

Title of paper: Ageing in India: Issues and Prospects

Ms.Shaizy Ahmed *

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Abstract

The whole world is ageing. But what is different in ageing at developing nations like India where family ties, culture and religious influences are still visible. Do these family ties and traditions are still able in maintaining the Quality of life of senior citizens? Does the rapid pace of industrialization and urbanization plays any role in changing the life-styles of elder generation? What is the position of aged, in terms of health, nutrition, housing and care giving? Does all these going in a positive direction or is in a way of deterioration. Keeping these issues in mind; the present study was conducted in Aligarh District of U.P. with an objective to identify the basic problems of senior citizens in the present context. The study also aims at identifying the initiatives which are required for improving the Quality of Life of elder generation.

The study was exploratory in nature. The data was collected by using case study method with an intention to highlight each and every aspect of senior citizen's life. Analysis of data gathered from case studies indicates some interesting findings. First, Senior citizens belonging to lower income group or are totally dependent considers their old age as a 'curse', whereas , those belonging to higher income group or are able to do their activities of daily living are still enjoying their old age. For them, old age is a period of freedom from responsibilities whereas other considers it as a period of struggle. Second; senior citizens, irrespective of their income, preferred living in their own home and with their close ones rather than living in any old age home. Third, health is the most common sector which affects almost every senior citizen and hence needs special concern and focused interventions. Hence, for the improvement in the overall quality of life of senior citizens; the stakeholders including the state, central government, NGOs and younger generation needs to join hands. In addition, social security measures needs to be strengthened so that India's elderly enjoy successful and healthy ageing.

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* Ms. Shaizy Ahmed, Assistant Professor of Social Work, Department of Sociology, H.P.University, Summer Hill, Shimla-171005.E-mail:shaiz2ahmed@yahoo.co.in

Ageing in India: Issues and Prospects

Population ageing- the process by which older individuals come to form a proportionately larger share of total population is one of the most distinctive demographic events in the world today. It is becoming the single most important long run fiscal challenge. The proportions of people aged sixty years and above are rising and are expected to grow further rapidly over the next fifty years.¹ It looks as if mankind has once again been rocked by an age quake.

Today ageing has become a universal phenomenon and the whole world is ageing. Ageing population is not only the sole concern of developed countries, it is also rapidly becoming a critical policy issue in developing world, including many Asian and Pacific countries. Hence, there is no escape to ageing; however, different countries are facing its impact differently. But what is that which makes a difference? No doubt, the difference lies in family ties, culture and religious practices. In developing nations like India; where also a huge gamut of family ties, culture and religious practices exists, the question is whether these family ties, religious beliefs and traditions are sufficient in maintaining the Quality of life of senior citizens or something else is needed? Does the rapid pace of industrialization and urbanization have made any impact on the life-styles and living arrangements of senior citizens? What is the position of aged, in terms of health, nutrition, housing and care giving? Does all these going in a positive direction? Keeping these issues in mind; the present study was conducted in Aligarh District of U.P. with an objective to identify the basic problems of senior citizens in the present context. The study also aims at identifying the initiatives which are required for improving the Quality of Life of elder generation.

Conceptualization of the definition of “Old”:

From time to time scholars have assigned different notions to the aged people as ‘elderly’, ‘old’, ‘third age individual’, ‘individual in the twilight of life’ and ‘senior citizen’ etc. But there is noted a remarkable difference in the meaning of the term ‘Ageing’ and ‘aged’. The term ‘aged’ or ‘elderly’ refers to a section of population aged sixty and over whereas the term ‘ageing’ represents a continuous process of becoming old². ‘Old age’ is the closing period in

¹ Rajgopalddhar, chakroborthy. (2004). *The Greying of India: Population Ageing in the context of Asia*, Sage Publication, New Delhi, p.25.

² Indira Jai Prakash. (2005). (ed.). *Ageing in India: Retrospects and Prospects*, CCR-IFCU, Project Report on Ageing and Development, p.141.

the life span whereas 'ageing' is termed as a part of living which begins with conception and terminates with death³.

Today there are many ways of defining 'old age' composed of an infinite number of overlapping points of view with respect to an individual. In the context of the International Plan on Ageing, the U.N. defines sixty years and over as "aged". However, according to W.H.O. the elderly population means "people aged sixty five years and over"⁴.

In actual, Old age is an ambiguous term and is hard to define. Whether a person is perceived to be elderly or not depends upon the observer's eye. However, a variety of definitions have been offered in Gerontological literature; there exists no clear cut demarcation of age upon the attainment of which a person can be called 'old', 'elderly', or 'aged'. Even the academicians and researchers have difficult time in deciding when an individual becomes old. The problems in defining aged stems from the fact that researcher are using different criteria. Some distinguishes and separated age groups on the basis of chronological age, others do so on the basis of their social, psychological or physiological characteristics. Thus there are many dimensions through which ageing can be measured.

Few such dimensions are discussed below:

Biological Ageing: Biological ageing means the anatomical changes that occur within the organism⁵. It is seen as a complex of progressive changes in cellular composition, capacity for growth, in tissue structure, and endurance of the neuro-muscular system and in the reduction in the capacity to integrate organ systems⁶. It occurs in the later part of the life of an individual and includes greying of hair; loss of teeth; diminishing of sight and audibility; changes in sensory motor performances and muscle strength; brittleness of the skeleton structure, reaction time and balance; decrease in the bone mass; the loss of body hair; weakening of the voluntary muscles; rigidity of connective tissues; the slowdown of the body metabolism; occurrence of sleep problems; and higher threshold levels of all the senses. Biological ageing varies between societies, between different historical times and between people because of their social and economic background, their different ways of living and for psychological and medical reasons⁷. Even though healthcare can offset, stall or even reverse biological ageing but it cannot be resisted indefinitely.

³ Pappathi K. (2007). *Ageing: Scientific Perspective and Social Issues*, A.P.H. Publishing Corporation, New Delhi, p.9.

⁴ Bagga A. & Dayabati D. S. (2006). *Ageing in Women*. Mittal Publications, New Delhi, p.3.

⁵ Chattopadhyay, K. (2006). *The Aged in Suburban Context: Study in Social Gerontology*, Arambagh Book House, p.28.

⁶ *ibid.* p7.

⁷ Dandekar, K. (1996). *The Elderly in India*, Sage Publications, New Delhi, p.2.

Psychological Ageing: Psychological ageing is seen in terms of changes in the central nervous system, in sensory & perceptual capacities & inability to organize and utilize information. It consists of general decline in the mental abilities that accompany old age and the attitudes and behaviours of others towards the elderly⁸. It also refers to the adaptive capacities of individuals as observed from their behaviour i.e. how well one adapts to subjective reaction or self-awareness, changing environmental conditions and with the society & how best one can lead himself/herself to higher thinking⁹. Psychological ageing leads to gradual loss in confidence, self-image, self-esteem, questioning of own abilities, developing feeling of powerlessness, going into the zone of negativity and linking all physical problems with ageing. It further leads to changes in personality and external behaviours that consists of a general decline in the mental abilities of the aged. Hence, psychological ageing is related to individual's state of mind.

Social Ageing: The term 'social ageing' implies the process of becoming old according to the social roles one plays. Social roles are sets of expectations or guidelines for people who occupy given positions such as widow, retiree, grandfather etc.¹⁰ the parameters of social ageing may vary in different contexts and in different societies. According to Bose and Gangrade (1988) social ageing is affected by changes and advancement in the society. A person is considered 'old' when he is so regarded and treated by his/her cohorts and by the younger generation¹¹. The process of becoming socially older can involve the acquisition of new forms of power, influence and security; particularly in the context of family¹². As the social age progresses, the individual experiences a decrease in meaningful social interaction. The decrease in social circles; marriages of children; avoidance of sexual activity, privileges and respect serves as the basis of recognizing oneself as an ageing person¹³.

