

Chapter 2

REVIEW OF LITERATURE

2.1. Introduction

Population ageing is one of the most distinctive demographic events and has become a social issue in the world today. The study of gerontology as a scientific discipline started in the 1930s probably due an increased life expectancy and a growing number of older population. The study gained a momentum after the World War II in 1945. Recognizing increased life expectancy as a significant characteristic in the demographic event, international organizations took initiative to study and ameliorate the needs of older people. The most important contribution was made by the World Assembly on Ageing held in Vienna in July-August 1982, called the Vienna International Plan of Action on Aging (Chowdhury 1992, pp. 129). The UN General Assembly selected October 1st as the International Day for the Elderly in 1990s, with an objective to increase awareness about the geriatric population, to encourage research on the elderly and to promote and carry forward the policies in a view to prevent imbalance which the aged face with the changing society. The research on ageing in India is a recent phenomenon and therefore the existing literature on ageing is also new.

The concept of ageing is to be understood from the point of view of the quality of life of the elderly which is seldom touched upon. Quality of life is a multidimensional and complex concept which includes various elements of social, cultural, political, economic, and psychological elements in its domain. This holds even more when quality of life in old age is the focus because ageing itself is a multidimensional process (Walker and Mollenkopf 2007, pp. 3). However, very few overarching texts are available on the quality of life of the aged and an extensive review is essential to reflect, interpret and understand the research problem by detecting it within the research topic. The review tries to answer the research problems and objectively evaluates and clarifies any

previous research. The literature on the quality of life of the elderly has been presented under the following major headings:

2.2. Studies on Quality of Life

Flanagan (1978) stresses on the subjective and objective indicators of measuring quality of life. The subjective indicators include perception about one's quality of life such as psychological well-being, life satisfaction, happiness, self-esteem, pleasure and personal morale. The objective indicators include income, housing, living conditions.

Mukherjee (1980) starts with discussing the research proposal with 5 questions with respect to any social phenomena. These are: what is it, how is it, why is it, what will it be, and what should it be. The question what is it can be considered with a constant phenomenon whereas what should it be is posed as a moral matter. All these questions cannot have a bearing upon natural phenomena unless they are examined in a societal context. Thus the appraisal of social reality and QOL requires coordination of the four axes of variation: (1) social structure (2) values propagated in the society (3) the values pursued by the people constituting the society (4) actions and reactions of the people. The author stresses that by exploring systematically these axes one can obtain comprehensive view of social reality and QOL but those who want to change reality will have to translate knowledge into an efficient practice so that the appraisal of social reality and QOL becomes more unequivocal and comprehensive.

Lawton (1991) considers and measures quality of life as the outcome of the interaction of the objective and subjective dimensions. He developed a concept 'good life' for older people which he later changed to 'quality of life' accounting the above dimensions.

Nussbaum and Sen (1993) stated that a person's life can be perceived as a result of the amalgamation of 'various doings and beings', which generally can be called 'functionings'. These 'functionings' vary from such elementary matters as being well nourished and disease-free to more complex doings or beings such as having self-respect, preserving human dignity, taking part in the life of the community and so on.

The capability of a person refers to the various alternative combinations of functionings, any one of which the person can choose to have.

Nordenfelt (1996) proposes the study of quality of life as a subjective one. He identifies it with the dimension of happiness and unhappiness in life. He distinguishes between (i) happiness with life and happiness with a fact (ii) happiness and pleasure (iii) being happy and feeling happy. He also studies happiness in the medical context i.e., any analytical relation between health and happiness.

World Health Organization (1997 a) defines quality of life in the context where an individual lives, its cultural settings, values and according to their expectations. It depends on one's own perception which includes individual's values and experiences. It is a broad ranging concept which includes the important domains of life like one's psychological state, level of independence, social relationship, health and personal belief in the context of the respective environments they are living in. The WHO had therefore developed two instruments for measuring the quality of life that are the WHOQOL-100 and the WHOQOL-BREF. WHOQOL-BREF is the modified and abbreviated form of the WHOQOL-100 consisting of 26 items on the important aspects of quality of life and ways of asking about quality of life.

