

CHAPTER: 1

INTRODUCTION

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Ageing as a biological process is an inevitable phase in the life cycle of every human being. However, the age or line that demarcates 'Old age' from adulthood is still quite vague. This is due to the fact that the concept of 'Old Age' does not have the same significance in every society. Though in Demographic Analysis, age 60 and above is taken as the parameter to define 'Old Age' but there are many societies where 65 years is considered to be the cutoff point at which people become eligible for all the old age benefits.

Old age, a growing problem today all over the world has become an issue of great concern not only for the demographers but also for the government, economists and policy makers. Some scholars have referred this phenomenon as the '*Age Quake*' or the '*Greying of the population*'. This phenomenon has shaken the very base and socio-economic structure of our society. Demographic factors like decrease in the fertility and mortality rates especially due to better education, nutrition, knowledge, awareness and better medical facilities have led to the increase in the number of elderly person in the general population. However, this phenomenon till recently had been a feature only of the developed countries of the world but it no longer confines itself to the same and is rapidly becoming a feature even of the developing countries, like India. In the year 1959 the total population aged 60 years and above accounted for 8 percent of the total population, which is expected to increase by six fold (i.e. 14 percent of the total population) by the year 2025. Moreover, till 1960 half of the elderly population was living in developing countries, which is expected to rise to more than three quarters by the next century. It is also expected that during the year 1980 to 2020, about 75 percent of the additional number of the global elderly population, would be in the developing countries and while the population of the developing countries is expected to increase by 45 percent over the same period, their elderly population will increase by more than 80 percent (Sen, 1994). With the increase in global elderly population and the demographic transition experienced worldwide as a result of this phenomenon, India has also witnessed a similar transition. India currently ranks fourth among the countries which have a large number of elderly population in absolute number. India's 60

plus population is growing at an alarming rate and the 80 plus segment of the population is growing even faster (Vasantha & Premakumari, 2000), (Lalitha, 2000). The population in the age group of 60 years and above was 4.57 percent in 1961 which went up to 5.14 percent in 1981 (Chowdhry, 1992). 50 percent of the world's elderly population lives in Asia, out of which 23 percent live in India, where the number of elderly population has increased from 12 million in 1901 to 57 million in 1991. It is estimated to be 326 million in 2050 (Behera, 2007).

The increasing rate of '*Greying of the population*' in the developing countries of the world, especially in a country like India has far reaching consequences. It not only poses challenge to the socio-economic structure of the country but also to the elderly persons residing herein. Especially the kind of social changes that India is undergoing since the past few years due to the effect of modernisation, westernisation, urbanisation and globalisation has a severe impact on the elderly persons residing in these countries. Such changes include breakdown of the joint family system, changes in the role of the family, empowerment of women and changes in their role, rising competition in the job market and increasing importance of modern technology, weakening of the interpersonal relationships within the family members etc. In the face of all these changes, it is the elderly persons who get deprived of their authority, role and even of the care and attention needed at this age.

Another dimension of this greying of population is the sex ratio of this elderly population, which exhibits a larger proportion of females than males. Even the group of the oldest old i.e. 80+ population marks the predominance of females. Almost 65 percent of the 80 plus population are females. In 1995, 77 percent of the centenarians were women and by 2050, this number is expected to increase to 84 percent. It is found that women outnumber men in almost all countries of Asia and this factor can be attributed to the greater life expectancy of females than males (Dhar, 2004). In the year 2002, sex ratio (men per 100 women) for the 60+ population was 91:100 and reduced to 81 for men in the age group of 80+ populations (Datta, 2004). This phenomenon of the increasing number of females in the ageing population is referred by many scholars as the "*feminisation of ageing*" which is occurring worldwide and India is also not an exception in this case.

The feminisation of aged population will have significant consequences, especially in a country like India. Indian society, being patriarchal in nature expects a woman, since her birth to be socially and economically dependent on the male members of her family. Throughout her life

she is expected to depend on her male kins, mostly her father, husband and sons. This dependency of a woman on her male relatives, throughout her life time cumulates in old age. Moreover, ageing also aggravates this dependency when even for minor things, majority of the women are found to depend on their male kins, especially when it comes to their protection, support, and decision making. Many studies reveal that in India even today, the elderly male acts as the decision making authority and head of the family. Decision making is still believed to be the domain of men where females have very little say. Studies conducted in these areas also points out that they are not only the poorest and the most vulnerable section of the population but are also more disadvantaged than their male counterparts. This is mainly due to the inequalities faced by them with regard to education, health, nutrition, income, ownership of property and resources which in turn drags them to a more vulnerable position in their old age, especially in case of absence of their husband.

Widowhood has been truly regarded by many scholars as the “social death of a woman”. Society attaches many taboos with widowhood starting from taboos associated with some food to participation in rituals and ceremonies. In a country like India, widowhood deprives a woman not only of her resources but also many of her social rights, status and roles that she enjoyed previously and hence makes her completely dependent, especially during her old age. While taking a look at the demographic profile of the ageing population, we can clearly see the higher proportion of the widows as compared to the widower. This fact can be attributed to factors like lesser age of the females than their husband at the time of marriage, more tendencies of men to remarry after losing their spouse and lastly longer life expectancy of women than their male counterparts. Several studies pointed out to the poor economic condition of the elderly widows in India. In these studies some cases of widow abuse are also reflected. These abuses include verbal, physical and financial abuse from the younger members of the family. Lack of awareness and access of the elderly women with regard to the economic and property related matters leaves them vulnerable and open to exploitation and abuse even by their close relatives.

Economic and social dependency of a woman on their male relatives is a common phenomenon in Indian society still today. This is mostly due to the fact that inspite of several efforts towards women empowerment and self-sufficiency, majority of the women in India still do not go out to earn money. Since her very childhood she learns to depend on her male kins especially for the fulfillment of her economic and financial needs. On the other hand, the family related roles and

responsibilities are considered to be her first priority. These gender roles get imbibed in her since her childhood and restrict her in many cases from choosing a full time career in the future. Hence throughout her life she keeps herself primarily engaged in non-remunerative domestic works, which does not guarantee her any security in old and in case of disability. Studies reveal that even in case, where they are able to overcome these factors, and have taken up an employment, their employments are often found to be guided by family considerations. Thus, a large portion of them are either found to take up casual employment or remain underemployed with interrupted careers so that they can simultaneously carry on their family responsibilities. Moreover, in some cases it is also found that even being financially independent she can hardly claim any independent identity of her own. This dependency status often leaves the elderly women with no resources or a very little resource to support herself during her old age.

On the other hand, India being a patrilineal society, the women are also deprived when it comes to the inheritance of property. Though many laws are passed to ensure property rights to women but in most cases they cannot guarantee these rights to women in real sense. Moreover, when it comes to the ownership of property, it is often thought to be a male business and in most cases women are regarded as incompetent in this matter. Thus in India, most women do not own property and even where they do they are often found to be guided by the male members for the management of the same. Studies conducted on elderly women reveal that the rate of unemployment, low level of income, less ownership of property is much higher among the elderly women than their male counterparts. Moreover, these factors are highly associated with the wellbeing of the elderly women in the later years, as they tend to influence not only the economic status or the resources available to them but also their social status, like the level of authority, degree of their acceptance in the family, care and support extended to them and even their social adjustment. Thus, it can be concluded that the '*feminisation of ageing*' will lead a major segment of women to a triple jeopardy, firstly due to their gender i.e. being a woman in a patriarchal society, secondly in most cases being economically dependent and thirdly being an aged. The situation is worse in case where she is a widow or disabled. Thus, this section of women can be referred to as the most vulnerable.

All elderly women, irrespective of their financial, social, educational, and marital status are faced with a feeling of emptiness in the later years of their life. Though, its intensity varies depending on many factors. As discussed earlier majority of Indian women give prime importance to their

family and to their immediate kins, hence they lead a family centric life throughout their lifetime. Even when engaged in any employment, family remains their first priority. Thus slowly and gradually their social world, their happiness, their grief, their success, their failure starts revolving around their relatives and family members. Studies conducted on social relationships of elderly women shows that in case of a large number of women their social relationships centers around their immediate kins and relatives. But it is quite unfortunate that when the same women becomes old and depended she is thought to be a burden, loses her importance and is often cast aside by her family members. This often leads to deterioration of her social relationships especially with their immediate kins. “As their children grow up and marry their position and status in the family deteriorates even further” (Datta, 2004), which in turn results in isolation and loneliness. Moreover, at this stage, the elderly women generally suffer from a feeling of insecurity and role loss, often due to the takeover of the management of the household affairs especially the kitchen affairs by her daughter in law. This often results in difference of opinion and even at times gives rise to conflicts in the family, deteriorating her social relationships further.

Moreover, many elderly women find themselves lonely and alone after being separated from their adult children As a result of urbanisation; now most adult children migrate to other cities or foreign countries for further education or in search of better jobs leaving behind their old parents in their native places. Studies on this aspect reveal that the conditions of such women are worse, as at this age what one requires mostly is the emotional support and company of their own children. Monetary support or any kind of material benefits often cannot substitute this support for them. As pointed out by several studies, old age demands both emotional support and physical care from one’s own children thus, separation from them at this age results in the feeling of loneliness, frustration, anxiety and insecurity among the elderly women. These studies also reveal more frustration among the elderly women than elderly male with regard to the absence of their children. In many cases, instead of getting the care and support of their children needed at this age, they are often forced to manage almost every affair by themselves, taking care of their ailing husband and remain dependent on friends, relatives, or neighbours for help. Moreover, such a situation, not only deprives the women from the company and support of their children but also alienates them from their grandchildren, which is a major source of joy and happiness during old age

It is also to be noted that the gender roles of our society, promote the notion of women's role within the boundaries of the four walls. These gender roles are also responsible for the low level of social network available to them as compared to their male counterparts, throughout their life and especially during their old age. Several research points out to the fact that social networks in old age not only prove helpful in reducing psychological problem and feeling of isolation among the elderly person but also has a positive relation with their adjustment. These studies even highlights that elderly women have more kins and blood relatives in their social network i.e. their social networks are often limited within the family. These factors can be attributed to women's role within the family and their involvement in care giving.