Chronological Ageing: Chronological ageing is the most widely used and straightforward dimension of ageing. It continues from birth until death. People age chronologically as they

⁸ Chattopadhyay, K. (2006). *The Aged in Suburban Context: Study in Social Gerontology*, Arambagh Book House, p.7.

⁹ Chadha, N.K. (2003). 'Urban Ageing: Issues & Challenges'. In A.B Dey (ed.), *Ageing in India: Situational Analysis and Planning for the future*, Ministry of Health & Family Welfare, Rakmo Press Private Limited, New Delhi, p.93.

¹⁰ Quadagno, Jill. (1999). *Aging and the life Course: An Introduction to Social Gerontology*, Tata Mc. Graw Hill, p.10.

¹¹ Chattopadhyay, K. (2006). *The Aged in Suburban Context: Study in Social Gerontology*, Arambagh Book House, p.28.

¹² Bali, P. Arun. (2001). *Care of the Elderly in India: Changing Configuration*, Indian Institute of Advanced Studies, Shimla, p.43.

¹³ Lymbery, M. (2005). *Social Work with Older People: Context, Policy & Practice*, Sage Publications, p.23.

clock up their birthdays¹⁴. Chronologically, 'old age' is divided into three categories as young-old (between 60 to 70 years), old-old (70 to 80 yrs)¹⁵ and oldest-old (80 yrs and above). Generally, age sixty is recognized as the starting point of old age in India (census of India, 2001)¹⁶. Hence, Chronological criteria for classifying an individual as 'aged' or 'elderly' is considered as the operational means for employing administrative purposes like pensions, insurance and old age benefits etc.

But the dilemma lies in a fact that Chronological Age per se is not the best marker of old age. This is due to its ambiguity. There are no definite biological, psychological and sociological parameters which individually or collectively can demarcate the particular chronological age uniformly¹⁷. Another limitation in making chronological age as a standard marker is its link with life expectancy. It varies with life expectancy. For instance, In India, when the average life expectancy was 27 years, the age of retirement under the government schemes was 55 years but with the rise in life expectancy to 64.8 yrs, the present age of retirement has also raised to 60 years¹⁸ in state and 65 years in central government departments.

Another limitation in using chronological age as a standard marker is the extraordinary variations among individuals of the same chronological age. It was observed that while some people turned "old" at just 50 years whereas many seems young and energetic even at 70 or 80 years. The other challenge to chronological age is its difficulty in application. It is not applicable to all societies, especially in the rural and tribal society. This is because most of them do not know their chronological age. They reckoned age by an association of a person's birth with special events and geo-climatic occurrences like eclipses, floods, earthquakes; or with socio-cultural events like festivals, rituals and the like¹⁹.

Hence in the light of above discussions it can be inferred that the concept of 'old' or 'aged' is a relative term. No dimension for ageing is complete in itself as ageing differs from species to species. It also varies with purpose, viewpoint, sex, and place of residence and the like. Therefore, as a consequence of variability; other ways of conceptualizing old age are needed. Presently scholars are positing the need of a definition of old age based on 'function' rather

¹⁴ Mullan. Phil. (2002). *The Imaginary time Bomb: why an aging population is not a social problem*, Taurus Publishers, London, p.15.

¹⁵ Chattopadhyay, K. (2006). *The Aged in Suburban Context: Study in Social Gerontology*, Arambagh Book House, p.29.

¹⁶ Census Data, Registrar General of India, 2001.

¹⁷ Sauvain, C. and Henri L. et al. (2006). *Human Clocks: The Bio-Cultural Meanings of Age, Population, Family & Society*, Volume 5, European Academic Publishers, Bern, Germany, p.35.

¹⁸ Chowdhary, D. P. (1992). *Aging & the Aged: a source book*, Inter India Publications, New Delhi, p.23.

¹⁹ Bali, P. Arun. (2001). *Care of the Elderly in India: Changing Configuration*, Indian Institute of Advanced Studies, Shimla, p.38.

than on 'chronological age',²⁰. Functional age is actually the capacity to behave in accordance with what is expected at any given age. Whatever may be the dimension of old age; ageing is always an issue of utmost concern.

Ageing in India

In India, like many other developing countries, the problem of ageing population is becoming highly visible and pressing. It is surely a challenging issue as every minute about twenty three Indians joined the rank of "elderly". The proportion of elderly persons in India has increased from 5.63 percent in 1961 to 7.5 percent in 2001 (Table 1). Table 1 also reveals the region-wise distribution of elderly & figured South India as the region with highest number of elderly persons and will be expected to lead in the next forty years. In fact, one-fourth of India's elderly persons live in Southern part, whereas, Central India scored the second highest position followed by East & North East ²¹. Among the South Indian regions 'Kerala' was found to be the state with having highest proportion of elderly population (8.81% in 1991 & 10.5% in 2001) and the lowest was observed in Andaman and Nicobar Island. Trends in the absolute number of elderly (60+) in India and major states figured Uttar Pradesh as the state with highest number of elderly population (9 million out of the total 76 million elderly population) followed by Maharashtra (5.5 million) and Madhya Pradesh (4.3 Million) (census of India, 2001). Thus every state, irrespective of its present stage of demographic transition, is following and is projected to follow the course of transition in their age structure. Rural-urban comparison of aged in India reveals that about four-fifth of the aged in India are concentrated in rural areas i.e. about seventy eight percent of total ageing population. Thus India is at the threshold of an ageing society where the aged population is increasing. It is no longer an exclusive characteristic of industrialized societies. India is also heading towards the similar demographic pattern like others. Hence population ageing is a serious cause of concern for every nation may it is developed or developing.

²⁰ *ibid.* p.40.

²¹ Paul. J. (2004). 'Long term historical changes in the status of the UK as an exemplar of advanced industrial economics'. In Sherlock. L. Peter. (eds.), *Ageing, Development & Social Protection*; Zed Books Publication, London, pp.22-41.

Table 1 – Percentage share of elderly in India and Major States

States	Total Population of Aged in Different Time Phases (in Percent)						
	1961	1971	1981	1991	2001	2011	2016
India	5.63	5.96	6.32	6.70	7.50	8.10	8.90
A.P	6.23	6.36	6.65	6.78	7.60	9.25	10.5
Bihar	5.61	5.90	6.80	6.25	6.60	6.50	6.50
Gujarat	4.95	5.27	5.34	6.40	6.90	6.60	7.90
Haryana	–	5.73	6.30	7.72	–	6.60	7.30
Karnataka	5.73	6.17	6.62	6.99	7.70	8.60	9.20
Kerala	5.83	6.22	7.49	8.81	10.50	11.5	12.85
M.P.	5.09	5.79	6.46	6.64	–	6.90	7.30
Maharashtra	5.22	5.72	6.39	6.99	8.70	8.40	9.40
Orissa	5.66	6.02	6.39	7.20	8.30	8.30	8.45
Punjab	6.50	7.42	7.76	7.82	9.0	7.40	8.05
Tamil Nadu	5.60	5.70	6.41	7.45	8.80	11.4	13.1
U.P.	6.28	6.75	6.82	6.84	7.0	6.55	6.70
West Bengal	–	5.37	5.56	6.05	7.10	8.45	9.60

Ageing issues and prospects:

This section of literature review deals with the problems of senior citizens. In general, ageing was put under the realm of social problems. However, studies have noted that the nature and extent of ageing problems vary from one society to another. For instance, **M.S.Randhwa²²** compared the problems of rural elderly with that of their urban counterparts in Punjab. The findings revealed a significant difference in the social, health, psychological and economic aspects. Substantial difference was also observed in between the individual and group psychology. The difference was observed due to the differences in the social institutions, cultural milieu, customs and traditions, and religious and community controls.

Dr.R.Kasthoori²³ conducted an empirical study based on 300 elderly people at Trivandrum to analyze the major problems of the elderly. The findings revealed that the social, economic and health problems are the major problems of the elderly. Social problem affects the aged from both sides; from one side it leads to problems associated with poverty, illness and isolation,

²² Randhwa, S. M. (1991). *The Rural & Urban Aged*, A.H Marwah Publisher, New Delhi, p.6.

