis)
  - ❖ Temporary or permanent physical limitations that may inhibit the senior's ability to perform ADLs

- Cognitive problems
  - ❖ Confusion
  - ❖ Memory loss
  - ❖ Attention problems
  - ❖ Forgetting to take meds on time, at the right time, or at all
  - ❖ Language problems
  - ❖ Dementia

- Emotional problems
  - ❖ Depression
  - ❖ Social withdrawal
  - ❖ Loneliness
  - ❖ Changes in personality (irritable, angry, moody, etc.)
  - ❖ Loss of interest in activities

Physical Problems:

Chronic health problems often come about as people age and are unable to perform many of the activities they once could. Their bodies may become more fragile, more rigid, and less resilient. Chronic illnesses may cause secondary impairments, or new illnesses to develop.Disease-related physical impairments may be easy to spot or may be subtler. For example, senior citizens with glaucoma may not appear to be physically impaired, but their loss of vision may result in accidents and falls that may greatly impact their health or well-being.Just because your loved one hasn't reported a physical impairment doesn't mean he or she doesn't require care; therefore, a complete physical examination (including vision and hearing) on a regular basis is an important part of an overall health plan.

Cognitive Problems

Although cognitive problems, at least in their mildest form, can be expected as your loved one ages, some cognitive problems may impair a his or her ability to live safely and independently. Cognitive problems may cause memory problems, difficulty with language, difficulty making judgments, and difficulty regulating emotions, just to name a few. Mild dementia may not require elder care, but any type of dementia that is progressive and causes serious safety concerns must be addressed.

Emotional Problems

A decline in health, the loss of a spouse, the inability to do things once enjoyed, or the feelings of unimportance are all issues that may cause your loved one to experience emotional problems.Emotional problems may manifest themselves in a number of ways. For example, your loved one may become socially withdrawn, moody or irritable, or may even have suicidal thoughts.Many seniors deny the existence or severity of emotional problems, which makes the thoughtful observations of physicians and family members all the more important.

To conclude, provision of quality assured health-care services for the elderly population is a challenge that requires joint approach and strategies. Failure to address the health needs today could develop into a costly problem tomorrow.

13.5. Household Care

If you're like the majority of seniors, you probably want to live at home for as long as possible. You like your feeling of independence. You know that modern technology such as medical alert systems ensure that you are safe at home. Home care for seniors is healthcare and/or personal care support that's provided in-home. It is designed to delay or prevent moving to a nursing home or assisted living center. The thought of paying for an assisted living facility makes your heart flutter. But there are some activities of daily living (ADLs) like dressing, bathing driving or grocery shopping that can become difficult for some seniors. In-home care provides seniors with home health care, non-medical care and even companionship. You keep your independence and your house. In-home care professionals come to you. And with million baby boomers starting to retire at a rate of 8,000 a day, the demand for in-home care will only increase, meaning more competition, better service and lower prices.

Why Senior In-Home Care and What to Expect?

One survey shows that **90% of seniors want to stay in their homes as long as possible**. Your home is where you're comfortable. It's what is familiar. It provides comfort. If you move out to an assisted living community or nursing home, you're starting over. You may have to room with a stranger. With in-home care, you're able to remain as independent as you can be. Independence is a psychological boon, especially when the effects of aging are taking place. For example, you have hip replacement surgery. And instead of heading to a nursing home for care, you go back home, where a physical therapist helps your recovery. And a home health aide tends to your home until you can. The surroundings are yours. You sleep in your bed. All of this familiarity can help with your recovery. One study found that those who received in-home care visited the doctor 25% fewer times than those that didn't receive in-home care. Clients with Alzheimer's or other dementia diseases, made almost 50% less trips to the doctor. As a team, home care workers can deliver most eldercare services that hospitals provide. Workers can be hired for complete caregiving needs, or they can provide respite (rest) for the person's spouse or other regular care provider. Most home care workers have the following job titles:

- Health Care Aide
- Registered Nurse
- Companion or Homemaker

Physical therapists, social workers and other specialists make home visits too, as do charitable volunteers. Home care has important benefits compared with alternatives. For example, compared with recuperating alone, receiving nurse-directed home care after hospitalization is **associated with longer life and a lower risk of rehospitalization**, according to a study in the Journal of the American Geriatrics Society. The same study found that because rehospitalization was less likely with home care, total medical bills for heart failure patients were about 35% lower. Compared with moving to a nursing home or assisted living center, **benefits of choosing in-home care** tend to be:

- Greater Convenience
- Better Quality of Life

- Lower Medical Bills

Examples of elderly home care services include:

- Monitoring heart rate and blood pressure
- Caring for wounds from injury or surgery
- Managing IVs and catheters
- Providing physical and cognitive therapies
- Educating patients and caregivers
- Preparing meals and cleaning the home
- Providing transportation
- Providing companionship

Additionally some of the best home care agencies offer enrichment programs that are tailored to each customer or patient. For example, a senior's customized home care enrichment plan might include playing word games, painting, taking walks and attending church with her caregiver.

13.6. Types of Senior In-Home Care

Not all in-home care is the same. There is service for any kind of need.