It is well known that during the past the family and society used to assign much importance to its elderly members. They were entrusted with high status and respect. Not only in the family but also in the community, an elderly person was treated with respect and was considered as a source of knowledge and wisdom. In the family they were the supreme authority and ultimate decision maker. Even the status of elderly women in such societies was quite high. In the family especially in household affairs they used to enjoy an authoritative position. All the younger members of the family, including her daughter in laws used to treat her with respect and attended to all her needs. Moreover, in such societies due to the lack of modern technology, face to face interactions were common among the family members, these close interactions with the family members and the company of her children and grandchildren provided her the needed emotional support. These elderly women not only enjoy the authoritarian position in the family due to her age but also because of the knowledge and experience associated with her seniority. Moreover, the roles performed by her in the family were also of huge importance. These societies were self-sufficient to a large extent with almost no dependence on the paid services for family support. Thus all the functions related to the household were performed by the females of the family, and the task of management of the same was taken up by the elderly women of the family. All these gave them a sense of importance and authority within the family. Hence role loss, feeling of insecurity; isolation, loneliness was not so prominent among the elderly women during that period. Besides this, the joint family system, served as the main institution where even the widows, the old and the disabled were looked after and taken care of by their own relatives.

Today due to the impact of modernisation and westernisation, the elderly people are experiencing a sharp decline in their status and the case is even worst in case of elderly women

who are reported to be the most dependent section. Social changes experienced due to these factors mainly the gradual breakdown of the traditional joint family structure, reduction in family size, changes in the role of women, introduction of modern technology and highly competitive forces of living have far reaching consequences for the elderly women in our society. Moreover, due to the highly competitive job market and highly demanding forces of living, majority of the adult children are constrained to discharge their duties towards their parents. This is also resulting in reduced interaction of the elderly person with their children which weakens their social relationship resulting in loneliness and isolation. In some cases, the health care and medical support of the elderly persons demands such high expenses that it becomes difficult for a middle class family to afford or cope with the same. These results in the negligence of a large section of elderly people who are subjected to abuse at times and hence are leading a vulnerable life.

Studies points out that modern industrial society characterised by rapid technological progress has made the aged unfit for the present generation. At present, the age or the experiences associated with it have lost much of their value. Contemporary society attaches high value to the education, occupational status, profession, skills, intellectuals and material achievements, and resources held by the person. Various researches on elderly women in India reveal that they form a section of population who are much less employed, less educated, less skilled, holds lesser resources than their male counterparts. Thus when these achieved qualities are counted upon, the elderly women's position deteriorates even further.

On the other hand possession of the knowledge and skills of modern technology makes the younger generation more resourceful and lifts them to the position of supremacy both in the family and society and the elderly members become more dependent. In addition, the already dependent woman becomes much more dependent as her age progresses and simultaneously her position of authority declines further. Moreover, in modern India, all the functions of the families have been taken over by specialised agencies and paid help like providing education, providing recreation, attending to pregnant women, prenatal and postnatal care of the mother and the child etc. which have led to role loss and have further declined the status of aged women. Several studies in these areas have pointed out to the declining status, self-esteem and authority of the elderly person as a result of the loss of these functions which have been attributed to the changing cultural and pattern of social system; and changing attitude of the younger generation.

However, the other side of the picture also cannot be ignored. In India even today, inspite of the forces of Modernisation a considerable proportion of the youth still cherish their traditional values, and thus prefer to serve their parents at home, instead of sending them to old homes. Some of these aged parents still holds an authoritative position in the family and continue to receive respect and care of their children. Moreover, many elderly people provide financial contribution to their family and provide economic support in cases where the children are unemployed or does not have sufficient income. This fact can be supported through studies conducted by various scholars from time to time. This reveals the fact that family ties are still alive in Indian society.

Social Situation of aged women belonging to different economic sections or social classes of the society though are apparently the same but these social classes play a major role in influencing the experience of old age. Studies points out that the factors that influence the class position of a person are Occupation, Education, Income, Ownership of Property, Resources held by the person in old age etc. Some other factors also associated with it are Power, Authority, Opportunities, Social Adjustment Family support and care. Thus the impact of social class is “largely a matter of accumulated advantage or disadvantage built up over a lifetime” (Moody, 1998). Hence the importance of class in analysing the social situation of the elderly women cannot be ignored.

Economically well off women of the middle class families are often faced with insecurity and isolation. In most cases their economic affluence or self-sufficiency does not prove to be enough to grant them a sense of security at this age. Factors that generally prove be to more effective is the companionship of their children and grandchildren. As been discussed earlier, the forces of modernisation and changes associated with it are responsible to a large extent for the degrading condition of elderly woman. Due to the changes in the social structure and forces of living, the youths are often overburdened with the responsibilities and demands of their workplace and family. These often lead to the neglect of the elderly members of the family, especially of their emotional needs. Hence the elderly people are often faced with an emotional gap in their life. The family members being too busy in their own affairs often have no time to give them company or attend to their needs Besides this due to the changing role of women, many women now are stepping outside the home for job and career, leaving the elderly members at home alone, with no one to look after or to take care of them. In such cases the family has no other

option but to appoint a paid help or to seek help of paid care givers. But care and support from these paid caregivers often does not help in subsiding the insecurity and loneliness of the elderly people. Besides these, middle class elderly women are often faced with role loss, mostly when their physical capabilities do not permit them to participate in many physical activity including household chores or in the rearing of their grandchildren. However, the situation is different in case of women who are physically active. Moreover, in these families the household chores are mostly performed by paid help which also limits the scope of the elderly women to participate in these activities.

In case of working women her retirement also exaggerate her problem. The old women in such cases feel useless and lonely and are often faced with many psychological problems due to this change in status and role loss. Studies on this issue highlights that retirement has great significance in the life of an elderly person, because it means not only economic dependence, reduced income but also loss of social relationship and authority, reduced social acceptance and increased dependency. There are however exceptions to this, and there are instances where many of them participate in social activities and maintain their social networks in order to reduce their feeling of isolation. Moreover, there are even instances where their role loss as care givers in the family does not take place and they continue to enjoy their previous status in the family by maintaining cordial relationship with their children and family members.

On the other hand, the elderly women of the poor families are more often faced with financial problems, “having spent all their hard earned money on children’s education and marriage, they are shell-shocked when their offspring refuse to give them shelter... they are considered as an extra moth to be fed” (Kumar, 2000). Thus the condition of such women without resources is more vulnerable. Lack of resources not only limit their access to medical aids but also have a negative impact on the level of care and support from their family members. Moreover, the condition is worse where she is disabled. Disability often limits her physical activity and also restricts her gainful contribution in the family. Such woman is regarded as a burden and her health and other needs become secondary for the family members.

The separation of the elderly women from their adult children due to marriage or due to their migration for career and employment has become a common phenomenon and is most commonly visible among the middle class families which often results in the loss of their parental role. Moreover, a much larger proportion of elderly women belonging to the poor

families are found in the labour force when compared to those of the middle class. This reflects the fact that loss of activity is much earlier and more prominent among the middle class elderly women than among the elderly women belonging to poor families without enough resources. Moreover, the poor aged women working in unorganised sectors often do not have to face the problem of post retirement. Instead, these women continued to work inspite of physical disabilities and health problems in order to provide financial support to the family and at the same time had to perform household activities like looking after the grandchildren etc. because more often due to financial problems they cannot afford paid help. The women 'who do not retire at all like the housewives and people from unorganised sector like the farmers are able to cope with the situation arising out of old age much better' (Muthu & Arumugam, 2000). Though the situation is different in case of women, working in organised sectors who generally to some extent faces the post retirement problems much similarly as the middle class retired women.

It has been pointed out by many studies that women without or with little resources not only have to face problems with regard to their care and support from their family members but also face serious deprivation when it comes to their health care and medical aid. Families with poor financial position often face difficulties in affording the expenses of medical care for the elderly women. Situation becomes worse in case of disability and where she suffers from recurrent problems due to any chronic disease. In such cases their needs and health conditions often becomes secondary for the family members. Studies show that these women either suppress or neglect their ailments or takes resort to some free or less expensive services for seeking medical aid. Some of these studies also points out that seeking of medical aid or treatment though are much common among the elderly persons but it is less sought by elderly women than the men (Audinarayan, 2012b), (Nasreen, 2009) and (Raj, 2012). Thus "the woman of the poor families faces serious deprivation when it comes to their health, their health status is worse when compared to the average health status of the women belonging to the middle class family" (Harris, 1983).

Hence it can be understood that the social situation of every elderly woman in our society is not the same. The extent of their social acceptance both inside and outside her family; degree of role loss and their perception towards it; changes in their decision making authority in the family and in their intergenerational and social relationships; and the level of care and support rendered to them by their family members all depends on their socio- cultural and economic background i.e.

the social class to which they belong to. This fact has been highlighted by several studies (Moody, 1998) and (Bhatia, 2013).

Thus in the present study an attempt has been made to find out the effect of socio-economic status on the life of elderly women. In order to do so the study seeks to comparatively study the elderly women belonging to two different social classes. In this context, the study looks into various dimensions of their life which includes their:

- **Economic status:** Nature and extent of economic problems and their adjustment towards it.
- **Social status:** The extent of their social acceptance, degree of their role loss and their social participation both inside and outside the family
- **Health care and support:** Access to health care services, and care and support extended to them by their family members.

Here it is worth mentioning that though socio-economic differences can be observed simultaneously among all the three existing social classes (i.e. the upper class, middle class and the lower class or poor families) but the present study will only restrict itself to two categories, i.e. the middle class and the poor families.

'Middle class' is the 'social class between the upper and lower, including professional and business workers' ("Middle class," 1994). The Dictionary of Sociology, states that " It is a strata between upper and lower classes...often identified through occupations like white collar jobs and at times through income and life style" ("Middle Class," 2009). Moreover, according to the Sage Dictionary of Sociology, the term refers to 'non-manual workers'. It also states that "the division between middle and working class is not economic but it is social and cultural". ("Middle Class," 2006). Besides these many sociologists have tried to define 'middle class' in terms of their family income, ownership of assets, pattern of consumption etc. however, in the present study the concept of '**middle class**' is mainly restricted to:

- Families whose members belong to professional and intellectual groups like the service holders, doctors, lawyers etc. and
- whose primary source of income comes from non-manual work.