²³ Chaddha N.K. (1997). *Ageing & the aged: Challenges before Indian Gerontology*, Friends Publication, New Delhi, pp. 11-13,106.

whereas, the other side reflects the problems of adjustment in the family and society to the new patterns of life. The economic problems of elderly were found to be associated with the poor financial status. The old age problems are even reported as the problem of poor and lonely people. This was due to the fact that the poorest are most frequently living with the worst material living, health and emotional problems. They also have problems with regard to running an estate, everyday help and care for their necessities. Thus income was found to be an important variable in the life of an individual. The study also reported of having a mutual relationship in between the old age and disease. The presence of a number of diseases, the chronic nature of the diseases, the disinterest of the doctors to treat the old ,etc. make the health conditions of aged vulnerable.

In another study of similar nature, **D. Paul Chowdhary**²⁴classified the problems of elderly into the following broad categories: economic, physical, psychological, psycho-social and environmental. The economic problems include the income deficiency and loss of employment and work. The physical problems include disabilities and chronic illness like weak eye sight, diminishing hearing capacity coupled with lack of nursing and medical facilities, sometimes physical abuse and lack of shelter. The physiological problems include nutritional deficiency, falling health and housing problems. The psycho-social and environmental problems include the feeling of neglect, loss of importance in the family, feeling of loneliness and unwanted ness, inadequacy of skills, education and expertise.

Pushpa Rani²⁵conducted her study on Institutional care of the aged living in the old age homes of A.P. The sample of 130 elderly was taken to identify the problems of people living in old age homes. The problems of the elderly were grouped into three- economic, medical and socio-psychological categories. The major problems of the young old (b/w 60 to 70 yrs) are highlighted as the loss of employment, economic dependence and loss of social status along with the problem of adjustment due to sudden role transitions. Whereas the old-old reported to suffer more from the problem of poor health as 79 out of 130 were bed-ridden and totally dependent on others for carrying out their activities of daily living.

S and M. Kaur²⁶in their study from Kharar village of Haryana based on the sample of 60 males elderly explored that the problems of aged ranges from ensured and sufficient income to sound health , creative use of free time, social security , inadequate love, recognition, dignity

²⁴ Chowdhary, D. Paul. (1992). *Aging & the Aged: a source book*, Inter India Publications, New Delhi, p. 106.

²⁵ Rani, P. (2001). 'Institutional Care of the Aged'. *Indian Journal of Social Work*, Vol. 60, July, pp.312-321.

²⁶ Kaur, S. & Kaur M. (1987). 'Psychological problems of the Aged'. Dak T.M and Sharma M.L. (eds.), *Ageing in India: Challenge for the society*, Ajanta Publications, New Delhi, pp. 76-81.

and self-respect. Mental problems are also found to be more acute than the physical ones. The socio-economic problems of elderly revealed physical neglect as the most common problem of senior citizens followed by financial hardship, reduced or negligible interaction with family and friends, lack of participation in decision making and feeling of disrespect. The respondents often complained that their family used to give low priority to their health status as one-fourth of the elderly reported that they had not been taken to the hospitals even when they complained.

Shubha Soneja²⁷ in her country report for W.H.O. based on reflecting the problems of female elderly had also made a comparison on the problems of female elderly in three socio-economic groups. The findings revealed a significant difference in the nature of problems amongst the three income groups. For instance, in lower income group, health problem acquired the top most position followed by the economic hardship, lack of care, maltreatment and lack of space within the existing housing structure. The problem was also observed in the functioning of their roles. In middle- income group, the women prioritized economic problems as the most severe problem followed by lack of emotional support from family and friends, health problems, and the problem of inadequate housing. The third group comprised of elderly women belonging to the higher socio-economic strata complained of having mental health problems as their priority. They often reported lack of work, lack of opportunities to spend their leisure time, lack of emotional support, lack of caring attitude by the family and economic exploitation and general feeling of loneliness. The main problem here is lack of time by the others rather than that of money. Among the health problems they stressed more on immobility and physical disabilities. Thus income was considered as an effective variable in identifying the nature of problems for the elderly.

M. Easwaramoorthy and N.K.Chadha²⁸ in their study based on 580 elderly people selected from five districts of Tamil Nadu as Coimbatore, Madras, Madurai, Nilgiris and Thanjavur found that in rural communities the psychological and emotional problems are more severe as compared to their urban counterparts. This is due to the impact of migration of their children to urban areas leaving behind the elderly to face the problem of isolation, boredom, tension and stress. The study also found that in urban areas the elderly suffer more from the problem of environmental pollution, lack of transportation, short electric supply, and the inadequate

²⁷ Soneja, S. 'Elder Abuse in India'. Country Report for World Health Organization, HelpAge (India), C-14, Qutab Institutional Area, New Delhi-110016.

²⁸ Chaddha N.K. & Easwaramoorthy, M. (1997). 'Quality of Life of Aged in Tamil Nadu'. In Chaddha N.K. (ed.), *Ageing & the aged: Challenges before Indian Gerontology*, Friends Publication, New Delhi, pp. 93-114.

drinking water. Among the psychological problems; depression, low self-esteem, loneliness and lack of care and respect were reported by the majority. Moreover, the urban elderly are found to be better socially adjusted than their rural counterparts. This is because of the factors like income, satisfaction with financial status, health awareness and better leisure activities. Similarly, **Himabindu**²⁹ carried out a separate study on 200 female elderly from the three villages of Vishakhapatnam. The findings of the study reported financial crisis as the most severe problem as it was reported by sixty four percent of the females. The reason they cited for economic crisis was their lesser participation in agricultural activities and related jobs. Further, fifty percent of the respondents reported the problem of sharing responsibility of looking after their children and Thirty- five percent reported the problem of loneliness and isolation. Thus from the above comparisons it can be concluded that senior citizens always faces repercussions of old age. However, the nature and extent of each problem may vary. It varies with the type of living, place of living, socio-economic strata and the nature of available resources.

In addition to social and economic dimensions; Health is found to be another important dimension which alters the life of an individual. Keeping this in mind, studies highlighting the impact of health on the life of senior citizens were considered. For instance, in a medico-social study carried out on 1000 elderly by **Moneer Alam**³⁰ in the nine districts of Delhi, a high prevalence of diseases was noted by both rural and urban elderly. The major problems reported were the lack of basic health care facilities and acute poverty. A large majority of the respondents suffered from curtailed functional abilities and sensory health problems. Moreover, the problem of incapacitation was found to be acute among the lower income groups. Women were reported as the worst sufferers in both the communities. **S. Siva Raju**³¹ from Mumbai conducted another medico-social study based on 300 urban elderly of three different strata and explored health as the major problem faced by the majority. The common health problems found to be as Arthritis, rheumatism, heart problems, high B.P., breathing trouble, eyesight and vision problems. Elderly due to the poor financial status, diminishing social values and the general belief that old age is an age of diseases, may secure poor health. They accept many curable sufferings as inevitable and natural. The findings revealed that almost half of the respondents postponed the medical treatment because of this

²⁹ Himabindu. (2002). *Human Ageing: Study of Rural Women in Andhra Pradesh*, Shipra Publications, New Delhi, p.121.

³⁰ Alam. M. (2006). *Ageing in India: Socio-Economic and Health Dimension*, Academic Foundation, New delhi, p.257.

³¹ S. Shiva Raju. (2002). *Health Status of the Urban Elderly: A Medico Social Study*, B.R. Publishing Corporation, New Delhi, p.5.

belief. **Rajgopaldhar Chakroborty**³² opined that under nutrition and cardio-vascular diseases emanating from an urban life style are the two leading causes of death in aged persons in India. **Gopalji Mishra**³³ in his study identified the major psychological problems of the aged as maladjustment, lack of respect, lack of love and affection from their children and relatives, feeling of neglect, feeling of loneliness and isolation, feeling of being unwanted, feeling of humiliation and dissatisfaction with life.