13.6.1. Licensed Medical Professional Care

For example, a man shows signs of Alzheimer's, but is otherwise physically healthy. He may just need help with paying his bills, getting to appointments, etc. He won't necessarily need medical help yet. **Licensed medical professionals** can include physicians, physician's assistants (PA), nurses, physical and occupational therapists, and some specialty home health aides who work under the direction of a physician. A recent survey by Home Instead Senior Care of over 1,600 caregivers showed the following services used by clients:

- ❖ 60% used home-health nurses
- ❖ 59% used physical therapists
- ❖ 32% used occupational therapists
- ❖ 37% had at least one in-home visit from a PA or nurse practitioner
- ❖ 17% had an in-home visit from a physician

13.6.2. Non-Medical Paraprofessionals Care

Non-medical paraprofessionals include as home health aides, personal care attendants, homemakers and companions. Home health aides provide hands-on care and assistance to with ADLs (see below). They can also help with cooking, shopping and loundary. Homemakers or companions provide services such as light housekeeping, transportation, and companionship. These activities are known as instrumental ADLs (see below). People with Alzheimer's will often use a companion to assist them. **Activities of Daily Living (ADLs)**

- Bathing
- Dressing
- Feeding

- Toileting
- Grooming
- Oral Care
- Walking or using a wheelchair

Instrumental ADLs
- Housekeeping
- Laundry
- Change linens
- General shopping
- Transportation
- Meal preparations
- Managing money
- Medication management

Dementia Home Care

Dementia is not a singular disease itself. Rather, it's a broad term that encompasses several types of progressive disorders with a wide range of symptoms. By far, Alzheimer's is the most prevalent form of dementia with nearly 5.5 million sufferers in the United States alone. Other types and forms of dementia include:

- Vascular Dementia
- Alzheimer's Disease
- Dementia with Lewy Bodies
- Huntington's Disease
- Parkinson's Disease
- Frontotemporal Dementia
- Creutzfeldt-Jakob Disease
- Wernicke-Korsakoff Syndrome
- Normal Pressure Hydrocephalus
- Mixed Dementia

Because of the complexity of dementia and the fact that multiple symptoms are typically present, 24-hour monitoring is often required, particularly in the later stages of these conditions. Recognizing the symptoms and staging early intervention such as professional dementia home care, therapies and medication can help delay the progression of dementia and even reduce current symptoms. Dementia patients usually suffer two or more of the following.

- Slow and unbalanced movements
- Trouble with sound reasoning and judgment
- Issues focusing and concentrating
- Complications with speech and communication
- Visual perception issues such as color blindness or failure to detect motion

- Hallucinations

- Memory loss

In the early and mid stages of dementia, some patients will have days where their need for care fluctuates. On 'good' days they may successfully attend to their activities of daily living by themselves and can perhaps tend to light housekeeping. However, on more challenging days, your loved one may need a full or part-time home caregiver for assistance for these tasks and other chores as needed. The goal of dementia home care providers is to help your loved one live safely and comfortably in their home where they tend to feel safer and experience less bouts of confusion and irritation. Knowing when to seek outside help and where to find quality care can be challenging, as it's essential to find a caregiver who's experienced and qualified to handle the various and ever-changing challenges of dementia sufferers. We recommend seeking out Certified Dementia Care Managers or those with some form of licensure focusing on dementia care. This helps ensure that your caregiver is familiar with all stages of the disease, how it manifests and how to handle the symptoms. Things to look for in a qualified dementia caregiver include:

- Certifications of competency in memory care and current best practices in dementia care backed by confirmed experience.

- The ability to lawfully administer medications, which may be pertinent in the final stages

- The willingness to initiate stimulation and activities for memory support based upon the patient's current abilities and interests

- Experience in behavior management and the ability to calm patients without medications when possible

- The ability to provide a functional, supportive and safe environment that minimizes confusing noises and other stimuli that dementia patients are often sensitive to.

- One who aggressively recognizing new or worsening symptoms and is able to adjust routines to center on each patient's unique needs.

Explore dementia home caregivers near you in our directory or call us for assistance.

Alzheimer's Home Care Services

Alzheimer's Disease is the most common form of dementia and is a progressive condition that typically begins with mild memory loss. Initially, seniors losing keys or forgetting to close the door may seem harmless enough. However, as this condition moves into the middle and final stages, memory loss worsens and can lead to more dangerous situations. Some common incidents include leaving the stove on, wandering the neighborhood and getting lost, forgetting to take essential medications or to eat and lead to bouts of anxiety attacks during states of confusion. Agitation, hallucinations, sudden outbursts, suspicion and aggression also commonly develop in the later stages. Alzheimer's home care services can be customized to meet patient-specific needs, regardless of the stage they're in. In-home care for Alzheimer's patients can provide a much needed respite for caregivers in need of a break, and there are

services that provide full-time memory care to ensure your loved one's safety and security when you're not able to. Having a caretaker come into the home helps ease stress on a loved one who prefers to age in place within their own home where they are comfortable. Studies indicate that those with Alzheimer's Disease who view their environment in a positive way experience less anxiety, stress and a greater sense of overall happiness. Care for your loved one can be as minimal or comprehensive as they need ranging from 1 hour a day, a few hours a week or full time. Here are a few services you can generally request from home Alzheimer's care providers.

- Assistance with ADLs—personal hygiene, eating, dressing etc.

- Light housecleaning

- Basic household chores

- Running errands

- Meal preparation

- Appointment transportation

- Medication management assistance

However, it's important for home Alzheimer's caregivers to have the proper training to be prepared to handle the symptoms of this progressive disease, which is why you'll want to find a provider with ample experience and education that includes one or more certifications in Alzheimer's or memory care. Choose a home provider who understands the various stages of Alzheimer's Disease and their symptoms. Most importantly, find one who also utilizes a person-centered approach to improve you and your loved one's quality of life by:

- Encouraging social interaction and engagement to the patient's level of comfort.