On the other hand, as the study is conducted in an urban area, the definition of poor families, has been restricted only to the poor families of urban areas or the "**urban poor**" which comprises of "the migrants from rural areas due to economic reasons that enforce them to join the informal

sector in urban centers due to illiteracy and lack of any specific skills. The informal sector provides low wages and they live in places known as slums, squatters and pavements which are devoid of proper sanitation, water, nutrition etc.” (Center for Urban Studies: The Indian Institute of Public Administration, 1987). Thus in the present study, the families who are included under the **‘poor’** category include those:

- who are mostly slum dwellers, pavement dwellers,
- earning their livelihood on daily basis in informal sectors like potters, carpenters, rickshaw pullers, cart pullers, vendors etc.
- or whose primary source of income come from manual works and whose members are mainly engaged in casual and unskilled or semi- skilled occupations like, labourers on construction sites or who are engaged in road works, or who work as domestic helpers etc.

The study restricts itself only to the above mentioned social classes and does not include the families belonging to the ‘upper class’. This is because ‘upper class’ families have their own unique features and dealing with the three simultaneously will make the study more elaborate and vast and it will get diverted from its objectives.

Another reason behind the attempt to undertake the present study is that, very limited studies have been conducted in the mentioned area. Thus undertaking research in the mentioned area will help to fill the research gap. Simultaneously the study will also be significant for policy formulation, as it might prove helpful for the government or other authorised policy formulating bodies in identifying the differences in the needs of the elderly women belonging to different social classes which in turn will enable them to formulate policies that will best suit the needs and requirements of these elderly women.

Hence, an attempt has been made here to comparatively study and analyse the socio-economic situation; and the health care and support received by the elderly women belonging to the middle class and poor families. For the purpose of the present study, the area that falls under the Siliguri Municipal Corporation is chosen. Siliguri is a town, situated in the Darjeeling district of West Bengal, though some areas of the town fall in the Jalpaiguri district of West Bengal as well. Being the gateway of North-eastern India and for being the economic and commercial hub of the

region, the place attracts huge migrants from the neighbouring countries of Bhutan, Bangladesh and Nepal and also from the neighbouring states of Bihar, Sikkim and Assam. It is for this reason, and also due to the rapid pace of urbanisation that the town is experiencing for few decades; the city attracted the attention for the conduction of the present study.

Theoretical approach of the study:

The present study will stand in contrast to the Disengagement Theory of ageing that observes old age as an inevitable withdrawal from the social system and views this withdrawal as functional for the society and a pre-requisite for the social stability. This theory also views decreased interaction between aged individuals and society as a universal and inevitable process that provides liberation to older people from following societal norms and duties (Willson, 2007). This theory ignores aged person's own view of ageing, his social need, his ability to participate actively in the societal affairs and even his contribution that might prove beneficial for the society.

Both the Disengagement Theory and the Activity Theory of ageing makes the functionalist assumption that middle age/ adulthood activity has to be maintained in order to maintain the equilibrium and stability of an individual's life. However, the Activity theory is built on the assumption that individuals are able to replace their lost roles and activities with that of the new ones, which would in turn lead to better adjustment and highest level of life satisfaction in the old age (Kart, 1989). The Disengagement Theory on the other hand holds that disengagement from all the roles and activities of the middle age is inevitable and is essential in order to maintain social equilibrium.

Thus in contrast to the Disengagement Theory of ageing, the study concentrates itself on the Activity theory of ageing- that draws a positive relationship between Activity, Life satisfaction and Social Acceptance in the later years. The theory believes that though ageing and the physiological changes related to it are inevitable but the emotions and social needs of an individual, even at this age remain more or less the same. The theory also believes that individuals who stays active and does not withdraw oneself from the activities of the social world are much well-adjusted and more satisfied in the later years (Kart, 1989).

Although, from its origin Activity Theory was based on the, equilibrium theory of ageing showing a positive relationship between Activity patterns and Life satisfaction but later on, this theory was reformulated into an interactionist perspective. This perspective draws a relationship between self and role, and the use of ‘reflected appraisals’ and social interaction to strengthen or support the self. This perspective thus looks at the socio-psychological relationship between specific activities and life satisfaction. Thus according to this perspective, meeting of functional needs is not the only motivation for maintaining or continuing the activity of the middle age, rather but the aim is to maintain a socially supported self-structure which is expected to lead to optimal self-satisfaction at old age (Atchley, 2006).

However, this study looks at various dimensions of the aged women belonging to middle class and poor families, from the functionalist version of the Activity Theory. According to this perspective, if the activity patterns of middle age/ adulthood are maintained or continued at old age, it would not only lead to the meeting of functional needs but will also bring about stability or equilibrium in one’s life which in turn will lead to maximum life satisfaction at old age. The functionalist perspective of the Activity theory is built on the assumptions and ideas that were forwarded by the Functionalist, Talcott Parson pertaining to system requirements (The Social System) (Giddens, 2006). This theory is based on four major concepts: - Activity, Equilibrium, Adaption to role loss and Life Satisfaction. It makes the functionalist assumption that the activity pattern maintained during the middle years in order to fulfill the needs of the individuals and achieve life satisfaction, should be maintained in the old age also in order to maintain the equilibrium (Atchley, 2006). Thus similar to the Structural Functionalist, it holds that in order to maintain the equilibrium, the lost activities, and roles are to be replaced and if this does not happen or if the roles are dropped or not continued, it would lead to lower life satisfaction. Moreover, it also holds that the most successful way to adapt to a role loss is to find out substitute role to satisfy one’s needs.

The various limitations to which this theory has been subjected to are:

- This theory assumes that individuals have a greater level of control over their social situations. It assumes that people have the capacity to create or reconstruct their life according to their wish. This might however, be true for few individuals, whose social

and economic resources allow them to do so, but for the one who does not fall in such category or who suffers a dramatic decline in income and health in old age may find difficult to reconstruct or create roles or activities, according to their wish.

- Secondly, this theory emphasises the stability of the psychological and social conditions throughout all the phases of the life cycle which might make sense for a person who has witnessed stability in his/her social and physical environment. But it has little meaning for a person who has witnessed a sudden and dramatic change in his environment, social condition and status due to retirement, widowed or due to poor health or disability at old age.
- Thirdly, another limitation of the Activity Theory is the expectations that activities of any kind will substitute for the lost involvement in work, marriage, parenting and other roles (Kart, 1989).

In spite of the various limitations of Activity Theory, unlike the Disengagement perspective, this perspective does not ignore the social need of an ageing individual, his ability to participate actively in societal affairs or his ability to beneficially contribute for the society. Hence, the present study takes this perspective into consideration while comparatively studying the extent of their participation (both inside and outside the family), degree of role loss and the extent of their social acceptance and its effect on them. It simultaneously also studies the extent of their economic problems and financial dependency, and the extent of care and support they receive from their family members.

Review of literatures:

In the following section an attempt has been made to review some books, journals and articles that are found relevant for the present study. In this context, it is to be mentioned that though books, journals and articles of both Indian and foreign authors have been reviewed in this section but emphasis are given on the Indian literatures, as literatures or studies conducted in Indian context are found more relevant for the present study.

The changing India's demographic landscape has been highlighted by **Dhar (2004)**. In particular, the fall in the mortality rate and the rapid rise of the 60+ population. His book argues that despite this scenario, India has not bothered to think about its aged population and neither has devised appropriate policies for them. It thus highlights the need to take up the cause of the elderly person and to create an environment, which would ensure their protection against various risks.

The book analyses the demographic and socio-economic condition of the ageing population of India in the context of Asia and identifies the factors responsible for increasing ageing population. It also investigates the factors that are responsible for faster ageing in some countries while slower in others. In this context, the book analyses the various complex issues relating to the flow of people such as migration, that alters age distribution population and its impact on the ageing. The book also facilitates demographic comparisons across regions with special emphasis on Japan, Thailand, and China

The book also introduces various ways in which ageing can be measured, including their potential limitations. It also puts forth the concept of ageing index and suggests the need to develop an Elderly Status Index that takes into account the casual factors of ageing.

Moreover, it also investigates the implications of the future trends and patterns of the ageing population. Its impact on the developmental sectors such as Health, Saving, Investment, Consumption patterns, Work force participation, Residence pattern, Migration, Social Security etc. are also studied. The author in this context identifies some major issues relating to the integration of the elderly people into the general mainstream of healthy and productive life.

The book investigates the status of elderly person in India and presents a comparative study of the status of the elderly people belonging to rural and urban sector of different regions. Their status is assessed from the combined roles of the factors like Life expectancy at age 60, Literacy level, Living arrangements, Economic independence, Retirement benefits, Ownership and control of wealth, Health status and Social interaction. Moreover, the book studies the change in their status over time and the factors responsible for such change. In this context, strong evidence is found of the growing incidence of the low level of wellbeing among the elderly people in Asia, particularly of India. The author here identifies the role of the family in supporting the aged individuals as one of the most important factor in ensuring a better life for them. It has also points out that breakdown of the family integration and weakening of the family support are the most important factors for their low level of wellbeing. Simultaneously the author

denies believing that social development results in worsening the condition of the aged individuals. He rather tends to believe that the aged individuals of the present time are the temporary victims of the demographic and economic transition and 'transition from wellbeing based on family support to a state of wellbeing in which institutional support is a major component'. Thus, he believes that their condition will improve with the adjustment in these factors over time.

The author realises that in order to cope with the rapidly changing demographic age structure, there is a need to create an environment, which could ensure the wellbeing of the entire population of the elderly people based on their full participation in the process of development and an equitable distribution of benefits that are generated in the process. He also argues in favour of 'Graceful Ageing' or 'Active Ageing' and suggests measures through which it can be achieved.

Chowdhry (1992) through, a historical perspective of ageing presents the social situation of the elderly people in the ancient Greek and Roman civilisation, where the elderly persons were treated with respect and awe. Along with that, he also highlights the various practices related to the treatment of the elderly people, prevalent in the primitive and prehistoric societies, which were sometimes kind and even at times brutal.

The author also points out that due to the diverse social values prevalent in the Indian society at present the position of the elderly people are quite uncertain today. Our traditional value tells us to respect our elderly people, whereas the forces of modernisation have led to the growth of individualism and places a different kind of demand on the young generation which brings about a change in their forces of living. Due to these factors, their children who migrate to a different place in search of job often prefer a separate living arrangement for them. Moreover, due to the increasing cost of living, increasing cost of medical care the younger generations are often faced with difficulty to look after or providing proper care to the elderly people, even if they wish to. Sometimes, they are often found to have a negative view regarding the qualities of the elderly people. Similarly, the young generations are also sometimes misunderstood and are looked upon as selfish and irresponsible person by the elderly people. Thus according to the author there is a need to reduce the gap between the two generations so that each other's shortcomings can be overlooked, misunderstandings can be overcome and cooperation can be achieved. The author

also feels that it necessary for the government to help the families in taking care of the elderly members by offering tax reliefs, involving social workers and setting up of Day care centers for them.