M. Banerjee and D. Tyagi³⁴ in their study on 'Role adjustment and status of aged' from Shillong based on 123 elderly explored 'isolation' as the major psychological problem observed by the majority. The findings revealed that with the advancement in age, more and more people developed a feeling of isolation. The study revealed that the feeling of isolation was more in aged females (79.29%) as compared to their male counterparts (45.98%). Besides health problems, the elderly people also undergo a depth of social problems. For instance, **Shabeen Ara**³⁵ in her study based on 250 elderly residing at the slums of Hubli (Karnataka) found that the central problem in the life of elderly is the problem of social integration. The aged are segregated from the major structures and processes of modern society, which in turn, make their situation vulnerable. Along with the change in family structure, there are many more factors which affect the adjustment of the aged.

M. G. Husain³⁶ in his study on identifying the psychological problems of the elderly reported the following factors working behind the poor adjustment of aged as health status, marital status, social status, family relationships, participation in leisure activities, membership of an organization, self-concept, unhappy experiences, self-concept, feeling of permanent security, plans for future, religiosity and belief in rebirth, change in family structure, loss of spouse and problem in utilizing free time. **Gopalji Mishra**³⁷ too discussed some irrational methods that make the social adjustment difficult. These methods include the denial of ageing, behaving like adults, and overcompensation by becoming intolerant to younger generation, pointing out all

³² Chakroborty, R. (2004) *The Greying of India: Population Ageing in the context of Asia*, Sage Publication, New Delhi, p.283.

³³ Mishra, Gopalji. (1997). 'Ageing: The people's Concern'. In Husain, M.G. (ed.), *Changing Indian Society & Status of Aged*, Manak Publications, New Delhi, pp. 137-149.

³⁴ M. Banerjee & D. Tyagi. (2001). 'Role, Adjustment and the status of the Aged: A case study of the Bengali population of the Meghalaya'. In Modi, Ishwar. (ed.), *Ageing and Human Development: Global Perspectives*, Rawat Publication, New Delhi, p.360.

³⁵ Ara, Shabeen. (1994). *Old age among Slum Dwellers*, South Asian Publishers, New Delhi, p.11.

³⁶ Husain, M.G. (1997). 'Psychological Problems of Rural Aged in India'. In Husain, M.G. (ed.), *Changing Indian Society & Status of Aged*, Manak Publications, New Delhi, pp.34-44.

³⁷ Mishra, Gopalji. (1997). 'Ageing: The people's Concern'. In Husain, M.G. (ed.), *Changing Indian Society & Status of Aged*, Manak Publications, New Delhi, p.143.

defects of youth and claiming many advantages for old etc. **Saraswati Mishra**³⁸ carried out her study on retired elderly at Chandigarh and Jabalpur based on different socio-economic strata. The findings revealed a significant relation between the adjustment and the level of financial status. The respondents belonging to the well-off family had shared a satisfactory relationship with the children and other family members as compared to those respondents who are suffering from financial hardships. Financial crisis was also serving as a cause to many other socio-economic problems. For instance, **N.K. Chadha**³⁹ in his study observed that financial status of elderly was related to their quality of life. Poor the financial status, poor will be its quality of life. This is due to the facts that clean, pleasant and safe environment was determined by the income. In addition, negative feelings such as fear of crime, poor health, loneliness etc. have also been related to economic status of an individual. Income was also found to be related to the life- satisfaction. The lower the income, the lower will be the life-satisfaction; while the reverse is also true. According to **A.Venkoba Rao**⁴⁰ elder abuse and neglect were the two important problems affecting the majority of elderly. He classified elder abuse in different forms as physical abuse, psychological abuse, material and emotional abuse, neglect and violation of their legal rights. **A.M.Khan**⁴¹ in his study based on 364 elderly from Delhi observed that elder abuse is considered as a silent issue because of the reduction in scientific measures to study it although it is the most frequent phenomenon. On looking its impact on the various socio-economic strata emotional abuse was found to be common in all the three income groups followed by financial abuse and neglect. Moreover, the study reported that about 56 percent of the respondents would not resort to report abuse. Thus the main problem in dealing with the cases of elderly abuse lies in the identification of abuse.

Shubha Soneja⁴² in her country report for WHO entitled as 'Elder abuse in India' based on 58 elderly and 16 professionals (PHC workers) working with elderly reported that the issue of elder abuse was avoided by the majority. Although the elderly talked about emotional problems, neglect, feeling of insecurity, loneliness, loss of dignity, maltreatment and disrespect

³⁸ Mishra, Saraswati. (1989). *Problems & Social Adjustment in Old Age: A Sociological Analysis*, Gian Publication, New Delhi, pp. 245-247.

³⁹ Chadha, N.K. (2003). 'Urban Ageing: Issues and Challenges'. In A.B Dey (ed.), *Ageing in India: Situational Analysis and Planning for the future*, Ministry of Health & Family Welfare, Rakmo Press Private Limited, New Delhi, pp.93-102.

⁴⁰ Rao, A. Venkoba. (2003). 'Care of Older person: Evolution and Future Prospects'. In A.B Dey (ed.), *Ageing in India: Situational Analysis and Planning for the future*, Ministry of Health & Family Welfare, Rakmo Press Private Limited, New Delhi, pp.43-49.

⁴¹ Khan, A.M. (2007). 'Elder Abuse: Focus on Medical Care across three different socio-cultural groups'. In Prakash, Jai. Indira.(ed.), *Aging strategies for an active old age*, 7th volume of the Aging and Development Project, CCR-IFCU Publications, pp. 38-47.

⁴² Soneja, Shubha; *Elder Abuse in India; Country Report for World Health Organization*, HelpAge India, C-14, Qutab Institutional Area, New Delhi-110016.

by the family during the group discussion, however, not a single person was willing to label it as 'abuse'. They were found to be sympathetic to their children either due to the emotional bonding or due to the belief that they carry the "name" of the family into the next generation.

D. Paul Chowdhary⁴³ in his study reported that the problems of elderly are not only inter-related but they form a vicious circle for the elderly. He opined that failing health may stand in the way of getting employment to the elderly. This may in turn create a kind of atmosphere in the family in which elderly feel neglected. This further led to loneliness. Loneliness in turn may give rise to depression that may eventually lead to worsening of sickness. Similarly, **Kumidini Dandekar**⁴⁴ conducted a study on 300 rural elderly people of Kerala to identify the problems in old age. The findings do revealed that the problems of elderly are inter-related. According to her "the problem of old age is mainly the problem of the poor, deserted and lonely old people. The lonesome are at the same time the poorest and clockwise the poorest are most frequently with the worst material living, health and emotional problems." The main problem highlighted was the protection of the household of the elderly. This is because with rich household, children usually do not leave their parents completely and not even their relatives do that.

K. Chattopadhyaya and I.H. Khan⁴⁵ opined that the forces of industrialization, urbanization and modernization have contributed their share in aggravating the psychological problems of elderly citizens. These developments have put the younger generation, moving towards town and cities, giving way to nuclear families, working couples and children overburdened with their studies and hence, leaving elderly feeling neglected, lonely, and uncared for. In another study, **D. Paul Chowdhary**⁴⁶ found that the force of industrialization has brought in unprecedented pressures in urban centre like the housing shortage serving as a constraint for staying in common residence with their children; migration affects the old who stay behind. The left out aged may face economic hardship and the problem of care. It may further results in the breaking up of joint family. Modernization, on the other hand, brought the change in the family size and lifestyles, which in turn provide less caregivers and no place for aged. **Pushpa Rani**⁴⁷ acknowledged 'technological advancement' as the major factor working behind the

⁴³ Chowdhary, D. Paul. (1992). *Aging & the Aged: a source book*, Inter India Publications, New Delhi, pp. 100-101.

⁴⁴ Dandekar, K. (1996). *The Elderly in India*, Sage Publications, New Delhi, p.11.