- Helping seniors remain calm and keeping them safe.

- Understanding how to minimize cognitive and behavioral symptoms and outbursts.

- Adapting care methods and surroundings as needed as the disease progresses.

- Offering family support and updates when necessary.

UNIT XIV LEGISLATION AND SCHEMES AVAILABLE FOR AGED

Structure

The problems of the elderly in India were not serious in the past because the numbers were small and the elderly were provided with social protection by their family members. But owing to relatively recent socio-economic changes, ageing of the population is emerging as a problem that requires consideration before it becomes critical. However a few studies indicate that family and relatives still play a dominant role in providing economic and social security for the elderly. But still the majority of elderly need social, economic and healthsupport.

Over the years, the government has launched various schemes and policies for elderly persons. These policies and schemes are meant to promote the health, well-being and independence of elderly people around the country. Some of these provisions have been discussed in this chapter as follows:

I   Relevant Constitutional Provisions

II   Legislations

III   Various policies and programmes of Central Government for ElderlyPeople

IV   Some other importantactivities

V   Specific Measures / Schemes implemented by Punjab Government

I   RELEVANT CONSTITUTIONALPROVISIONS

(i)   Article 41 of theConstitution:

Article 41 of Directive Principles of State Policy has particular relevance to Old Age Social Security. According to Article 41 of the constitution of India, "the state shall, within the limits of its economic capacity and development, make effective provision forsecuring the right to work, to education and to public assistance in cases of unemployment, old age,

sickness and disablement and in other cases of undeservedwant."

(ii) **Article 47 of theConstitution:**
Article 47 of the constitution of India provides that the state shall regard the raising of the level of nutrition and the standard of living of its people and improvement of public health as among its primaryduties.

(iii) **Some Other ConstitutionalProvisions:**
Entry 24 in list III of schedule VII of constitution of India deals with the welfare of labour, including conditions of work, provident funds, liability for workmen's compensation, invalidity and old age pension and maternity benefits. Further, item 9 of the state list and item 20, 23 and 24 of concurrent list relates to old age pension, social security and social insurance, and economic and social planning. The right of parents, without any means, to be supported by their children having sufficient means has been recognized by section 125(1) (d) of the Code of Criminal Procedure 1973, and section 20 (1 & 3) of the Hindu Adoption and Maintenance Act,1956.

Among the administrative setup, the Ministry of Social Justice and Empowerment focuses on policies and programmes for the elderly in close collaboration with State Governments, Non-governmental Organisations and Civil Society. The programmes aim at their welfare and maintenance especially for indigent elderly, by supporting old age homes, day care centers, mobile medical units etc.

II **LEGISLATIONS**

Maintenance and Welfare of Parents and Senior Citizens Act, 2007

The Maintenance and Welfare of Parents and SeniorCitizens Act,2007wasenactedinDecember2007,toensureneedbasedmaintenance for parents and senior citizens and their welfare. Section 19 of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 envisages provision of at least one old age home for indigent senior citizens with a capacity of 150 persons in every district of the country. The objectives of the Act are:

o Revocation of transfer of property by senior citizens in case of negligence byrelatives.
o Maintenance of Parents/senior citizens by children/ relatives made obligatory and justiciable throughTribunals.
o Pension provision for abandonment of seniorcitizens.
o Adequate medical facilities and security for seniorcitizens.
o Establishment of Old Age Homes for indigent SeniorCitizens.

The Act was enacted on 31stDecember 2007. It

accords prime responsibility for the maintenance of parents on their children, grand children or even relatives who may possibly inherit the property of a senior citizen. It also calls upon the state to provide facilities for poor and destitute older persons.

The Act has to be brought into force by individual State Government. Himachal Pradesh is the first state and Punjab is thefifth state where old parents can legally stake claim to financial aid from their grown-up children for their survival and a denial would invite a prison term. As on 03.02.2010, the Act had been notified by 22 states and allUTs.

III VARIOUS POLICIES AND PROGRAMMES OF CENTRAL GOVERNMENT FOR ELDERLYPEOPLE

Several initiative steps for various policies and programmes for the elderly have been taken by the government. Some of them have been discussed as below:

14.3. National Policy for Older Persons (NPOP) 1999

The National Policy on older Persons was announced bythe Central Government of India in the year, 1999 to reaffirm thecommitment to ensure the well-being of the older persons. It was astep to promote the health, safety, social security and well-being ofelderly in India. The policy recognizes a person aged 60 years andabove as elderly. This policy enables and supports voluntary and non- governmental organizations to supplement the care provided by thefamily and provide care and protection to vulnerable elderly people. It was a step in the right direction in pursuance of the UN GeneralAssembly Resolution 47/5 to observe 1999 as International Year ofOlder Persons and in keeping with the assurances to elderly people contained in the Constitution. The policy envisages state support in a number of areas –financial and food security, healthcare and nutrition, shelter, education, welfare, protection of life and propertyetc. for the well being of elderly people in the country. The primary objectives of this policy areto:

o Ensure the well-being of the elderly so that they do not become marginalised, unprotected or ignored on anycount.

o Encourage families to take care of their older family members by adopting mechanisms for improving inter generational ties so as to maketheelderlyapartandparceloffamilies.

o Encourage individuals to make adequate provision for their own as well as their spouse's oldage.

o Provide protection on various grounds like financial security,health care, shelter and welfare, including protection against abuse andexploitation.

o Enable and support voluntary and non-governmental organizations to supplement the care provided by the family and recognisingthe need for expansion of social and community services with universalaccessibility.

o Provide care and protection to the vulnerable elderly people by ensuring for the elderly an equitable share in the benefits ofdevelopment.
o Provide adequate healthcare facility to the elderly.
o Promote research and training facilities to train care givers and organizers of services for theelderly.
o Create awareness regarding elderly persons to help them lead productive and independentlife.