The growing number of elderly people in the society and their growing vulnerability due to the changes in the social structure has been highlighted by **Khan (2004)**. By presenting different case studies, the author point out to the changes that are occurring in the social structure especially as a result of the changes in the structure of the family. Family, which was once the only place to provide care and support to its elderly and dependent members are now breaking down due to the forces of modernisation. Also due to the changing market demands and the prevalence of the culture of consumerism, adult children are now migrating to the cities or abroad, living behind their old parents at the mercy of the paid help and the neighbours. These elderly parents not only suffer from the lack of security but also from loneliness, isolation and many other emotional problems. All they want at this age is not money but the company of their children.

Considering the present scenario, the author feels that the government should come forward for them and consider the elderly population as vulnerable as the women and children, and frame special policies for their empowerment. Moreover, the author suggests that the emotional vulnerability of the aged people could be curbed by socialising them on the problems of ageing and on the situation, which they might face at the separation of their children.

The alarming rate of increase in the global elderly population, including India and its implications on the Indian society is pointed out by **Nayar (1989)** in his study. While pointing out to the economic implications of ageing, he states that the increasing elderly population would lead to the increasing number of people outside the work force. Rigid economic structure, failure to provide sufficient employment opportunities and especially the 'statutory age of retirement' are some of the factors that he points out as the cause of decline in productive force ratio. According to him, these phenomena will not only have a greater impact on the society's productive power, but also on its saving and investment behaviour. He thus argues that these would lead to further vulnerable situation and insecure future for the elderly population driving them into the 'vicious circle of deprivation'. Moreover, while pointing out to the psycho-social

implications, he has talked about the factors like modernisation, industrialisation, urbanisation, erosion of values and privileges previously associated with the elderly people as the major cause behind their declining economic and social status. In this context, while pointing out to the status of elderly women, he comments that, “In a society like India, where both womanhood and widowhood are handicaps, the problem of ageing will assume a new meaning for women”. Lastly, he suggests ‘new roles’ and proper training on these roles to be provided to these ageing populations as this would help to reduce their dependency on the younger generations and hence would reduce their problems to a large extent.

In his study, **Ansari (2001)** observes that the increasing number of the elderly population, together with the social changes and the eroding traditional values associated with urbanisation and modernisation results in many socio-cultural, economic and health problems for the elderly people. He remarks that with the growing number of the elderly people (a considerable portion of which are unproductive) the dependency ratio has increased and this dependency ratio is higher in case of female elderly. The author also points out that this dependency on the younger generations results in their ‘changed attitudes’ with regard to themselves or negative self-perception among the elderly person and hence most of them consider themselves as a burden for the family members. The author believes that increased level of social support will solve many of the social and psychological problems of the aged people. Hence, beside good housing conditions, well balanced diet, and proper geriatric services as strategies for improving the conditions of the aged he also suggests the need for sufficient social support (which mainly includes close friends, relatives, family members, and members of the young generations) for the elderly people.

Karkal (1999) draws our attention to the growing population of the elderly people, especially the population of the elderly female in the Indian Society and their increasing plight. He argues that inspite of the fact that the proportion of the elderly population is increasing; our society lacks sufficient security and support system for them. He also argues that the condition of the elderly female is worst in this case, as due to the existing structure of the Indian society, its female population from their very birth has to suffer from various discriminations and their conditions worsen, as they get old.

In a similar way, **Gopal (2006)** also points out that in a society like India where the female population is among the most disadvantaged group the fact of rapid increase in their population has made this section an extremely vulnerable one. He points out that this section of population who are in great need of care and supports are not provided with proper security measures by the state. Moreover, according to him whatever social security measures are provided by the state, are made available only to a negligible portion of the elderly population, involved in the organised sector. Thus, elderly women of the Indian society who mostly devote their entire life in managing the household activities (which are not only unpaid but are also unrecognised) and most of whom are engaged in unorganised sector are deprived of the social security benefits from the state. The author remarks that though recently government has started various social security measures for the work force involved in the unorganised sectors but these measures are implemented only partially and still a large number of workforce engaged in the unorganised sector are deprived of it. Moreover, though the Government has started many social security schemes and benefits for the women who are destitute, widow, pregnant, mother with child, divorced and separated but little has been done with regard to elderly women who stay within her family. In case of such women, family is held responsible to provide for their social security and thus it is expected they will depend on their family members for their security and support during their old age. With the changing social structure and functions of the family in Indian society, the dependent elderly women are considered as burden for the family members and hence they neither receive any social security from the state nor from their own family. The author thus argues that unless and until the property rights of women and the prevailing traditional patriarchal norms of the society can be altered, the women of our society will continue to suffer and their sufferings will worsen at their old age.

Bhadra (2011) points out to the cumulative deprivation of the elderly women throughout their life due to their social position. The author remarks that the various problems, which the elderly women are faced with, in the society, are socially constructed and not the construct of the ageing process itself. The author realises that 'Gender' is itself a social construct and goes a long way in determining the 'quality of life' of aged women in a patriarchal society like India. By presenting numerous statistical data from various sources, the author highlights the picture of growing

elderly population in India and most importantly to the growing number of female elderly in the aged population. The state-wise comparison of gender gap in the life expectancy is also pointed out. The author also goes on pointing out to several factors which results in the gender gap in life expectancy of this age group and the various factors that determine the quality of life of women at this age. In this context, the several factors which the author identifies are widowhood, role loss, dependency, decline in social status and prestige, decline in physical stamina, low access to formal skill, health care, social support, and poverty. The author states that these factors along with longevity becomes a 'burden rather than a cause of celebration' for them.

Through various evidences, the author shows that 'Deprivation, discrimination, exploitation, and abuse' are higher among elderly women. Economic dependency is also seen more among the elderly women than men (who at some point of time in their life were engaged in some gainful employment). Whereas in case of women in the Indian society most of them throughout their life remain engage in non-remunerative domestic work or else are engaged in unorganised sector with no social or job security. Moreover, dependency is also found to be more among urban elderly population than among rural elderly population, who remain engaged in some or the other kind of activity until they become completely physically inactive. The author also points out that widowhood, illiteracy and dependency are the important determinants of the wellbeing of the elderly people, and these factors in India are found to be more among women than men. The author also highlights that decline in physical activity results in dependency, loss of social status, loss in decision-making power, role loss, decreased social interaction, and neglect of the elderly women both inside and outside the family. Thus, these factors have greater influence on the wellbeing of the elderly females and often lead to isolation, powerlessness, and feeling of low self-esteem among them. The author also points out that these factors coupled with lack of social security programmes results in vulnerability among elderly women. Thus, she suggests that they deserve special attention from the society, policy makers as well as from the state and with these in mind she recommends several policy actions for the welfare of the elderly women.

A study has been conducted among the male pensioners by **Reddy (1989)**. The author finds that nearly 61% of them even after their retirement act as the decision maker of the family relating to the financial matters. While examining their relationship with the family members it is found that their relationship with their children has strained after their retirement. It is also found that the

cordial relationship with the children depends on the level of affection shown by the elderly people towards their children and on the fulfillment of their needs by the elderly parents. Daughter-in-laws are reported to have 'poor relationship' with the elderly people especially in case of the oldest respondents. On the other hand, Grandchildren are reported to be the 'best companion' of the elderly people who have the strongest attachment with them. In this case, the author observes that there is an increase in the number of elderly people having the companionship of their grandchildren with the advancement of their age. While examining the degree of financial support received by them from their working children it is found that less than 50% of the elderly people are receiving satisfactory support from their children while two-fifths are receiving financial support, the amount of which is not satisfactory.

A significant association between the working status of the elderly people, economic contributions made by them and their acceptance by the family members is reported by **Yadava, Yadava & Sharma (1996)**. The study reflects that 38% of the non-working elderly population are faced with an inferior behaviour. Moreover, 74% of them who are making economic contributions to their family are found to enjoy better status in comparison to those who are of non-contributing type. Their acceptance also depends on the educational status, prior occupation and the caste group to which they belong, as respondents having higher educational status, belonging to higher caste, engaged in service or business during their younger years are found to be more accepted by their family members.

Gore (1997) attempts to make a detailed study on the various perspectives and some common variables through which old age can be studied. While studying the phenomenon of retirement, he states that retirement not only means loss of income and work for the aged but it also mean loss of social relationships, increased economic dependence, and loss of authority. The author remarks that these losses create a social and psychological void in the life of the elderly people leading to isolation which is more prominently visible in case of a retired elderly male than a retired female who can replace her previous roles with appropriate familial roles.

Nasreen (2009) studies the elderly people in the urban neighbourhood of NCT Delhi. The study explores the range of problems experienced by them and examines the coping strategies adopted

towards minimising such stresses and strains of life. Gender differences in such coping pattern of the elderly people are also studied. The book also attempts to look into the range of economic, health and social problems experienced by the elderly people in their family and outside it.

In this context, the book seeks to examine whether their economic dependence leads to compromising with their needs and wants, its effects on their relationship with their family members and the ways they manage their expenses. Data on these issues reveals that majority of the elderly people studied falls in the non-working status, majority of which are women than men. Only a small number of elderly people are found to have a regular income of their own, which in case of elderly males are almost double than the females. With low income and less ownership of property, the rate of dependency is also quite high among the elderly females. It is revealed that this dependency has a direct relation with the age and gender of the elderly people. This rate is also found more among the women elderly and the elderly people belonging to the 'oldest old' age group. Moreover, financial dependency is found to influence the care and supportive behaviour of the family members towards the elderly person to a large extent.

With regard to their health status the author also tends to study whether their failing health status affects their social mobility. Data reveals that the health status of the elderly people is quite poor. Besides several physical problems, a number of elderly people are found who either lost their mobility or whose mobility has reduced due to their physical disabilities. Data gathered with regard to the medical facilities availed by them reveals higher level of awareness among the elderly people with regard to their health, and their high expenditure on health related issues but this awareness and expenditure seems to be quite low in case of females than their male counterparts. Children in majority cases are found to be the only support of the elderly people with regard to their medical expenses, however a few are also found to manage their medical expenses on their own.