⁴⁵ Chattopadhyay, K. (2006). *The Aged in Suburban Context: Study in Social Gerontology*, Arambagh Book House, pp.59-72.

⁴⁶ Chowdhary, D. Paul. (1992). *Aging & the Aged: a source book*, Inter India Publications, New Delhi, p. 106.

⁴⁷ Rani, P. (2001). 'Institutional Care of the Aged'. *Indian Journal of Social Work*, Vol. 60, July, pp.312-321.

vulnerability of aged. Technology is providing better job opportunities to younger generation and hence promoting migration to cities as well. Excessive migration leads to narrow households and lack of space for elderly in cities and hence they are left unattended at villages. **N.S.Saxena**⁴⁸ identified 'economic incompetence' as the major factor running behind the quality of life of the aged, which in turn, determines the level of their vulnerability. The economic incompetence forces the families to avoid the treatment and care to their parents, which in turn, enhances everyday difficulties of the aged and reduces their security.

In the light of above findings it can be concluded that the problems of the elderly are multidimensional. They ranged from inadequate health to social, emotional, psychological, physical and financial problems. There are many needs of senior citizens which remain unmet and untouched by the Government and policy makers. Hence, it would be a dire negligence on the part of researchers if the ways through which ageing problems can be minimized were not identified and discussed. Hence, in a condition like this few questions arise: what could be done for the elderly generation? Whether we consider ageing population as a stress or a burden to our society? Who will perform the care giving role to them, If not their children? All these questions are very important and need justifiable solutions.

Elderly people are not a burden on the society and economy; they are, in fact, valuable resource. Hence the present study is designed to explore the possibilities of achieving healthy ageing. The study focuses on senior citizens of Aligarh aimed at identifying the socio-economic problems of senior citizens of Aligarh City. Aligarh city is chosen because it comprised a good mix of population having all characteristics like educated vs. uneducated, rich vs. poor, healthy vs. unhealthy, dependent vs. independent etc. The basic purpose of research is not merely identification and description, but also prediction and control.

Keeping this broader objective in mind the following research objectives have been formulated:

1. To identify the socio-economic and health problems of senior citizens of Aligarh.
2. To suggest measures for improving the Quality of Life of Senior Citizens.

Methodology

The study was exploratory in nature. The sample was taken randomly from the five zones of Aligarh (East, West, North, South and Central Aligarh) using the voter list. From each zone three respondents were selected to make the sample size of fifteen respondents. The data was

⁴⁸ Saxena, N.S. (1999). 'Crime & Violence against the Aged'. In Bali, P. Arun. (ed.), *Understanding Greying People in India*, Inter India Publications, New Delhi, p.271.

collected by using case study method with an intention to highlight each and every aspect of senior citizen's life. One case study lasts for two to three settings of two hours each. In total, fifteen such case studies were conducted. These case studies were further analyzed for generalizations.

Case studies reflecting socio-economic and health aspects of senior citizens

In order to understand the situation of aged in the present context the following case studies have been conducted:

Case Study-01

Mr. Khurshid, 92 years, belonged to a family of very poor financial status. He had four sons and two daughters. His spouse is fifty-five years old. The daughter was eldest amongst all. All of them were living in a single room. The house was rented and they were living there since they have shifted to Aligarh. In Aligarh, he was running a cafe (dhaba) near his house. His sons used to support him in running his occupation. Everything was going all right for him but unfortunately on one morning he fell down from his roof while repairing it. As a result his one leg got fractured and he got some injuries on his head. He did not take that seriously and uses home remedies. When the problem increases he used to take pain killers without the recommendation of any doctor. Due to his sheer negligence his problem further increases and finally he got stuck to bed. Then he went for treatment at government hospital where he was hospitalised for few months. Till the time of data collection he was put on medication and under bed rest. As a result of his long lasting illness his family got totally disturbed as they were facing many difficulties. For example, the money they saved for the marriage of their daughter and for the purchase of their own house was all spend on the treatment and medication of Khurshid. However, everyone in the family was depressed but Khurshid was the only person who shows positive attitude towards life. Although, he knows that he has no means to cope up with the financial crisis which his family is facing but still he was thanking the almighty for giving him a chance to solve his problems. He believes that problems are the part of life and by concentrated efforts they all have gone. He himself was showing his full interest in going back to work as soon as his health permits. This shows his optimistic nature. His wife also narrates an interesting story about him that he was born in Kashmir. In his adolescence stage, he runs from his house in search of a good job. After moving into various cities, he shifted to Aligarh and finally gets settled. Since then he never looked back to his family and friends. Though at the time of his illness, he was seriously missing his near ones, but he didn't tell this to anyone except his wife.

This shows that he is an introvert and had a lot of things to share and many more feelings to explore.

Case Study-02

“Sadaqat Hussain”, 72 years, was a resident of Sir Syed Nagar. Forty years back he came to Aligarh in search of a high salaried job. In 1972, he got a managerial job in nationalised bank and since then he was living in Aligarh. Recently, he is retired from his service and is living in the same locality as he earlier used to live. He has two children, one son and another daughter. Son is settled in USA whereas; the daughter is married in Aligarh. She used to visit her on every weekend whereas; the son visited him after a year or a two. He lost his wife last year and finally he is living with a servant who used to take care of him. Even though he used to live alone but he always try to keep him engaged in activities like visiting near ones; watching T.V; Gardening; taking a walk; doing religious practices etc.

Despite his all engagements; many times he used to felt lonely. This is because he was very close to his wife and always misses her. He filled his eyes with tears while describing his family members and especially his wife. He told that his wife was very caring and loving. When she was alive, he used to share everything with her. But now a day, he has no one to share his sorrows and joys. Sometimes, he even visited her daughter’s house to share his sorrows and negative feelings but he failed as he didn’t find suitable time as because of the engagements of her daughter in her household work. Besides, he didn’t want to disturb her. In addition to her daughter, she has got two friends with whom he used to share his sorrows but unfortunately one has shifted to Bangalore at his son’s house ,whereas, the other one was died due to heart attack just nine months ago. Presently, he is all alone with his memories. This shows that in old age; marital status plays a significant role in curbing the feeling of loneliness and especially in higher income groups; where the social networks are limited to household only; the presence of spouse makes the life easier, relaxed and with less stressors.

Case Study-03

Yasmeen, a widow aged 85 years was living with her son and daughter-in-law. Yasmeen was settled in Aligarh for past 60 years. She came to Aligarh with her husband. Both of them worked in a lock factory on a daily wages. They had three daughters and a son. All the daughters are married. So she had no other alternative except living with her son’s family. Presently, she is very weak and is not in a condition to earn. She was even not holding any financial assets. Whatever she has is the possession of only few hens. She used to sell their eggs for getting some

financial help. But the amount she was getting out of it was not sufficient even to bring a day's meal to her. Hence she has to look for her son for her daily needs. As a result, she was physically and verbally abused by her son and daughter-in-law. They didn't even bother to provide three times meal to her. Sometimes, they used to give chapattis without vegetable and when vegetable was served it was not fresh. If she dare to complain; they shouted on her and hence she kept silent. On looking into this behaviour the neighbours sometimes take her to their own houses and serve her a onetime meal. The misery never ends here; at the time of her illness she was never provided with proper medication and care. Nobody from her family turned up to look after her and even scolded her for making them disturb. Her age didn't allow her to stay healthy. Getting dependent is her liability. This makes her feel mentally and emotionally disturbed. This all makes her feel like dying. She considered her life as a burden and always prays for her death.

Despite of all these inhuman behaviours shown to her by the family members, she still wants to live with her family. This is because she replied clearly with "No" while responding to the question that "whether you want to live in old age home if offered free of cost?" This shows her sheer love towards her family and to the place where she spend so many memorable moments with her loved ones. In addition, she thought that shifting to any old age home would put a cross on the character of his son and affects the life of her married daughters as well. This suggests that people in their older years didn't want to adopt new things. They had their own emotional attachments and feelings. They want to live and die together with the family.