This policy has resulted in the opening of new schemes such as –
o Promotionoftheconceptofhealthyageing.
o SettingupofDirectoratesofOlderPersonsintheStates.
o Training and orientation to medical and paramedical personnel in health care of theelderly.
o Assistance to societies for production and distribution of material on elderlycare.
o Strengthening of primary health care system to enable it to meetthe health care needs of olderpersons.
o Provision of separate queues and reservation of beds for elderly patients inhospitals.
o Extended coverage under the Antodaya Schemes especially emphasis for elderlypeople.

14.4. National Council for Older Persons (NCOP)

A National Council for Older Persons (NCOP) was constituted in 1999 under the chairpersonship of the Ministry of Social Justice and Empowerment to operationalize the National Policy on Older Persons. The NCOP is the highest body to advise the Government in the formulation and implementation of policy and programmes for the elderly. The basic objectives of this council are to:
o advisethe Government on policies and programmesfor olderpersons.
o represent the collective opinion of elderly persons to the government.
o suggeststepstomakeoldageproductiveandinteresting.
o provide feedback to the government on the implementation of the NPOP as well as on specific programme initiatives forelderly.
o suggest measures to enhance the quality of inter-generational relationships.
o provide a nodal point at the national level for redressing the grievances of older persons which are of an individual nature provide lobby for concessions, rebates and discounts for older persons both with the Government as well as with the corporate sector.
o work as a nodal point at the national level for redressing the grievances of elderlypeople.
o undertake any other work or activity in the best interest of elderly people.

The council was re-constituted in 2005 and met at least once every year. At present there are 50 members in it, comprising representatives of Central and State Governments,

NGO's, citizens' group, retired persons' associations, and experts in the fields of law, social welfare and medicine.

14.5. Central Sector Scheme of Integrated Programmefor Older Persons(IPOP)

An integrated Programme for Older Persons (IPOP) is being implemented since 1992 with the objective of improving the quality of life of senior citizens by providing basic amenities like food, shelter, medical care and entertainment opportunities and by encouraging productive and active ageing. Under this scheme financial assistance up to 90 percent of the project cost is provided to Non-Governmental Organizations for running and maintenance of old age homes,daycare centers and mobile medicine units. The scheme has been made flexible so as to meet the diverse needs of the older persons including reinforcement and strengthening of the family, awareness generation on issues pertaining to older persons, popularisation of the concept of lifelong preparation for old age etc. Several innovative projects have also been added which are as follows:

- o Maintenanceofrespitecarehomesandcontinuouscarrehomes.
- o Sensitizing programmes for children particularly in schools and colleges.
- o Regional resource and training centers for caregivers of elderly persons.
- o Volunteer Bureau for elderlypersons
- o Formation of associations forelderly.
- o Helplines and counselling centers for olderpersons.
- o Awareness Generation Programmes for elderly people and
- o Running of day care centers for patients of Alzheimer's Disease/Dementia, and physiotherapy clinics for elderlypeople.
- o Providing disability and hearing aids for the elderlypeople.

The eligibility criteria for beneficiaries of some important projects supported under IPOP Scheme are:

- o Old age homes – fordestitute elderly persons.
- o Respite care homes and continuouscare homes – for elderly persons who are seriously ill and require continuous nursing careandrespite
- o Mobile Medicare units – for older persons living in slums, rural and inaccessibleareaswhereproperhealthfacilitiesarenotavailable.

The scheme has been revised in April, 2008. Besides an increase in amount of financial assistance for existing projects, Governments/Panchayati Raj institutions/local bodies have been made eligible for getting financialassistance.

14.6. Inter-Ministerial Committee on Older Persons

An Inter-Ministerial Committee on Older Persons comprising twenty-two Ministries/Departments, and headed by the secretary, Ministry of Social Justice and Empowerment is another coordination mechanism in implementation of the NPOP.

Action Plan on ageing issues for implementation by various Ministries/Departments concerned is considered from time to time by the committee.

14.7. National Old Age Pension (NOAP) Scheme

Under NOAP Scheme, in 1994 Central Assistance was available. The amount of old age pension varies in the different States as pertheir share to this scheme. It is implemented in the State and Union Territories through Panchayats and Minicipalities. The assistance was available on fulfillment of the followingcriteria:-

o 65 years or more should be the age of the applicant (male or female)

o The applicants who have no regular means of subsistence from their own source of income or through financial support from family members orothers.

The Ministry is now implementing the Indira Gandhi National Old Age Pension Scheme (IGNOAPS). Under this scheme Central assistance in form of Pension is given to persons, above 65 years @ Rs. 200/- per month, belonging to a below poverty line family. This pension amount is meant to be supplemented by at least same contribution by the States so that each applicant gets at least Rs. 400/- per month as pension. The number of beneficiaries receiving central assistance, in the form of pension, was 171 lakh as on 31st March,2011.