Majority of the elderly person studied are found to contribute gainfully to their family by participation in various household activities. The participation of elderly females are found to be more in case of household chores while the male elderly are found to provide help in financial terms. Though a large number of elderly person are consulted in routine household works but the involvement of women in the decision making with regard to household affairs are found to be much less than their male counterparts.

Intergenerational relationships reflect affection for their children and a very strong attachment to their grandchildren, but their affection towards their children, always does not ensure care and support from the same member. For emotional and psychological support a great dependence is found on spouses, children and daughter-in-laws which are also most commonly found in case of women.

Due to the impairment in health and economic status the elderly people of the studied area are found to face with many financial, emotional and social problems. To cope up with such problems a number of strategies are adopted by them. Firstly in order to cope up with their financial issues many of them are found to depend on their children. However quite a number of elderly persons, in order to cope up with the same are found to curtail their day to day and medical expenses. The number is more in case of women than men. This seemed to have a huge impact on their health and social status. Moreover to suppress their emotional disturbances arising out of this, many of them take help of religion. Simultaneously due to the deterioration in their health status, a number of these elderly people are unable to participate in household affairs and chores. This is also found more in case of women. Deterioration of health and disability curtails their movement and hence makes them more dependent and reduces their social participation. However a large number of elderly people reports to have been cared and looked after by their family members. Coping pattern of the elderly people with regard to their health status reveals dependence on spouse, children and medical aid. However such patterns are most commonly found in case of men.

However the study reflects that economic and physical dependence are inversely related to the status of an elderly person and with the quality of their interpersonal relationships. Changes in interpersonal relationships are found to be felt and experienced more by women than men. The coping pattern of the elderly person with regard to the change in their relationships with their children reveals non-interference, avoidance of conflict, expressing helplessness, crying, more sleeping, engagement in religious activities etc. Women generally are found to follow a negative way of adjustment with these changes. Even when it comes to lifestyle, women's life style are found to be characterised more by dependency while men comparatively are found to follow a more positive life style which mainly focuses on their health and physical fitness.

Lastly the book has also looks into the social security measures adopted by the government and NGOs in order to solve the problems of the elderly people. Though the measures adopted by

these agencies are found satisfactory, however the study reveals family to be the best institution for providing physical, social and emotional support to the elderly person.

The book studies the situation of the elderly person belonging only to the low socio-economic groups and thus does not highlight the situation of the elderly people belonging to different socio-economic groups (for example the higher or middle socio-economic groups). Moreover, the author though studies the gender differences in the coping pattern of the elderly person but the differences in such pattern with regard to educational status, family background and profession of an elderly person should also be an important consideration. In spite of its several gaps, the study seems to be relevant for the present research and is also found very useful in studying the economic, health and social problems experienced by the elderly person and also in studying the coping strategies adopted by them.

Ray, Dasgupta & Basu (2003) study the condition of two different categories of elderly women, i.e. the Santal elderly women and the urban elderly widows. The study is carried in a village of Burdwan district of West Bengal among the aged Santal women and another study in the CMC Ward (Kalighat) of Kolkata is conducted for obtaining information on the elderly widows.

Due to the lack of available literatures on the problems of the aged of the various tribal groups the study attempts to find out the various problems faced by these Santal women and also to understand their understanding and feelings towards their own changing situations. With such vision the author studies their socio-economic conditions, their living conditions, health conditions, their status; and their roles and relationships within their family. The role of the government for the benefit of the aged women with reference to the Santal tribe is also discussed.

The second study aims at exploring the distressful and disadvantageous situation of the elderly widows by studying their economic condition, family life, health status, care received by the family members, their network and relations with the family members etc. The book also highlights some case studies taken during the process of the research. While studying the widows the author realises that their problems are more complex and multidimensional and they are the victims of three-dimensional exploitations i.e., being a female, being an aged and specially being a widow.

The major gap of the book is that it studies the conditions of the elderly women belonging to two different categories separately and does not attempt to make any comparison between them. This prevents the readers in having an understanding of the differences in their conditions with regard to a particular situation (i.e., the economic situation, family relations, health status etc.). In spite of this gap the book is helpful as it provides a picture of the conditions of aged women belonging to two different categories, studying which will be helpful for the present study.

The impact of the ability of an aged female to adjust on matters relating to their health, wellbeing, economic security, life satisfaction and their acceptance by the family members and in the neighbourhood is studied by **Panda (2005)** in her book. The author realises that cultural factors in a patriarchal social structure make the elderly women much more vulnerable in relation to men. Moreover, the age related degenerative changes at the physical or mental level affects their level of adjustment in the family and leads to a feeling of loneliness and alienation among them. Towards this vision, the study aims to ascertain the level of social adjustment among them, study their health status, their acceptance in the family and neighbourhood, their sense of security and their life satisfaction in relation to the level of social adjustment. The study is based on the Role theory of Ageing and assumes that the ability of the elderly women to adjust is an intrinsic factor, and plays a bigger role in solving most of the problems that the aged are faced with. This includes harmonious adaptation to the changed circumstances, flexibility, positive attitudes, cheerful disposition, and the like.

With this vision, the author has carried out the study on a sample of 350 urban elderly female in family setting belonging to middle income groups. The author has studied their demographic status and socio-economic background through variables such as their total population size, age distribution, marital status, religious affiliation, caste, mother tongue, family background, family composition and migration status, size of the house hold, educational level and occupational status. In order to ascertain the level of Social Adjustment among the elderly females, the author has taken into consideration four parameters of adjustment i.e. Attitudinal adjustment, Conflict adjustment, Need adjustment and Role adjustment. The summation of all these four parameters is counted as the overall Social Adjustment level. Moreover, an attempt is also to analyse their health status and wellbeing through variables like optimism-pessimism, loneliness, death fear, tension, anxiety, type of sleep etc. and their Quality of life and Life satisfaction through variables

like type of sleep, self-evaluation of health, utilisation of leisure time and type of engagement in daily life activities. These factors are again studied in relation to the levels of their Social Adjustment. Their Social Acceptance, both in the family and neighbourhood, has been assessed by studying the various roles played by the elderly women in the family as well as in the community, including their participation in the decision-making roles. The author then attempts to find out the degree of association between their Social acceptance in the family and community level and their level of Social Adjustment. Efforts are also made to study the degree of respect they get from their family members and its association with the level of their Social acceptance. Lastly the book analysed the Social Adjustment of the elderly females in terms of their Sense of Security. Their Sense of Security is measured by their economic conditions, their expenditure patterns and contribution to the family, with respect to buy and arrange things for themselves as are felt necessary, with respect to their marital status, to their ownership of movable and immovable property and feeling of loneliness among them. The association between Sense of Security and Life Satisfaction among them is also measured.

The book concludes with the findings that elderly females who accept Role change and age related changes without any difficulty, not only shares cordial relations with her family members but also feels satisfied with her life. Cordial relation with the family members and others depend on their ability to adjust and not on any other factors like the number of members in the family, ownership of property, educational status and occupational patterns of the aged women. Moreover, these factors are not linked with psychological wellbeing like, optimism, loneliness, fear of death, self-evaluation of health and life satisfaction. Type of sleep, level of anxiety and tension are found to be important indicators of wellbeing. Respondents with high level of social adjustment often are found to enjoy easy sleep and respondents with fewer tensions and anxiety have good health condition. Moreover poor health conditions are often found to contribute to the feeling of loneliness and death fear among aged women.

The study also reveals that tension and conflict in relationship with others often contributes to rating of own health condition as poor or very poor by the respondents while elderly women who take initiatives for harmonious interaction with others often enjoy good health. Moreover, those who are rigid in behaviour and conservative in attitudes often remain in tension and stress and this affects their psychological wellbeing and social adjustment. Acceptance by others gives a feeling of self-worth, which depends on the ability of the aged women to interact and relate

harmoniously with others. Engagement in household activities and in activities related to the care of their grandchildren provides the elderly females an opportunity to win acceptance, love and respect of the family members while women with poor adjustment abilities often complain for undertaking such activities at the cost of their own free time.

The study reveals that interaction with peers and friends and their participation in the community work often brings psychological satisfaction to the aged respondents. It also contributes to their greater acceptance in the society which in turn increases their self-worth and confidence. Moreover involvement in the decision making process indicates their acceptance and integration. The feeling of economic security and insecurity neither depends on the family's economic position nor on their contribution to the family for their upkeep. Rather it depends on the type of relation, the younger members of the family share with them. Strained relations not only disturb the aged women psychologically, but also enhance their feeling of insecurity. Moreover, the elderly women suffering from economic insecurity tend to have low life satisfaction.

It is thus concluded that being adaptable, amiable, flexible, tolerant and empathetic, being acceptable of the age related changes and loving nature of the aged women go a long way in getting respect and status in the family and in developing harmonious relationship with others which in turn also positively effects their physical and psychological wellbeing.

The book's particular emphasis on the social adjustment of the elderly women and its effects on their psychological and mental health make it very useful for the present research, which would attempt to study role loss that the elderly women are faced with, its effects on them and their level of social adjustment in coping up with it. The book often overstressed the issue of social adjustment of the elderly women in solving their economic, psychological, and emotional distress. It overlooks totally the necessity of some level of adjustment from the members of the family and community in solving the same. The major gap of this book is actually in its theoretical framework. It assumes that most of the problems faced by the elderly person in certain major areas like their feeling of loneliness and role loss, their sense of security, their physical and psychological wellbeing, life satisfaction and social acceptance in the family and community can be solved by adjusting with the changed circumstances and with the age related changes. This will also help to develop harmonious relation with others. Though, there is no reason to deny the truth of this assumption that harmonious relationship with others, be it the members of the family, neighbourhood, friend and community goes a long way in solving many

of the psychological or other problems that the elderly people are faced with. However, one cannot also deny the fact that the picture is not same in every case. Some instances are also found where the elderly person inspite of being adjustable has to face lots of suffering and ill treatment from their family members. Moreover, these kinds of assumptions can lead us to an idea that the elderly person who are being abused and ill-treated by the family members are themselves responsible for their own faith and it is them who cannot adjust well with other members of the family and hence are being neglected. Thus these kinds of assumptions are one sided and partial where the burden of adjustment is on the aged person alone. Thus efforts should be made to study not only the level of social adjustment of the aged person but also of other members of the family with regard to the elderly person. Moreover, they as well should be encouraged to learn skills to cope with the elderly members of the family.