Ryan and Deci (2001) stress on the subjective approaches to the quality of life: hedonic and eudemonic. The hedonic tradition is related to the philosophical traditions of Hobbes, Locke and Rousseau which stresses on pleasure/enjoyment/satisfaction and comfort/ painlessness/ease. It lays emphasis on the self, personal freedom, present moment and the tangible. It is basically the attainment of pleasure and the avoidance of pain. The eudemonic tradition is related to the 'good life' stretching back to the Aristotelian times which stresses on meaning, value, reason, justice, and ethics. It refers to a broader context incorporating self-realization, maturity, ethics, personal growth, and actualization of human potential.

Phillips (2006) explores the notion of happiness i.e. what makes one happy. The foundations of feelings of happiness is the key route to the quality of life. The search for the answers what makes one happy or is it all down to money are explored by

incorporating people's own verdict on what affects their quality of life. Quality of life is based on the individual, his or her feelings, thoughts and emotions.

Bowling (2007) also shares the same opinion as mentioned above. According to her, it encompasses an individuals' physical health, psychosocial wellbeing, level of independence and functioning in life, control over the external environment, having access to material resources. It is a collection of macro (societal, objective) and micro (individual, subjective) dimensions. Among the former she includes the roles of income, employment, education, housing and other environmental circumstances. Among the latter happiness, life satisfaction, self-esteem, individual values and morale, experience are included.

Kupperman (2007) refers quality of life as to how good a life is for the person living in it. It refers to the evaluation of a person's behaviour especially in making moral choices. The idea is not being merely alive but the fulfillment of potential in a life, and life satisfaction. In first sense it is related to well-being or as value and secondly it is related to morality.

Walker and Mollenkopf (2007) regard the idea of QOL as dynamic, multifaceted and complex concept with the indicators of objective, subjective, macro, micro, positive and negative influences.

2.3. Studies on Economic Profile

Brearley (1975) talks at length about occupation and retirement. He discusses about mature and constructive men who welcome retirement as an opportunity for relaxation and interaction. They are independent in contrast to the dependent ones who are termed 'Rocking-Chair' or 'passive'. He discusses about retirement and disengagement, preretirement and retirement education and moving to retirement resorts and areas.

Chanana and Talwar (1987) examine the socio economic and health implications of ageing in India. They discuss about the growth rate of the elderly since 1951 in total population, dependency ratio and the work participation rate and their reasons.

Alam (2004) has conducted core analysis in finding the financial security for the destitute elderly considering the facts like state plans, pension amount and qualifying age. The National Old Age Pension Scheme, Annapurna Scheme, income security for retiring civil servants in formal and informal sector have been discussed at large. It is pointed out that it is the responsibility of the Government to bring the left out elderly under the coverage of the aforementioned schemes.

Chattopadhyay (2004) explores the needs and demands of the social security policies echoing from different occupational categories of elderly. Demand of getting concessional benefits and pension amount commensurate with inflation have been urged. Useful and creative ideas have been suggested by the respondents as to how government could improve their measures.

Alam (2006 a) discusses the income sources of the aged and similarly the expenditure pattern which are most essential for their survival. The aged who are dependent fully or partially may have lower per capita expenditure than those older people who are independent. The majority of the poor and lower income aged people rely on family support. The majority of the elderly express disagreement with the idea of soft interest rate policy. The elderly rely largely on bank deposits as they have saved largely for their old age in banks. So a minor change in the deposit rates will affect them.

Bose (2006) analyses the issues pertaining to financial security of different segments of population. The financial security of organized and unorganized sector is looked upon as an important determinant of resource or asset production. The workers engaged in organized sector are provided with income, security, pensions, and retirement benefits, while in the unorganized sector it has remained virtually unattended. In order to generate income in old age when they are no longer working, it is essential to think about long term savings in their working life. It is essential to plan for retirement, develop the attitude to save early which will act as social security in old age. The various public assistance given to the old includes old age pensions, pension for senior citizens, food rations to older persons like Annapurna Scheme. For the unorganized sector, the Government has been extending help to the workers by providing social security like *Krishi Shramik Samajik Suraksha Yojana* through LIC so that their condition does not

get worsened in old age. The Provident Fund is lent out to workers in industrial establishments for self-employed and others. Various public assistance provided to the aged people according to economic categories, retirement benefits, pension plans have been analyzed. Support from the state government and non-governmental organizations in providing the succour to elderly who have no family to support them is discussed. It has been suggested that in order to provide income security the government and society need to create a climate to generate revenues to formulate social security measures.