Case Study-04

Ismael Khan, 82 years; was a resident of Hamdard Nagar. He was a widower, living in a joint family of two married sons, daughter-in-laws and their grandchildren. Besides, he has two daughters, married in the same city; that he used to visit regularly and especially in the time of trouble. He was suffering from many health problems like Arthritis, T.B and kidney failure. The treatment of these ailments requires lots of money, which he himself can't afford as he has no source of income. The dilemma is that the money was not even given by his sons as well. Thus he is forced to ignore the treatment of his health problems. He is thinking of applying for old age pension many times but he can't due to his dependency on his children for filling up of application form and other proceedings. Ismail's miseries never end here. He being the owner of his house was always put under mental pressure, to engrave the house on the names of their sons and daughter-in-laws. Getting verbally and physically abused is like a chain of regular event for him. But still he never reported the matter to anyone and always praises their family members in front of outsiders. The only person, with whom he shared all his ups and downs of life and the

mal- treatment given by his sons and daughter-in-laws is his neighbour and friend Shakeel. He used to spend most of his time with him. Shakeel was the person who always tell him that “if things are not going in a right direction than one must try to make it right. You must take the matter to the police and make a complaint against them”. But Ismail fears of family status and self respect and hence he never takes the matter into the police. He has no social life of his own. He spent most of his leisure time in doing prayers and watching Television. He opines that senior citizens whose children are in a habit of neglecting their parents must be taken care of by the government. The government should make special provisions for them because it is these who serve the nation for their entire life. Although he considers old age as a normal phase of life but he do believe that circumstances makes one feel like a burden or an asset to the society.

Case Study-05

Gul Mohammad; 84 years, was a resident of Sir Syed Nagar. Forty years back he came to Aligarh in search of a high salaried job. In 1972, he got into a managerial job in nationalised bank and since then he was living in Aligarh. Presently, he is a retired serviceman and used to live in the same household where he used to live during his job. He has two children, one son and another daughter. Son is settled in U.S.A, whereas; daughter was married to a doctor living in the same city. A year back he lost his wife and was all alone in his house at Aligarh.

Even though after the death of his wife, his son requested him to settle down in U.S.A with his family but he refused. This shows his love towards his own home and nation. In order to meet his son and grandchildren; every year he went to U.S.A for a month or a two and came back to India. This shows that his son and daughter are trying every ways to contribute towards their father's well being but are helpless in providing emotional support to him. But Gul Mohammad said that “I am fully satisfied with the care and love given by my children. I understand their problem and have no complaints from them”. He also committed that in Aligarh he used to miss both his wife and his children. In order to keep him busy; he used to perform various activities like gardening, yoga, morning walk, watching Television and reading books etc. He is also an active member of the old age club of Aligarh.

While describing his health, he reported that he was suffering from many diseases like heart problem, diabetes, Arthritis, and hypertension but he never showed careless attitude towards them. He used to take regular medicines of all and in case of serious illness or problem, he quickly consulted his daughter and son-in-law as both of them were doctors. He has kept one full time female servant to take care of him and his house. She was living with her family and used to cook food for him and does other needful work.

Gul spent most of his time in doing prayers and reading books. He was fully satisfied with his life and looks his old age as an 'achievement'. He wanted to live every moment of his life with full energy and enthusiasm. He always thanks to God for giving him such a wonderful life filled with love and pleasure. No doubt, he is filled with optimism and zest for life.

Case Study- 06

Rukhsana; 64 years, is living in Shanshabad of Aligarh city. She is living in a joint family having one married son and one unmarried daughter aged 20 years. She came to Aligarh at the time of her marriage. Financially, she is very poor and her daughter's marriage is her biggest worry these days. Besides, her husband was also ill and was bedridden since last few months. She herself was also suffering from many health problems like Arthritis and kidney failure. Rukhsana and her husband were fully dependent on his son. Her son was a labourer and earns only a handful amount. Thus he was also not able to fulfil his all family responsibilities. Due to financial constraints; many times they neglected the required medical attention for her and his husband.

Rukhsana is a house wife and she used to spend most of her time in doing household chores. She didn't get any share in decision making. The only possession she has is the small house in which they are living. But her son always forced her to sell out the house and give all money to him for starting his own business. Rukhsana always denied for same and used to said that "The house is the only place where I can live with peace along with my young daughter .How could I sell this?" As a result of this unfavourable response; his son and daughter-in-law used to misbehave with her and his spouse. They get abuse verbally and sometimes physically. Rukhsana, even after facing so many difficulties, is living her life with courage. She never criticizes anyone for her present situation. She opines that joys and sorrows are like the two sides of a similar coin and one has to think for the ways which turn these sorrows into joys. This positive belief makes her feel happy even at the time of difficulty.

Case Study- 07

Mrs. Huma Khan; aged 86 years was living with her spouse and one abnormal son in Sir Syed Nagar. She had one more child who is married and living in Bangalore with his family. He used to visit their parents regularly, send them money and talk to them on a regular basis. Huma came to Aligarh after her marriage and since then she was there in Aligarh. The Huma's spouse was bed-ridden for the last four years and she herself was suffering from the problem of arthritis, sugar and osteoporosis. But still she is taking full care of her husband and her abnormal child as she has no one else to look for them. She has no financial crunch as she and her husband, both

were retired as a Professor from the Central University. Besides, she got many financial assets on her name from the side of her father. She is also having one servant for her help. She spend most of her time in home as she complained that her neighbours used to irritate her by passing comments on her abnormal child and making fun of her. She used to get up early in the morning & take full care of her family responsibilities. In addition, she gets engaged in prayers, cooking & gardening related activities.

In addition to the household work, she used to take part in some social events. Presently, she is holding the post of a president in some women's association in Aligarh. She was also helping many poor families by providing financial assistance to them. She is also giving financial assistance to a school for providing free education to girls belonging to poor households. For her consistent efforts, she has been awarded many prizes by the voluntary agencies and local bodies. Even though her husband & son were both ill and she is facing many problems out of that; but still she never gave up. Her active participation in various activities shows that she is very courageous and has taken life positively.

Case Study- 08

Smt. Neha Kashyap; 63 years old, is living with her husband in a rented house. She is a housewife and her husband is presently not working anywhere. The financial expenses of the family were shared by their elder brother who is residing in the same city. They had only one son who is married and settled in Delhi. But his income was also not sufficient in supporting his father's financial responsibility. In order to provide some financial help to her family, Neha used to sew clothes of her neighbours. In addition, she spends her time in cooking, watching Television and going for a walk. She has no major health problem except the cataract. Due to this, she is unable to sew clothes and hence have no personal earning.

Neha, and her husband are very social in their life. She used to visit her relatives and neighbours regularly. She is religious as well. This can be realised from the fact that during the whole conversation she kept on moving the beads. She always started her day with morning prayers and also takes part in different religious functions and social ceremonies. She wants to become a social worker for serving the society. She always tries to help people in whatever way she can. She is an artist also and has composed many poems and folk songs.

She always holds a positive attitude towards her life. She doesn't consider herself as old as she is actively involved in all the activities which she earlier used to do. She has no problems in the family and in doing household chores. Her husband is very supportive and caring. But dependency on someone else for running the family makes her feel depressive sometimes. She

opines that old age requires support and care from the family and especially from the siblings. Hence, old age home is not the solution of the problem of senior citizens.

Case Study- 09

Mr. Jagatram; 94 years old, is living in a joint family including two sons and their grandchildren. He is retired from a govt. Job and has started his own business of cloths. Financially, he is very sound as he possesses the ownership of many financial assets e.g. petrol pumps, hotels, nursing homes etc. Although he has a lot of money but he is simple and kind hearted individual. He is in a habit of helping all those who are in need. He always donates some amount for noble causes. He lost his wife in an accident three years back. His daughters got married in different countries and very rarely they get time to visit him. His sons are also busy with their own families and personal involvements. They too had little interaction with him. The most of his interaction goes on with his granddaughter, who is just ten years old. So to keep him busy he indulged himself in various kinds of activities. Even though he turned 94 this year but his social life is still very active showing that there is no barrier of age in social interactions. He is a member of many social and religious organisations. He has been invited as a guest by many organisations to share his valuable experiences. In actual, he is the 'role model' for his age group as he is able to do all his activities of daily living by his own. He used to get up early in the morning, have a morning walk, do a little bit of exercise, indulge in morning prayers and then started his daily activities. He spent his leisure time in reading books, watching television, visiting public places, playing chess and cards. Besides, he used to visit abroad.