The study conducted among the elderly widows by **Manna & Chakraborty (1989)** reflects that majority of the widows suffer from loneliness and isolation. Even while staying within joint families the elderly widows are faced with several kinds of social problems like loneliness, lack of involvement in decision-making, unrespectable behaviour and conflicting relationship with younger generations. It is also observed that a large number of them receives inadequate treatment facilities and unbalanced diet and as a result suffers from various health problems. The authors argue that all the socio-psychological problems that elderly widows face are the result of their poor economic conditions and the economic insecurity that most of them suffers from.

The psychological factors contributing to the low self-esteem among the widows is studied by **Jamuna, Lalitha & Ramammurti (2004)**. It is found that the self-esteem among the widows decreases with age. Elderly widows living in the urban areas report higher self-esteem as compared to their rural counterparts. Moreover, the level of education, economic status and family structure all tend to have a significant impact on the level of their self-esteem. Self-esteem of the elderly widows is also found to depend on the extent to which they get attention and recognition from both their family and other members of the society. Widows, who are economically dependent throughout their life, have a greater chance of losing their role as a decision maker in the family after the loss of their husband.

Realising the above factors, the authors feel that necessary steps should be taken at both the Government and societal level in order to enhance their self-esteem. Economic status being one of the important factors which influences the self-esteem of the widows, the author suggests that steps should be taken to improve their economic status through various pension scheme and suitable income generation programmes. Psychological counseling facilities are also suggested for elderly person in order to enhance their psychological health.

A theoretical construct of Socialisation to Old Age is developed by **Rosow (1974)**. The author is of the opinion that unlike, the process of socialisation during the earlier transition of life, people are not effectively socialised to the transition in old age. The author points out that the social situations associated with the earlier transitions of life are almost absent at this stage and this fact give rise to all the problems associated with the elderly person.

Rosow, through this book attempts to examine this factor in the context of the aged people in the American society and tries to find out the reason behind the gap in the socialisation of the aged individuals. In an attempt to do so he also examines the major Institutional forces which are at work and their impact on the position of the older people. A chapter is devoted to the Theoretical preface of socialisation where the major variables of socialisation are closely examined. Particular attention is given to the structure, elements of socialisation, the conditions that affect them, the factors that govern its processes, different socialising agents, formal and informal processes in socialisation and the prospect of social change in it. The author also reviews a number of additional factors like Role reversal, Role clarity, and Role models, which normally facilitates socialisation. The book also examines the function of norms and their critical relation to socialisation. It also examines normative expectations for the aged individuals that govern their behaviour and the socialisation process which a person undergoes in the course of transition into the Old Age. The socialisation structure of the elderly people are also analysed and an attempt is made to find out its difference with the socialisation structures associated with the earlier stages of life.

After analysing these factors, it is concluded that due to the social changes which the modern American society has undergone in the recent years, the institutional support for the elderly person has decreased and this has affected their status in the family and society resulting in different kind of Stereotypes against them. It has also resulted in Role loss and Role Ambiguity

among the elderly person. Moreover, the author also observes that the expectations of social gains which positively prepare a person for the next stage in life are generally absent while people are moving into old age. Rather the transition to this stage is marked by social losses, role discontinuity, and loss of group membership. Moreover, the author points out that the existing norms for the elderly person are marked by ambiguity, vagueness and are often unspecified. According to the author these factors complicates the process of socialisation at this stage. The book also reflects that the denial of the aged people for being old, lack of proper role models, and lack of hope for renewal, redemption, rehabilitation and social integration in the face of negative values associated with old age results in their low motivation towards prospective socialisation. After going through the book, it is realised that Socialisation does play an important role in enhancing the coping skills of the elderly people and in developing their adjustment capacity with regard to new roles. Though, the book is found to be quite useful in studying the social situation of the aged women, especially with regard to their adjustment in the family and outside it and their role loss but it tends to suffer from various gaps. A major gap of this book is that it is basically a theoretical construct of old age socialisation. It studies the old age and the problems associated with it as a whole and do not take into consideration the practical realities of old age and the varying conditions of ageing with respect to a person's sex, social class, race, health, or other status. Moreover, the author is more concerned with the socialisation of the aged people, which he feels is the key for their better adjustment in society and family. It is quite true that norms and socialisation process are almost absent for the elderly people in our society and there is a need to develop such norms as this may introduce the elderly person to the age related changes. However, simultaneously, there is also a need to develop norms for the younger generation of the society that will make them learn or will encourage them to look into the needs of the elderly people. Though in many societies such norms exists for the younger generation but the recent changes in social matrix with impact of modernisation, globalisation and growing individualism, norms which teaches one to respect the elderly person, tends to vanish. Thus, an effort should also be made not only to strengthen the socialisation process of the aged people but also of the younger generation with regard to providing care and respect to the elderly person. Only such an approach could be fruitful.

The living arrangements and the dependency status of the elderly person have been examined by **Arivukarasu (2011)** in his study among the Muslim elderly people of the Cuddalore district. The study hypothesises that the care and support, expected and needed by the elderly person from their family members is linked to their pattern of residence or living arrangements. Thus, their living arrangements have a great impact on their physical and psychological wellbeing.

The study reveals that higher degree of industrialisation, urbanisation and the breakdown of the family size results in the deterioration in the quality of life of the elderly people. It is found that a greater number of Muslim elderly women i.e. 4.07% live alone than their male counterparts (1.77%). 4% of the studied elderly respondents are living in a household where their immediate relatives are not present. On the other hand, 7 % of them live with their spouses alone as their children have migrated to other cities. Moreover, 60% of the elderly men are found to be living with their spouses, children and grandchildren, in comparison to 42% for the elderly females.

Moreover, the paper while attempting to study the level of poverty among the Muslim elderly respondents finds that the most vulnerable group consists of the elderly females in the urban areas. 64% of these elderly females are dependent on others for food, clothing and health care. While in case of the rural elderly females, they continue to work in old age inspite of their poor health. The author, though lastly concludes that the elderly person places a burden on the household especially in case where the economic condition of the family or household is poor but has not attempted to study the elderly people on the basis of the economic class to which they belong.

A study by **Maruthakutti (2011)** focuses on the level of wellbeing of the elderly respondents and the factors affecting it, such as the size of their social network and the level of social support received by them. The study has been conducted among 484 elderly people residing in a rural area in Tirunelveli District in Tamil Nadu.

The study reveals that most of the respondents experience either moderate (45.9%) or low (43.6%) level of wellbeing. Age, Sex, Education, Marital status, Occupation, Income and Living Arrangements are found to be the important determinants of their well-being, where as it is not found to vary with Caste group or levels of their social ranking. Level of well-being is found to decline with increasing age. Female respondents especially the widows are reported to have a much lower level of well-being when compared to their male counterparts. Elderly respondents

with higher level of education are found to experience a higher level of well-being. It is found that engagement in some kind of occupation tends to increase the level of well-being among the elderly people.

Mansy (2014)'s study highlights the impact of migration of adult son to other countries, on the elderly parents. In this respect the study attempts to analyse the living conditions of the elderly people, their participation in work force, support received from their migrated children and also their problems and perception with regard to their son's migration. Findings reveal that a significant number of elderly people are found to be living with their spouse and non-migrant children after one/more of their child /children has migrated to other countries. More number of men against women is found to be living with the wife and children of their emigrant sons. However quite a significant number of elderly females are also found to be living alone.

The study reveals that the elderly respondents receive financial support or monetary help from their emigrant children. This serves as the major source of their income in many cases, and also the reason for majority of the elderly person to remain out of work force or their non-participation in work. However, a large number of the elderly respondents reports, that the contribution of their emigrant sons are insufficient and irregular in meeting their needs.

Data on the problems faced by them and their perception with regard to their son's migration reveals that most of the elderly females are dissatisfied with this fact and complains about the non-availability of physical and mental support in the absence of their children. The study also reveals a greater dependence of the elderly people on their relatives, kins for economic and social support in the absence of their children. A greater dependence on daughters is also found. Certain psychological problems like feeling of loneliness, frustration, anxiety, feeling of insecurity are also found among some elderly respondents in the absence of their migrated sons. The feelings are found to intensify in case of those who are also living away from their grandchildren. The data reveals that though the elderly respondents admit to the positive sides of their children's employment outside the country, (like improvement in the quality of their life, their financial status, and respect received in the society and so on), but majority of them are still unable to look at it positively and cope with the absence of their son/sons. With these findings the author conclude that conjugal ties or blood ties rather than consanguine relationships play an

important role in providing the needed physical, mental and emotional support to the elderly people in such cases.

Ushashree (1997)'s study focuses on the perception of the disabled elderly person with regard to the level of social supports available to them. The study reveals that the oldest old as well as the urban elderly people as compared to their rural counterparts, report poor perception with regard to social support. Moreover, it is found that economic position of the family, economic position of the elderly person and their gender are also some important factors that determine their position and the social supports available to them. The author points out that women being the age old deprived class is also deprived of their freedom of interaction outside their family and home since their childhood. Hence, at this age they are left with no one but only their son/s, daughter-in-law/s or other close relatives for their social support. Thus, their quality of life at this age totally depends on the level of satisfactory relation with her son/s and daughter-in-law/s.

Mangla & Chadha (1991) while studying the level of social network among the Institutionalised and Non-institutionalised elderly males and females, observe that the level of social network among the Institutionalised elderly people is much less than those who are Non-institutionalised (while the level is much less among the institutionalised elderly males than females). They argue that inspite of the fact that the elderly respondents of both the categories suffer from common role loss at this stage, it is the institutionalised elderly respondents who totally disengages themselves from the society and hence from their social networks after coming to the institutions. It is also noted that, irrespective of gender the institutionalised elderly people have lesser number of kin and blood relatives in their social network while in case of the non-institutionalised elderly males the number is quite lesser than their female counterparts. The author has attributed this factor to the gender difference in kin relationship, which indicates elderly women's involvement in the maintenance of kin relationship and network than men.

A comparative study on the rural and urban elderly people is conducted by **Biswas (1989)**. It is observed during the study that in the rural areas, more elderly women are dissatisfied with the care that they received from their family members, when compared to their male counterparts. The author while pointing out to this fact attributes it to the factors like 'economic dependence',

'lower old age death rate among women in the rural areas' which contributes to the deprivation of elderly women in these areas. On the other hand, it is also observed that irrespective of the region, culture, and economic situations, it is the elderly women who generally face greater neglect with regard to the 'health care arrangements' and support that they receive by their family members.