Further the Ministry has lowered the age limit from the existing 65 years to 60 years and the pension amount for elderly of 80 years and above has also been increased from Rs. 200/- to Rs. 500/- per month with effect from 01.04.2011. This decision of the Government of India has been issued to all States/UTs vide letter no. J- 11015/1/2011-NSAP dated 30th June,2011.

14.8. National Programme for Health Care of Elderly (NPHCE)

National Programme for Health Care of Elderly (NPHCE) is an articulation of the international and national commitments of the government as envisaged under (UNCRPD), National Policy on older Persons (NPOP) adopted by the Government of India in 1999 and Section 20 of "The Maintenance and Welfare of Parents and Senior Citizens Act, 2007" dealing with provisional for medical care of senior citizen. Ministry of Health and Family Welfare (MOHFW) has taken appropriate steps in this regard by launching the National Programme for Health Care of Elderly (NPHCE) as a centrally sponsored scheme under the new initiatives in the XI five years plan. Presently, it is being rolled out in 100districts.

The vision of the NPHCE is:

o To provide accessible, affordable and high quality long-terms comprehensive and dedicated care services to an Ageing population.

o Creating a new "architecture" forAgeing.
o To build a frame-work to create an enabling environment for "a society for allages".
o TopromotetheconceptofActiveandHealthyAgeing.
o Convergence with National Rural Health Mission, AYUSH and other line departments like Ministry of Social Justice andEmpowerment.

Specific Objectives of NPCHE are:
o To identify the health problems in the elderly and provide appropriate health interventions in the community with a strong referral backupsupport.
o To provide an easy access to promotional, preventive, curative and rehabilitative services to the elderly through community based primary health careapproach.
o To build capacity of the medical and paramedical professional as well as the care-takers within the family for providing health care to theelderly.
o To provide referral services to the elderly patients through district hospitals, regional medicalinstitutions.

Core Strategies to achieve the objective of the Programme
o Community based Primary Health Care approach including domiciliary visits by trained health careworkers.
o Dedicated services at PHC/CHC level including provision of machinery, equipment, training, additional human resources (CHC), IECetc.
o Dedicated facilities at District Hospital with 10 bedded wards, additional human resources, machinery, and equipment, consumable and drugs, training andIEC.
o Strengthening of 8 Regional Medical Institutes to provide dedicated tertiary level medical facilities for the elderly, introducing PG courses in Geriatric Medicine, and in-service training of health personnel at alllevels.
o Information, Education and Communication (IEC) using mass media, folk media and other communication channels to reach out to the targetcommunity.
o Continuous monitoring and independent evaluation of the programmeand research in Geriatrics and implementation ofNPHCE.
o Promotion of public and private partnerships in Geriatric HealthCare.
o Mainstreaming AYUSH – revitalizing local health traditions, and convergence with programmes of Ministry of Social Justice and Empowerment in the field ofgeriatrics.
o Reorienting medical education to support geriatricissues.

14.9. National Policy on Senior Citizens 2011

The foundation of National Policy for Senior Citizens 2011 is based on several factors – demographic explosion among the elderly, the changing economy and social milieu, advancement in medical research, science and technology and high levels of destitution among the elderly rural poor. In principle the policy values an age integrated society. It believesin the development of a formal and informal

social support system, so that the capacity of the family to take care of senior citizens is strengthened and they continue to live in the family. All those of 60 yearsand above are senior citizens. This policy advocates issues related to senior citizens living in urban and rural areas, special needs of the 'oldest old' and older women. It will endeavourto   strengthen   integration   between   generations, facilitateinteraction   between the old and the young   as well as strengthen bonds between different age groups. It believes in the development of a formal and informal social support system, so that the capacity to the family to take   care   of   senior   citizens   is strengthened and they continue to live in the family. The policy seeks to reach out in particular to the bulk of senior citizens living in rural areas who are dependent on family bonds and intergenerational understanding and support. The focus of thenew policy:

- o Promote the concept of 'Ageing in Place' or ageing in own home, housing, income security and homecare services, old age pension and access to healthcare insurance schemes and other programmes and services to facilitate and sustain dignity in old age.Thethrustofthepolicywouldbepreventiveratherthancure.

- o Mainstream senior citizens, especially older women, and bring their concerns into the national development debate with priority to implement mechanisms already set by governments and supported by civil society and senior citizens' associations. Support promotion and establishment of senior citizens' association, especially amongstwomen.

- o The policy will consider institutional care as the last resort. It recognizes that care of senior citizens institutional care as the last resort. It recognises that care of senior citizens has to remain vested in the family which would partner the community, government and the privatesector.

- o Long term savings instruments and credit activities will be promoted to reach both rural and urban areas. It will be necessary for the contributors to feel assured that the payments at the end of the stipulated period are attractive enough to take care of the likely erosion in purchasingpower.

- o Being a signatory to the Madrid Plan of Action and Barrier Free Framework it will work towards an inclusive, barrier-free and age- friendlysociety.

- o Recognise the senior citizens are a valuable resource for thecountry and create an environment that provides them with equal opportunities, protects their rights and enables their full participation in society. Towards achievement of this directive, the policy visualizes that the states will extend their support for senior citizens, living below the poverty line in urban and rural areas and ensures their social security, healthcare, shelter and welfare. It will protect them from abuse and exploitation so that the

quality of their livesimproves.

o Employment in income generating activities after superannuation will beencouraged.

o States will be advised to implement the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 and set up Tribunals so that elderly parents unable to maintain themselves are not abandoned andneglected.

o Support and assist organisations that provide counseling, career guidance and trainingservices.

o States will set up homes with assisted living facilities for abandoned senior citizens in every district of the country and there will be adequate budgetarysupport.