He is also having good health as he has no major ailments, rather, he has the problem of sugar, hypertension etc. which is very common in old age. For him, old age is not a time to repent, but to enjoy one's freedom. So what he is practising in his life. He is very optimistic and practical kind of person. He warns his children to remain sincere and motivated towards their work and keep human values alive in them; otherwise, he will transfer all his property to the trust. He wanted them to develop a vision towards life and do something for the upliftment of those who are weak and vulnerable. This all shows that an aged person can also live his life in his own way; if he wishes to do so. No one, even the increasing age, stop him from that.

Case Study- 10

Mr. Om Prakash Joshi; 82 years is living alone. He is basically from Kashmir. At the age of 12 years, he ran from his home so that he can make money and earn some name and fame. It was about 70 summers that he spent in Aligarh. Since then he never turned back to his family. He was all alone in Aligarh as he is single. His accommodation was a thatched house with poor

sanitation. He was a rag picker by profession and earns a very little amount out of it. In the name of financial assets; he possesses two-three utensils, two set of clothes and one blanket. Thus, he is living in very difficult conditions. The street children used to make fun of him and tease him, but he never replied. On looking into his pathetic situation, his neighbours used to feed him occasionally. The ward member also helped him in getting Old Age Pension (OAP) and since last one year he was getting OAP. As the amount of OAP is not sufficient in fulfilling his all basic requirements, it was difficult for him to sustain his normal life. He is looking for an opportunity to shift to an old age home where he can get a day's meal without tension and hassle. But due to unawareness, he didn't make any such arrangements.

He is also suffering from many health problems such as Arthritis, hearing loss, vision problem and short-term memory loss. Due to financial instability, he was not in a condition to start his proper medical treatment. In these days, he is missing his near ones and wants to go back. But the fear of getting unfavourable response as he never turned back within a span of last 70 years and unavailability of funds makes him feel helpless. All these ups and downs make him feel a burden to the society. He is fed up with his life and counting his days for an end of his life. He thought that government must provide some kind of assistance to these people so that they may not turn out to be a burden.

Case Study- 11

Smt. Ritu Devi is a resident of Hamdard nagar. She is 68 years old and is belonging to a schedule caste family. She came to Aligarh after her marriage. She is living in a nuclear family. She has got four sons and two daughters. Out of them, both her daughters and two sons are married. His married daughters are living in the same city and they used to meet their parents regularly i.e. once or twice in a month. The married sons are also living in the same city but in separate households. They didn't provide any kind of help and support to their parents. They separated just because of family conflicts related to financial crisis. The remaining two unmarried sons are residing with them. They were also working in the same firm as daily wager where their mother used to go. They were not educated due to financial crisis. They were living in very scary conditions as they don't have any water resource within their house. They used to fill water from public hand pumps and utilises public toilets. Anyhow, they were just passing their days. Their financial problem also makes an impact on their dietary intake. They were not getting balanced diet. The life becomes miserable to them. She has also applied for old age pension but unfortunately she is not getting it. This is because of her dependency on someone else.

Sometimes, she used to feel depressed and isolated. Although she is not very much religious but she visited temple once or twice in a month. Her most of the time was utilised in doing household jobs. Till sunrise to sunset, she didn't get a single minute for relaxation. Sometimes she didn't even take proper sleep as she has to look after her husband. These engagements further deteriorate her health. It makes her feel irritated and short tempered. She started believing that her miseries will never end in life. She considers her old age as the worst phase of her life as it makes her totally dependent and helpless.

Case Study- 12

Mr. Habeeb Kamal; 78 years, is living separately from his sons who are living near to him in the same locality in Aligarh. He was born and brought up in the same locality. He belongs to a middle class family and was totally illiterate. He has four sons and two daughters. He is accompanied by his wife. The old man is not physically fit and is not in a position to even walk. His illness makes him weaker and dependent. But he is fortunate enough in care giving as his wife used to take full care of him either it was day or night. She also helped him in doing his all activities of daily living. Financially, he is very sound as he possesses a large piece of agricultural land. Each of his sons wants to take custody over this land. This may even introduced quarrel in the family and also between the four sons. For getting the custody sometimes they offered co residence to them, whereas, on the next moment they showed their real faces by shouting and using abusive words on them. One day they even try to beat him. This is the reason why they were living alone despite of having four children. His daughters are also married in nearby cities. But they didn't come to meet them just because of their brothers who always make quarrel with them as they do not want to give any share to their sisters. He told that after seeing his children fighting like animals he felt helpless and would like to end his life. He wanted to convert his property into trust for the purpose of helping those whose children neglected them and do not give time to them. At this stage, he is also suffering from many health problems such as arthritis; hypertension and heart disease. The old man always lives in distress and feels neglected. Old man took a decision to get separated from their children and transfer his land to the trust for the purpose of helping the older people whose children used to neglect them and do not have time to spent with them. He spent his leisure time in having a walk with his wife, doing prayers and watching T.V. He even reduces his social contacts which he earlier used to have. For him, old age is a painful experience: a period of neglect and isolation.

Case Study- 13

Ms. Rehana, 65 years old is living alone in Shahanshabad. She is the single child in her family and at the age of 24, her mother and father were found dead in a car accident. After that their relatives and family friends forced her to get married so that she can forget this sad incidence and get a chance to live life. But destiny has decided something else for her as the family in which she was married is very money minded. They became ready to marry their son to her for just grabbing her parental property. And just after her marriage, they demanded her to sell her whole parental property and when she denied; they started abusing her both physically and socially. Within two years of her marriage she got divorce from his husband. She was then shifted to her maternal aunt's house where she was put to work like anything. The aunt's children also use abusive language for her. She has no one to share her feelings except one friend living near to her house with whom she used to share all her problems. Unfortunately, she too has shifted to her son's house in different city leaving her feel all alone. As a result, she reduces her social contacts and kept herself isolated.

In order to keep herself busy and get some earning, she opened a training centre for girls in her locality where she used to teach sewing, painting and other related activities to young girls of her locality. This will bring some earning to her along with some sense of social satisfaction. Rest of the time she kept herself busy in doing prayers. Since, she belongs to the younger-old age group she is not affected with any major health problem except the minor loss of vision. Psychologically; she is very much disturbed. She thought that her problems are unending and had no solutions. Although she didn't considered her as older these days; but is afraid of the day when she becomes really older and need someone for help and what if, she had found no one standing with her. This was actually the worry of all those aged who are lonely and have no support of any kind.

Case Study- 14

Mr. Sikander Rao; 87 years, is living with his wife in a nuclear family at Aligarh. He is retired from police forces as superintendent. Even in this stage of life he was invited by senior officials for consultation. After living a disciplined and busy life, he found himself very relaxed and comfortable. He has nothing much to do now and thus he preferred himself to stay in home. He has two sons. One cleared the banking services exam and settled in Bangalore and second one is a doctor in Jaipur. Both his sons are married and are in regular contact to him either through telephonic talks or by personal interaction after every three four months in a year. Mr. Rao loved his wife very much and wanted to fill her life with joy and happiness. Presently, she is suffering

from heart problem and was operated in Escorts, New Delhi. He spent almost all his savings on her treatment. He himself was also suffering from many health problems including diabetes, arthritis, hypertension and obesity. In actual, obesity is his main problem, he always, tries to control this but could not stop him from overeating. Actually, he is very fond of eating. He is a very kind hearted individual and always remains ready to help people in need. For instance, he along with his friends make a trust with whom they are helping the school children who are not in a condition to pay their school fees. He spent his leisure time in walking; reading books, watching television and visiting public places etc. He has a wide knowledge about the basic concepts of life and its wider happenings. He always tries to motivate and empower people through his discussions. Old age to him is merely an increase in the number of years. He also started an elder people's evening club in his locality where older people used to come and share their experiences and also where the elderly people feel relaxed and enjoyed their old age. He even tries to arrange few lectures of officials in his elder club so that the community people get suitable information regarding various issues. In short, he is enjoying his old age with a positive attitude towards life.