Raj (2012) in his study attempts to study the health status of the elderly people and the factors that mostly affects their health. The study reveals that only a few elderly respondents rate their health status to be 'good'. Analysis of data shows that women as compared to their male counterparts report to have more health issues and have a poor health status. Health issues among the elderly respondents ranges from serious and chronic health issues like Tuberculosis, Cancer, Diabetes, High blood pressure, Neurological Disorders, Respiratory Diseases, Gastric Problems to Joint pains, Loss of eyesight, hearing, hair and teeth. Lack of coherence in speech is also reported among some. Studying the factors that influences their health, reveals that though the servings they consumes daily are sufficient but there is a lack in the amount of nutritional food consumed by them. Moreover, the study also reports the use of intoxication among few elderly people. It is revealed that more number of women as compared to men is not concerned with their health status. The reasons for this, as provided by them are non-availability of time, financial problem etc. Data with regard to health care and support reveals that majority of the elderly people are receiving support of their children during their illness, followed by few receiving support from their spouse and a very small number relying on institutional care.

A study on the quality of life and life experiences of the elderly people residing in a Panchayat area is conducted by **Menon (2014)**. For this purpose the author attempts to study the living conditions of the elderly people living in different situations. The findings of the study are presented in the form of case studies for further understanding and analysis. The study reveals various health issues among the respondents. Besides various physical health ailments, a number of psychological and behavioural issues are also reported, like anxiety, depression, frustration, complaining, quarrelling, irritation etc. Moreover, in most cases data with regard to their living conditions are also found to be quite poor, with lack of electricity, lack of toilet facility, lack of

proper drinking water etc. which are found to determine the living conditions and quality of life of the elderly person to a great extent.

Data with regard to their living arrangements and support extended to them reveals that daughters play an important role and are proved to be the last support for those elderly people who have no one to take care at this age, especially with regard to caregiving, nursing, feeding and fulfilling social obligations. Moreover, social networks among the elderly people are also found to be quite limited mostly due to their limited time and their physical ailments which restrict them from engagement in such networks.

Subalekshmi (2014) attempts to study the level of care and support extended to the elderly people by their family members. In this respect, on the one hand the author attempts to study the extent and type of care and support extended to the elderly respondents and the factors which have a major impact on this. Besides this, the elderly people's perspective with regard to the care and support extended to them are also analysed. On the other hand the study also attempts to probe into the situation of the care givers by analysing their view with regard to care giving and the problems they face with regard to this. Moreover, the study is simultaneously carried out with the elderly respondents and their care givers belonging to lower, middle and high income group families.

The study categorises the types of care that the elderly person receives in their family into Instrumental, Emotional, Financial and Social. The study reveals that majority of the sons provide emotional and financial care to elderly person as compared to the daughter in laws, while daughter-in laws come in majority in case of providing social assistance to their elderly in-laws. However, instrumental care is found to be provided to the elderly people, both by their sons and daughter in laws in equal number. However, Social class are found to play an important role in the provision of care and support to the elderly people, for example, financial assistance is found to be more among the higher and middle income groups while provision of social assistance is found to be much less in the families with higher income, better occupation and better education. On the other hand, the study on analysing the situation of the care givers, points out that care giving is a serious problem for the care givers in most cases. However, the situation is grave in case of the families belonging to lower and middle income group. The study also highlights some cases where care givers want to send their elderly parents to old homes/institutions, while there

are also some cases where the care givers wants to refrain from such options due to the fear of being ridiculed by the society. The author concludes that with the changing social structure care giving is becoming an issue of great concern and hence demands an immediate attention.

Turlapati (2011)'s study shades much light on the level of life satisfaction among the elderly people living in urban settings. Simultaneously it also attempts to identify the factors that tend to influence the level of their life satisfaction. For this purpose some of variables/ factors are identified, which are analysed in order to judge its impact on the life satisfaction of the elderly people. These factors are Physical/Psychological health, Loneliness, Social support and Spiritual wellbeing.

Data collected during the course of the study points out that on an average the elderly person reports higher level life satisfaction. Moreover, all the above factors like Physical/Psychological health, Loneliness, Social support and Spiritual wellbeing are found to be some important determinants of their wellbeing and life satisfaction. For example, life satisfaction is found to be more among the elderly respondents with better Physical/Psychological health, lower level of Loneliness, higher level of Social support and higher level of Spiritual wellbeing. Lastly the study points out some of the areas of intervention by social workers in order to improve the level of life satisfaction of the elderly people.

Audinarayana (2012 a)'s study aims to understand the nature and pattern of caregiving to the elderly respondents in an urban setting. In this context the study examines the differences in care giving in relation to the living arrangements and background of the elderly person. Perspectives of the caregivers in relation to care giving and difficulties faced by them in the process are also studied. The study reveals that in majority cases the care and support available to the elderly respondents are provided to them by their son/s and daughter in law/s. Their co-residence with their children serves as a major factor in the provision of care and support extended to them by their children. However, the study reveals an inverse relation of the socio-economic status of the elderly respondents and the family where they reside in, with the care and support extended to them. Elderly respondents with better socio-economic status and those belonging to higher monthly income households report to receive lesser care and support by the care givers. On the other hand studying the care givers perspective with regard to care giving reveals that with a few

exceptions majority of the care givers provide care and support to the elderly people as a matter of responsibility, out of love and affection for them and out of the fear of being ridiculed by the society. However, the study reveals that economic support to the elderly person tends to be positively influenced by the higher income of the care givers.

A similar study by **Audinarayana (2012 b.)** focuses on various issues related to the socioeconomic situation of rural elderly. The study aims to focus on the gender wise differentials in the socio-economic status, living arrangements, familial and social participations, health status and utilisation of the health care services, pattern of disabilities among the elderly person. Besides these, the factors that determine the above mentioned issues are also studied. In this context attempts are also made to study and analyse the general problems and expectations of the elderly people.

The study reveals poor socio-economic conditions of the rural elderly, with much poorer status of widows and women belonging to the lower strata of the society. Occupational status of the elderly people reveals that almost half of the studied elderly people are non-working and this number is higher in case of women than men. Similarly participation in skilled work is also found to be more among the elderly males than their female counterparts. Their pattern of living arrangement mostly reveals co-residence with their sons followed by co-residence with their spouse, especially in case of women than men. Though, some of the elderly respondents are also found to be living alone. Income and occupational status are found to be very much related to their living pattern. Elderly respondents with better occupational status and high level of income tend to live alone while co-residence with sons is mostly found in case of those who are either non-working/ housewives/without any source of income/widowed/ separated women/ single women or elderly person with a lower level of income.

Participation in household activities is also found to be significantly higher in case of females than the elderly males. However, this shows a decline with the increasing age, physical disability and reduction in the size of the family to which the elderly person belongs. However the percentage of participation in such activities is found to be more among women belonging to the non-SC and STs/ single /separated/ widowed/divorced women and women belonging to households with better standard of living than their counterparts. Participation in familial ceremonies and problem solving role is still found to be performed by a higher number of elderly

respondents. This participation tends to be higher in case of women and those belonging to the economically better off households, whereas, it lowers with the age and their physical disability. Decision making role is reported to be performed more by the males. Intergenerational contacts like visiting the children or talking to them over phone is reported by those with a better socio-economic background and among those who are suffering from some chronic diseases.

The study points out that the health status of the elderly respondents deteriorates with their current age. Interestingly, 'chronic morbidity' is found to decrease with the increase in monthly income of the elderly person and of the family to which they belong. On the other hand 'unhealthy status' is reported to be more among the elderly person belonging to the better social strata and with higher family income. However disability is found to be more among elderly women and oldest- old, while its rate is quite lower in case of those belonging to higher monthly income group and also among those who worked as agricultural labourers. Mostly half of the studied elderly respondents are found to rely on the government services when it comes to medical aid. The study reveals that reliance on governmental services for medical needs depends largely on their level of income and educational. It shows an inverse relation i.e. higher the monthly income level and education status, the lower is the dependence on governmental services.

Economic and monetary problems are found to be the major problems that the elderly people are faced with. However feeling of loneliness due to the lack of company and support / need of a helping hand, especially during the time of illness are also some of the problems faced by them. Most of the elderly respondents expresses that their only need and expectation is to have a cordial relationship with family members, care and support from them, financial support from the family members as well as certain social security measures from the community and government. The study reveals that a substantial number of elderly respondents are willing to join old age homes mostly for the convenience of their children/ due to their low income/ for having no children etc. Moreover, though a large number of them are aware of the Maintenance of Parents Act but only a few favoured to lodge complain against their children.

Mishra (1987)'s study among the male retirees highlights that Social Adjustment of a person during the old age largely determines his/ her life satisfaction and wellbeing. The author attempts to study the level of social adjustment among the elderly males and the factors that determines its

level. For this purpose the common determinants of social adjustment are classified under three heads i.e. Situational factors, Attitudinal Factors and Behavioural Factors.

With regard to situational factors the study reveal that majority of the elderly respondents are found to be suffering due to their reduced income level, which again creates a problem for them in seeking medical assistance. It also reveals that social adjustment of a person during his/her old age is largely determined by their educational level and past occupational status, as both these factors tend to determine the amount of resources held by them. Thus higher the level of these factors higher is the level of Social Adjustment among them. Moreover, financial factors, level of income, health condition or physical fitness of elderly people also tends to positively influence their level of adjustment, as higher level of these factors are found to reduce their dependency on others and enables them to lead a comfortable life.

An Analysis of the attitudinal factors reveal positive attitude of the elderly person with regard to some factors of social change, whereas negative attitude towards a few. Majority of them reports to have a positive attitude towards non- interference in the affairs of children. Positive attitude on these factors are found to determine the level of social adjustment of the elderly person in a positive way. However, religious beliefs are found to have no association with their level of adjustment either positively or negatively.

Behavioural factors on the other hand is found to be associated to their relationship with their children, family members, neighbours, relatives and friends; their living arrangements; involvement in occupational activity; hobbies; religious activities; overall activities and social interaction. Data collected in this section reveals co-residence of the elderly respondents mostly with their spouse and unmarried children. The study also reveals that elderly people prefer to live with their children and enjoy their company. The financially well off elderly people are likely to get more care, respect and position of authority in the family. The study also points out that the quality of their relationship and interaction with children; and their co-residence with children tends to have a positive association with their life satisfaction and adjustment. On the other hand frequency of conflicts with children and other family members is found to be negatively associated with social adjustment. For the elderly people whose children are living away, the quality of their relationship with children, frequency of meeting or interacting with them are found to be positively associated with their adjustment.