IV   SOME OTHER IMPORTANTACTIVITIES

Some of other important activities regarding the welfare of elderly people are as follows:

14.10. International Day of Older Persons

The International Day of Older Persons is celebrated every year on 1stOctober, 2009. On 01.10.2009, the Hon'ble Minister of Social Justice and Empowerment flagged off "Walkathon" at Rajpath, India Gate, to promote inter-generational bonding. More than 3000 senior citizens/elderly people from across Delhi, NGOs working in the field of elderly issues, and school children from different schools participated in this.

14.11. Role of Non-Governmental and voluntary organisations:

While the government continues its efforts to introduce programmes for the welfare of the elderly, it is the non-governmental organisations which have played a key role in bringing to the forefront the problems of the older people to the society at large and through its various services it has sown the seeds for a forum whereby the voice and the concerns of the elderly can be addressed. Presently there are many non-governmental organisations working for the cause of the elderly in India. In India most of the non governmentalorganisations have concentrated their work among the lower income group and the disadvantaged sections of the society.This is mainly because one-third of these people are defined as "capability poor" which means that they do not have access to minimum levels of health care andeducation for earning a decent living. However in the first few years of the growth of the NGO's the emphasis was on the abuse of women due to the gender discrimination prevalent in our Indian society. It is only in the last few years when the demographers provided alarming statistics on the growth of the elderly population that a need was felt to work in this area as it was always assumed that the elderly were well taken care of and were safe in the custody of the well integrated joint family system in India. Initial studies show that the elderly are taken care of by the family but the reality and recent ethnographic cases studies also prove that the so called "joint family system" in India is a myth and the elderly though they live with their sons and their families are neglected and uncared for by them. This scenario led to the

emergence and mushrooming of various NGO's working towards the concerns of theelderly.

In recent years several national level and state level voluntary organisations have been set up for promoting the welfare of the elderly, for advocating a general national priority to their problemsand needs and for organising services. The Government describes the services they are providing as residential care, day care, geriatric care, medical and psychiatric care, recreation, financial assistance and counselling. These services are however primarily urbanbased.

One of the premier voluntary organisation which began work on the cause and care of the older people of our country is Help Age India. It is a secular, a political, nonprofit, non governmentalorganisation and is registered under the Societies' Registration Act, 1960, in 1978. Help Age India was formed in 1978 with the active help from Mr. Cecil Jackson Cole, founder member of help the Aged, United Kingdom. In its newsletters and brochures one can clearly see it has chartedoutitsgoalsandobjectiveswhichare"Tocreateanawarenessand understanding of the changing situation and the needs of the elderly in India and to promote the cause of the elderly. To raise the funds for creation of infrastructure through the medium of voluntary social service organisations for providing a range of facilities especially designed to benefit the elderly and thus to improve the quality of their lives." Help Age India is basically a funding organisation which looks for partner agencies in the field that are able to implement the various projects and programmes of the organisation. The head office of Help Age India is located in New Delhi and it has around twenty-four regional and area offices located all over the country.

14.12. Old Age Homes and Day Care Centres:

Help Age India has sponsored the construction and maintenance of old age homes in India. These homes cater to the needs of those elderly who are unable to live by themselves and for those who have been abandoned by the family or are neglected and uncapped for by their children. These old age homes provide and cater to the various needs of the elderly so that they can spend the "evenings of their lives" with dignity and respect and not feel a burden to the society. There are over 800 old age homes all over India and nearly half of them are being sponsored and funded by Help Age India. Besides old age homes, Help Age India also supports day care centreswhere the elderly come for a few hours every day or on certain days of the week and spend some time together. These centres combat the loneliness they face and create asense of "we feeling" among them. In some of the centres being supported by Help Age India in rural areas they are also places where the income generating activities areconducted.

14.13. Schemes of Otherministries:

(i) **Ministry ofRailways**
The Ministry of Railways provided the following facilities to senior citizens (elderly).
- Separate ticket counters for the elderly people at

various Passenger Reservation SystemCentres.

- Provision of Lower Berth Quota – provide in AC and Sleeper Classes.
- Provision of 30 percent discount in allMails/Express.
- Provision of wheel chairs at stations for the disabled elderly passengers
- Railway grant 75 percent concession to Senior Citizens undergoing major heart/cancer operations from starting station to Hospital station for self and onecompanion.

(ii) Ministry of Health and FamilyWelfare:

Central Government Health Scheme provides pensioners of central government offices the facility to obtain medicines for chronic ailments up to three months at a stretch. Ministry of Health and Family Welfare provides the following facilities for the elderly people:

- Provision of separate queues for elderly people in governmental hospitals.
- Set up of two National Institutes on Ageing at Delhi and Chennai.
- Provision of Geriatric clinic in several governmenthospitals.

(iii) Ministry ofFinance:

Some of the facilities for senior citizens provided by the Ministry of Finance are:

- Exemption from Income Tax for senior citizens of 60 years and above up to Rs. 2.50 lakh perannum.
- Exemption from Income Tax for senior citizens of 80 years and above up to Rs. 5.00 lakh perannum.
- For an individual who pays medical insurance premium for his/her parents or parents who are elderly or senior citizen, deduction of Rs. 20,000 under section 80D isallowed.
- An individual is eligible for a deduction of the amount spent or Rs. 60,000, whichever is less for medical treatment of a dependent elderly or seniorcitizen.