Case Study- 15

Mr. Arun; 71 year old, is a famous lawyer of Aligarh. He came to Aligarh with his father. His father was a government servant and was shifted to Aligarh on transfer basis. His father found Aligarh as a place more suitable for the education of his children and hence he decided to settle down. Since then Mr. Arun was residing in the same house. In his family, he has two sons and two daughters. He lost his wife in the last year. Both of his daughters are married in the reputed families of Agra, whereas, the sons are living with him in the same parental house. The elder son is married and used to help his father in doing legal practices whereas the younger one is in studies and is unmarried. Financially, he is very sound as he is famous lawyer and charges his fees about fifty thousand or more for a single case. In addition, he has many acres of agricultural land on his name. Besides, his social life is also very active as he has many social contacts. To keep him busy, he used to spend most of his time in doing his official work. This also helps him in forgetting his wife and getting isolated. He is also a religious kind of man as he never missed his morning prayer, reading of Ramayana and Hanuman Chalisa. He never entered his office without lighting a lamp to Devi. He is in a habit of taking good care of his health as he used to go for a morning walk, have regular exercises, health checkups, takes low fat diet and nutritive health drinks. Thus, in the age of 71 he has no major health problems. He enjoyed spending few time with his granddaughter. He used to share his food with her. His other leisure time activities include reading books, net-surfing, writing blogs and having discussion about the leading topics

of the country. Old age to him is an achievement and not a burden. He opines that senior citizens should have the knowledge of rules and schemes of the government meant for their welfare and also have the awareness about their rights. He opines that old age will no longer remain a problem unless one has planned it and also keep some saving for it.

Discussions and Findings

The Projections of the United Nations Population Division⁴⁹ showed a massive demographic shift being taking place in both the developed and developing countries. The population aged sixty and above in the developed countries will be projected to see the percentage of the old people in their population rise from an average of seven percent to over eleven percent by 2015. China and India, alone accounts for over fifty percent of the elderly in the less developed regions⁵⁰. Presently, the developing countries are not emphasizing much on ageing and related problems as compared to the developed world because the problem is not seen as serious as compared to the developed nations. But in years to come, it is going to become a serious challenge for all developing nations and especially for India as of having the largest share of younger generation at present. World Assemblies in Vienna (1982) and Madrid (2002) and subsequent formation of International plan of Action of Ageing and UN declaration of the Year 1999 as International Year of Older Persons has stirred the conscience of the world to the problems of the aged. In response to this, the government of India has formulated the National Policy of Older Persons in 1999, Provision of Old age pension was made regulatory for all states, special queues were meant for senior citizens at hospitals and railway stations, concession in fare is given by railway ministry and recently, The Maintenance and Welfare of Parents and Senior Citizens Act was enacted in 2007. Despite of all these efforts, the situation of India's elderly is still vulnerable. Vulnerable because a handful of young scholars are interested in doing research on aged; a handful of NGOs are working for the cause and care of the aged. Informal Care giving is never thought of by the government at any point of time. Is this the way India shining by ignoring the ones who serves us for so long?

The present work is a minor step in the direction of locating the situation of aged in the present world. The Qualitative framework was chosen because the researcher does not want to get confined to limited questions identifying their socio-economic profile. For this, fifteen case

⁴⁹United Nations, World Population Projections (2150), New York, 1998.

⁵⁰Bose, A. & Kapur, M. (2004). *Growing old in India: Voices Reveal, Statistics Speak*, B.R Publishing Corporation, New Delhi, pp. 3-4.

studies have been conducted. The analysis of these case studies brings some interesting results which are discussed below:

First, Financial security plays an important role in shaping the future of relationship and making the things easy and possible in old age as it was found that the people who are financial sound are taking their life and old age as an 'achievement' rather than a 'burden' or a 'curse'. It can be seen in the case of Mr. Arun, a famous 71 year old lawyer, Mr. Jagatram; 94 years and Mr. Sikander Rao; 87 years old living with her spouse. They all are trying to motivate and empower other elderly persons through their discussions. Old age to them is merely an increase in the number of years. For example, Sikander Rao started an evening club for senior citizens in his own locality where older people used to come and share their valuable experiences, joys, sorrows and emotions with each other and where they felt relaxed and energetic. Similarly, we have Smt. Ritu Devi, a resident of Hamdard nagar. She is 68 years old and is belonging to a Scheduled Caste family. Her financial condition is very poor because of this sometimes; she used to feel depressed and isolated. She considers her old age as the worst phase of her life as it makes her totally dependent and helpless. Thus, financial security in old age is a must.

But getting financial dependence is not sufficient for healthy ageing as is the case of Mr. Habeeb Kamal; 78 years old, living separately from his sons who are living in the same locality. For him, old age is a painful experience: a period of neglect and isolation, because he holds some parental property on his name and because of which his four sons always quarrel with him to get possession. Thus along with financial security, there is needed some social support, respect of relations and love from near ones. Otherwise, old age cannot be enjoyed.

Rukhsana; 64 years, is living in Shanshabad of Aligarh city. She is living in a joint family having one married son and one unmarried daughter aged 20 years. Financially, she is very poor. In addition, her husband was ill and was bedridden since last few months. She herself was also suffering from many health problems like Arthritis and kidney failure. Her daughter's marriage is her biggest worry. But still she filled her life with courage. She never cursed anyone for her situation and thought that someday she will overcome all her difficulties. This positive belief kept her happy always and even in the time of difficulties. In old age; marital status also plays a significant role in curbing the feeling of loneliness. In case of high income groups, where the social networks are limited to household only; the presence of spouse makes the life easier, relaxed and with less stressors, same has been reported in the case of Mr. "Sadaqat Hussain", 72 years old who was a resident of Sir Syed Nagar and has lost his wife. He reported that despite his all efforts to make him engaged; he used to felt lonely many times. This is because he was very close to his wife and always misses her. He filled his eyes with

tears while describing his wife. In addition to all these problems, the saying 'Health is wealth' is also applicable in the case of elderly. Many of the senior citizens have reported health as their biggest worry as bad health adds woes to their problems. It makes them dependent and physically weak. Further it reduces their earning capacity. Similar problem was reflected in the case of Sikander Rao and Habeeb Kamal.

Hence, from the above findings it can be concluded that old age is a period of life which can be made either normal or troublesome depending upon the individual's frame of reference and prior preparation. If one plans his old age thoroughly; he would never be in any crisis and hence he enjoys his old age as he enjoys the other phases. But those who entered old age without any prior preparation will definitely undergo some kind of troubles in old age and for them life turned to be a curse.

Conclusion

The analysis of case studies reflected few interesting findings: First, Senior citizens belonging to lower income group or are totally dependent considers their old age as a 'curse', whereas , those belonging to higher income group or are able to do their activities of daily living are still enjoying their old age. For them, old age is a period of freedom from responsibilities whereas other considers it as a period of struggle. Second; senior citizens, irrespective of their income, preferred living in their own home and with their close ones rather than living in any old age home. Third, health is the most common sector which affects almost every senior citizen and hence needs special concern and focused interventions. What is needed the most is the attitudinal change towards the aged. Once the senior citizens started feeling their importance in the family and society, they started enjoying their life. For this, all the stakeholders including the media, the younger generation, the educational institutes, the NGOs, the policy makers, the politicians and the bureaucrats; all needs to join hands and work in a positive direction towards making the old age successful and healthy.

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