Though the study reveals that majority of the elderly respondents do not have any intimate friend and most of them are not the members of any Voluntary Organisation, but these factors are found to be positively related with their adjustment. Moreover, other factors that are revealed to have a positive relation with adjustment are involvement in occupational activity, time spend on hobbies, social interaction with non- family members, level of social network etc. However, involvement in religious activities is found to have no association with their adjustment level.

The author concludes that with social change importance of acquired properties like occupational status, education, health, income are increasing whereas concepts like age and seniority are losing its importance. Lastly the study concludes that 'active type' rather than 'disengaged type' of life is more desirable for a better social adjustment in old age.

Bhatia (2013), while discussing on the social wellbeing of elderly people, point out that this factor is determined mainly by two conditions, one is the autonomy that they enjoy and the other is the degree of vulnerability that they suffer from. While pointing out to the relationship between these two factors, the author states that these two factors are inversely related, i.e. lesser the degree of autonomy enjoyed by a person, higher is the level of vulnerability that he/ she suffers from.

The author also points out to four major deficits which an elderly person suffers from and where he/ she require sufficient aids. These factors are participation deficit, mobility deficit, sensory deficit, cognitive deficit and resource deficit. In the context of these factors, the author discusses on the autonomy of an elderly person. According to him, ensuring autonomy not only means empowering an elderly person but also sensitising and providing support to his/her social environment.

While discussing about vulnerability of an elderly person the author points out that it is related to class, gender and ethnicity and is deep seated in social processes and relations. He also mentions that vulnerability is determined by one's socio-economic features, physical feature of the person's environment and individual resilience. He again points out that it is the socio-economic systems and processes that influence the life and resilience of an elderly individual which they utilise in meeting the challenges of their life. In this context the author observes that the most vulnerable sections among the elderly people are the widows and the single women.

In the next step the author analyses the two concepts of autonomy and vulnerability in relation to the psychology and geo-social context of an elderly person. In doing so he points out that the diverse geo-social condition of elderly woman determines their opportunities, power, autonomy available to them and even the challenges and vulnerability that come in their way. He also highlights that how the psychological, physical and geo-social status of elderly women enables them to gather resources which further help them to determine their position, power, status and functions both in the society and family. He proves this fact by citing the examples of many scholars.

The study also points out to the importance of Social network in the life of elderly women. According to the author, social networks helps them not only in overcoming the problems of 'isolation' and alienation' mostly due to the neglect of family members, death of spouse or close relatives and separation of children but also helps them in overcoming other psychological problems like depression and social withdrawal.

Lastly the author draws attention of the reader with regard to insufficient attention of Government and National Planners with regard to the plight of the elderly women in the National Policies of India. He remarks that the cause of elderly women have been ignored both in the National policy for the women in general and also in the National policy for the Elderly. In this context he highlights several factors which play a significant role in their plight .Simultaneously he also appreciates the attempts and initiatives taken by some governmental schemes and Civil Societies from time to time to minimise the plight of the elderly women in India. In this regard some gaps in the Governmental Policies are also pointed out by the author along with some suggestions to improve the same.

Among the above studied literature, only a few did discuss about the social situation of aged women belonging to different social classes but none of these literatures has dealt with the topic in a broad perspective. Thus, an attempt has been made hereby to make a broad and detailed study on the topic.

Objectives:

The primary objective of the study is to comparatively study and analyse the status of the elderly women belonging to middle class and poor families. Towards this vision various relevant books and journals are studied and reviewed in the previous section. During review of literatures, major areas or dimension in the life of an elderly woman which are felt to demand more attention are the economic dimension, social dimension and health care and support received at old age. Moreover, studies reveal major differences between the women belonging to middle class and poor families with regard to the above mentioned areas/ dimensions. Hence, keeping these literatures in view, the status of an elderly woman are categorised under the following dimensions: Economic status, Social status and Health care and support. The following objectives are then developed and framed under these broad heads in order comparatively study the elderly women of the above mentioned categories.

Economic Status:

It is observed that rapid technological changes often make the elderly less relevant or unsuitable for the present day job market. Moreover, the phenomenon of retirement drives out many individuals, above the age of 60, from the work force, who are often still able to contribute beneficially for the society. All these often leave the elderly people with low and even at times with no income, making them more dependent on the younger generation. Situation of the elderly women in this context is much grave, as in most cases often they are found to remain economically dependent on the male members of the family throughout their life. Lower participation in work force has increased their dependency. The majority of the married or widowed elderly women in middle class families are maintained either by their husband, other family members, or children. Thus they fail to contribute to the family expenses and hence are often regarded as burden to their family members. Previously working or presently working

elderly women in the middle class families often have a source of income or at times avail benefits of retirement including pensions and pay some amount to their family for their upkeep. However, their contributions to the family often fail to ensure them a feeling of security. In contrast to this there are even instances where the elderly women inspite of her dependent status are treated in her family with awe and respect.

On the other hand the elderly women belonging to poor families continue to work unless they are completely disabled or become physically weak. Most of them continue to contribute to their family income and hence are often not considered as burden to the family. But for those who become disabled and suffer health problems sometimes have to face serious consequences when their children deny to give them any financial support. However, even in some cases, due to the poor economic background of the family, even their income and economic contribution in the family does not ensure them the required support and care from their family members and the fulfillment of their needs.

- 1. Thus hereby the study investigates and compares the nature and extent of economic problems of elderly women of both the classes.**
- 2. The study also explores how the elderly women belonging to these two categories solve these problems and adjust themselves in the family.**

Social status:

The elderly women of the middle class families often being educated, experience greater changes in their status, due to loss of certain roles and loss of decision making power in the family. The more effect of western education and the kind of jobs that the members of the middle class families are engaged into, sometimes results in widening the gap between her and her family members. This makes the women feel more neglected and isolated. In contrast to these in the poor families due to less effect of westernisation, the change of values among the family members is not so prominent. Moreover due to illiteracy, the elderly women of the poor families often do not realise their change in status.

In addition to this, in the poor families, continuation of work till one becomes completely disabled helps them to contribute to their family income even at old age. This makes them less

dependent on the family members and consequently the role loss, decline in decision making authority and loneliness is much less among them when compared to the working women of the middle class families who after a certain age goes for retirement. Retirement and reduced income sometimes creates a feeling of uselessness and depression in them. The picture is worse in case of those who do not draw pensions and those were nonworking. However, in all these cases the chances of exception cannot be ignored and had to be considered with equal importance.

- 1. Therefore the study aims to investigate how the status of the elderly women of these two classes has undergone changes, how their roles get affected due to the changes and to what extent their loss of roles affects them.**
- 2. The study also comparatively studies their perception as being felt by their family members. Moreover, the extent of their social acceptance and nature of their participation, both within the family and outside will comparatively be investigated.**
- 3. The study also attempts to comparatively investigate the various needs (Social, Economic and Health) of these elderly women.**

Health care and support:

Ageing is usually associated with deteriorating health and physical condition and often with various chronic diseases which make their situation worse. Moreover, the weak financial position of the elderly people often does not permit them either to take nutritious food or proper treatment which results in sharp deterioration of their health. Poor health along with financial crisis and dependence on the family members for care and support accentuates their problems.

The picture is worst in the poor families, where women since their very childhood suffer from lack of proper nutrition which results into much health hazards. Those who continue to work can contribute at least something to get proper treatment or to take nutritious food, but situation is worst in cases where she is dependent. Low income of the family does not permit to spend much money on her treatment and food.

- 1. Therefore the study attempts to investigate the nature and extent of care and support extended to them by their family members.**

Methods of the study:

Universe of the study:

The present study is conducted in the Municipality area of Siliguri, subdivision of the Darjeeling district, West Bengal. The city of Siliguri lies across the Darjeeling district and some parts of it falls in the Jalpaiguri district of West Bengal as well. For the present study, few areas are chosen purposively in order to draw sufficient number of samples (i.e. women aged 60 years and above) belonging to 'Middle class families' and representatives of the 'Poor families'. Representatives of the 'Middle class' are drawn from Ward number 16 and Ward number 15 of Siliguri Municipal Corporation area both of which falls in the Darjeeling District and are mostly inhabited by middle class families. On the other hand, representatives of the 'Poor families', are drawn from Durgadas colony and Chittaranjan Colony which lies in Ward number 20 of Siliguri Municipal Corporation area and comprising mainly of slums and squatter settlements.

Sampling:

The sampling unit for the investigation under the present study are, women aged 60 years and above. For the purpose of the study, the elderly women aged 60 years and above are categorised based on their economic background (i.e. middle class and poor families). In the next step, certain areas are chosen purposively where the number of the elderly population belonging to the above mentioned economic categories are available. Then out of the total number of elderly population in the studied areas which is 366 in number (according to the voters list updated recently before the conduction of the study), a total of 100 samples are drawn based on purposive sampling method, with equal number of samples from each economic categories (i.e. 50 from each category). The criteria based on which the samples are purposively drawn are Marital status, Economic status, Educational status, Pattern of Living arrangements, Physical condition, Participation in work and Age Group.

Tools and Techniques of Data collection:

Necessary data and information are collected through direct contact with the target group, through intensive field work, personal interview with the help of interview schedule, containing close and open ended questions for data collection. Observation is also used as a tool for data collection. Data are also collected from secondary sources for the fulfillment of the study.

Data are collected by home visits through face to face interview with the help of interview schedule and observation. Every selected elderly woman is personally contacted for the purpose of interview. The purpose of investigation is explained to her and she is encouraged to explain her opinion freely. Data are also collected from secondary sources like published materials, books, journals, newspapers etc. Secondary sources that are used for the study are mainly some theoretical work on ageing and first hand field based studies published as books and journals. Various internet sources are also used to gather recent data and literatures on ageing. Besides these, newspaper articles are also reviewed from time to time. Both primary data and secondary data are taken into consideration and the present report is prepared.

Data processing and Analysis:

Data processing mainly involves necessary tabulation for preparing the data for analysis. The process is both manual and electronic. It mainly involves necessary editing, categorising the open and close ended questions, computerisation and preparations of tables. The data are thereafter analysed qualitatively and the report is prepared.

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