(iv) Department of Pensions has set up a Pension Portal to enable senior citizens or elderly to get information regarding the status of their application, the amount of pension, documents required etc. The Portal also provides for lodging of grievances. The recommendation of the Sixth Pay Commission on provision additional pension to older persons is givenbelow:

Age Group	Percentage Pension to be added
80 +	20
85 +	30

90 +	40
95 +	50
100 +	100

(v)   Insurance Regulatory Development Authority(IRDA):
Insurance Regulatory Development Authority (IRDA) vide letter dated 25.05.2009 issued some instructions on health insurance for elderly or senior citizens to CEOs of all General Health Insurance Companies which inter-alia includes:

*   Allowingentryintohealthinsuranceschemetill65yearsofage
*   Provision of transparency in the premium charged.
*   Reasons to be recorded for denial of any proposals on all health insuranceproductscateringtotheneedsofseniorcitizens.

(vi)   Ministry of CivilAviation:
Under the Ministry of Civil Aviation, the National Carrier, Air India provides concession in air fare up to 50 percent for male passengers aged 65 years and above and female passengers aged 63 years and above on production of proof of age and nationality on the date of commencement of journey.

(vii)   Ministry of RoadTransport:
The Ministry of Road Transport and Highways has provided reservation of two seats for elderly or senior citizens in front row of the buses of the State Road Transport Undertakings. Some States Governments are providing fare concession to senior citizens in the State Road Transport Undertaking buses for e.g. in Punjab Elderly women above 60 years enjoy free travel, Free passes are provided to old people who are freedom fighters to travel in fast and express buses in Kerala. Some State Governments also introducing the Bus models according to the convenience of theelderly.

(viii) Miscellaneous:

*   Mumbai Police (1090), Dignity Foundation and many other organizations have given help lines for seniorcitizens.
*   MTNL gives 25 percent concession in rent of land linetelephone.
*   Postal Savings Schemes – Senior Citizens SavingScheme (9 percent interest to elderly, 10,000 to 15 Lakhs), Monthly Income Scheme (Return of 8 percent and a bonus of 10 percent onmaturity)
*   Large number of association of senior citizens have come up in all areas, giving opportunities to express and share one's views, get knowledge about various facilities available, get entertainment, group supportetc.

(ix)   Insuranceschemes:
Several types of insurance schemes for the benefit of elderly people were introduced time to time by several government and private insurance companies which are – JeevanDhara, JeevanAkshay, JeevanSuraksha, BimaNivesh, Senior Citizen Unit Plan and several other medical insurance schemes like Group Medical Insurance Scheme, Jan Arogya etc.   The

schemesJeevanDhara, JeevanAkshay, JeevanSuraksha and BimaNivesh have been discontinued and relaunched in the new version as New JeevanDhara, New JeevanAkshay, New JeevanSuraksha and New BimaNiveshrespectively.

- **SeniorCitizensUnitPlan(SCUP)-** SeniorCitizensUnitPlanisa Scheme under which one has to make a one timeinvestment depending on his/her age and have the benefit of medical treatment for self and spouse at any of the selected hospitals on completion of 58 years of age. SCUP have special arrangements with New India Assurance Co. Ltd. (NIAC) under an exclusive medical insurance cover where by the bills from the hospitals in connection with all medical treatment by you will besettled directly by NIAC up to the prescribed limit. Age group of 18-54 years can join this Scheme. The person may be a resident or a non-resident Indian. The person will be entitled for a medical insurance cover of Rs2.5 lakh after he/she attains the age of 58 years. This insurance cover is available for both the citizen and his/her spouse. After the age of 61 years both of them are eligible for a cover of Rs5 lakh after adjusting any claims made earlier.The citizen can avail medical treatment in any of the hospitals under this Scheme. The Trust will call for all details about recent photograph, signature and address of the member and the spouse as soon as the member attains the age of 54 years so as to prepare anidentitycardcumlogbook,forthememberandthespouse.

- **Medical Insurance Scheme -** The Medical Insurance Scheme known as Mediclaim is available to persons between the age of 5 years and 75 years. Earlier, the sum insured varies from Rs 15,000 to Rs 300,000 and premium varies from Rs 175 to Rs 5,770 per person per annum depending upon the different slabs of sum insured and different age groups. However, with effect from 1 November 1999, these limits of benefits and the premium rates have since been revised. The sum insured now varies from Rs 15,000 to Rs 500,000 and premium varies from Rs 201 to Rs 16,185 per person per annum depending upon different slabs of sum insured and different age groups. The policy is now available to persons between the age of 5 years and 80 years. The cover provides for reimbursement of medical expenses incurred by an individual towards hospitalisation/ domiciliary, hospitalisation for any illness, injury or disease contracted or sustained during the period ofinsurance.

- **Group Medical Insurance Scheme -** The Group Medi-claim policy is available to any group/ association/ institution/ corporate body of more than 100 persons provided it has a central administration point. The policy covers reimbursement of hospitalisation and/or domicillaryhospitalisation expenses only for illness/diseases contracted or injury sustained by the insured person. The basic policy under this scheme is Medi- claim only. This policy is also available to persons between the age of 5 years and 80 years. The sum insured varies from Rs 15,000 to Rs 500,000 and premium varies depending upon the different slabs of sum insured and different agegroups.

- **Jan Arogya -** This scheme is primarily meant for the larger

segment of the population who cannot afford the high cost of medical treatment. The limit of cover per person is Rs 5,000 per annum. The cover provides for reimbursement of medical expenses incurred by an individual towards hospitalisation/ domiciliary hospitalisation for any illness, injury or disease contracted or sustained during the period of insurance.

(V) Specific Measures/Schemes Implemented by Punjab Government

Some of the schemes and programmes of Punjab Government for elderly are as follows:

Pension Scheme for the Employees of Punjab Government

Punjab government is providing pension to the Punjab government employees, retiring in accordance with Punjab Civil Services Rules Volume-II as amended from time to time and as applicable to the pensioners/family pensioners. Pension amount constitutes 50 percent of basic pay (plus NPA). It shall also to be calculated on the basis of last pay drawn or 10 months average which ever is beneficial to the employees subject to a minimum of Rs. 3500/- per month. In addition to this, additional quantum of pension is also provided to old pensioners/family pensioners.

Age of Pensioner/family pension	Additional quantum of Pension/ family Pension
from 65 years to less than 70 years	5 percent of revised basic pension/ family pension
from 70 years to less than 75 years	10 percent of revised basic pension/ familypension
from 75 years to less than 80 years	15 percent of revised basic pension/ familypension
from 80 years to less than 85 years	25 percent of revised basic pension/ familypension
from 85 years to less than 90 years	35 percent of revised basic pension/ familypension
from 90 years to less than 95 years	45 percent of revised basic pension/ familypension

From 95 years to less than 100 years	55 percent of revised basic pension/ familypension
100 years or more	100 percent of revised basic pension/ family pension

After careful consideration of the recommendations of the Fifth Punjab Pay Commission, the Governor of Punjab revised various benefits available to the old pensioners/ family pensioners, w.e.f. 1stDecember, 2011. The recommendation of the Fifth Punjab Pay Commission on provision additional pension to older persons is given below:

Old Age Pension Scheme of Punjab Government

This scheme was first started in the state of Punjab in the year 1964. The purpose of this Scheme is to provide social security in the shape of financial assistance to old and infirm persons. Underthis scheme women who are 60 years old or above and 65 years or above in the case of men, whose monthly income should not be more thanRs. 1000/- in case of individual and Rs. 1500/- if husband wife both are alive will get the benefit of this scheme. The payment of old age pension i.e. Rs. 250/- per month is provided through banks in the urbansectorandthroughsarpanchsintheRuralSector.

Indira Gandhi National Old Age Pension Scheme

It was launched by Ministry of Rural Development. All persons of 60 years and above (before 2011 it was 65 years and above) and belonging to below the poverty line category according to the criteria prescribed by the government of India time to time, are eligible to be a beneficiaryofthisscheme.Punjabgovernmenthasdecidedinmprinciple to disburse pension to the old widowed and destitute women and disabled persons regularly from 1stApril, 2010. Beneficiaries under this scheme are asfollows:

Elderly males and females of 60 years of age who have no surviving sons/ widows/ disables and who belongs to below the poverty line category get Rs. 200/- per month from Central government if he or she is not getting thepensionbenefitofRs.250/-permonthfromPunjabgovernment.

Widowed females with age limit 40-64 years who belongs to below poverty line category get Rs. 200/- permonth.

The disabled person whose age is between 18-64 years, whose disability is more than 80 percent and who belongs to below poverty line category get Rs. 200/- permonth.

Provision of Identity Cards for Senior Citizens

Under this scheme senior citizens (males and females of above 60 years of age) will get identity cards issued by District Social Security Officer. With the help of these cards they can get separate queues for them for payment of water and electricity bills, in hospitals, bus stands etc. Under this

scheme, 44223 IdentityCards have been issued in theState.

Punjab Maintenance of Parents and Senior Citizens Act

Punjab chief minister, Parkash Singh Badal has given sanction for implementation of the Punjab Maintenance of Parents and Senior Citizens Act in January, 2009. According to the Act, parents and senior citizens above 60 years of age can now legally demand sustenance from their wards. And to ensure the rule is followed, the Punjab government has notified setting up one-member tribunals at the sub-divisional level throughout the state. Punjab has become fifth state in the country where old parents can legally stake claim to financial aid from their grown up children for their survival and a denial would invite a prisonterm.

Punjab government would also establish and maintain at least one old age home in each district (with a minimum capacity of 150 inmates) and ensure provision of special beds for senior citizens in all government hospitals. In Punjab elderly women above 60 years have free transport facility in the public transport buses.

On the whole we can conclude that the beneficiaries among the older persons for various schemes and programmes initiated by the government are very insignificant when compared to the very high size of population and the growth rate among them. Further, given the level of urbanization and industrialization of India, economic factors and diminishing value system are likely to make welfare of the elderly as the most critical area for intervention. There is need to protect and strengthen the institution of the family and provide such support services as would enable the family to cope with its responsibilities of taking care of the elderly. Along with proper and effective professional welfare services that need to be evolved to provide counseling services both to the elderly and their family members, it is also important to provide financial support to low income family groups having one or more elderly persons. A state specific health policy for elderly is the basic pre-requisite for health planning in the state. For improving health services for elderly pertain to easy, queue-less accessibility, provision of cheap medicines, mobile vans etc. are required. Further, rising costs of treatment, in both public and private sector, warrant a viable health insurancepolicy.