Bose (2006) discusses about the old age pensions starting from 1950's by state government for those persons who are in virtual state of destitution. Uttar Pradesh is the first state to launch the old age pension scheme in 1957, followed by Kerala in 1960, Andhra Pradesh in 1961, Tamil Nadu and West Bengal in 1962. It has been welcomed by all political parties in different states. The criterion of minimum age of eligibility for availing the pension is different in different states. Many other criteria are taken into consideration for availing the pension. The amount of pension also varies from state to state. The various 5-year plans made provisions, allocation and recommended the ceiling of old age pension. In 1995 it was a component of National Social Assistance Programme. Now the central assistance under NOAP is based on the financial entitlement of the state as central and state governments share the pension rate.

Malhotra and Chadha (2007) discuss about the family relations of the elderly after retirement. Their study was conducted on 100 subjects from three residential areas of West Delhi on pensioners and non-pensioners both married and widowers. The result established the fact that a large number of non-pensioner reported change in relation in family as compared to pensioners after retirement. Majority of the pensioners stated that family agreed to their views while the non-pensioners stated that they felt an erosion of authority. Though majority of the pensioners and non-pensioners were not dependent on anyone, even if it is, majority were dependent on sons and daughters. The study reveals more about pensioners and non-pensioners taking decision in the family affairs, disrespectful attitude of the family members, and the role of family support in maintaining the mental health of the older persons.

Chakraborti (2008) examines ageing, economic development and productivity. Older people are generally regarded as economically unproductive compared to the young enterprising youth. There is a low participation rate of the elderly work force than other age categories. Arguments and facts have been provided for the elderly work force and young work force in relation to adaptation to the changing technology, management, productivity, efficiency of work, physical and mental reactions.

Kalache (2009) talks about active ageing which was developed by WHO Ageing and Life Course Programme in UN Plan of Action on Ageing. He discusses about the three pillars of economic determinants i.e. income, social protection and security and work. He states that the elderly females who live in rural areas are more vulnerable as they do not have reliable and sufficient income which affects their health, access to food and other belongings. They have no pensions, no savings or social security which leaves them to an uncertain future. Social protection is on rise for those older people who cannot earn a living, those who are left alone where the younger generation cannot provide adequate protection. In the less developed countries the old age pension and protection schemes are a major source of sustenance for many poor elderly people. Active and productive contribution lent by the older people in formal sector can benefit the society as a whole. There is an urgent need of encouraging older people to realize their potential. Work may be more seen as a necessity than being active by the older people in less developed countries. Therefore, to reduce the poverty associated with ageing it is necessary to intersect active ageing policies with the broader schemes of ageing.

Walker (2009) focusses mainly on the idea of social inclusion of elderly in employment on the basis of ability, opportunity and identity. Its aim is that the competent human resource should replace the deficit model of employment. He stresses that active ageing cannot be successful if the individual is left to their own strategies. By removing the barriers in the working life one can head towards active ageing whereby they can exercise greater control over their own working lives. It is only between the individual and society, mutual exercise that active ageing can be achieved. The employers, trade

unions, government and other national organizations should gear up to make active ageing a productive reality.

Srivastava (2010) analyses the economic resource endowment of the urban aged women. One of the economic indicators is the employment status. She shares that majority of her sampled residents of urban areas of Girwa Tehsil of Udaipur district of Rajasthan had never been in any kind of job or occupation. Only the lower income group aged women were engaged in economic activity because of livelihood concerns. They were employed as housemaid, nurse, factory worker or were involved in petty family business like laundry, press, selling vegetables. Most of the urban aged women were dependent on their families. The lower income group aged women received a small amount of money per month. The economic condition of the aged can only be studied in relation to her family. A more detailed analysis about sources of income, savings, property and expenditure were done. It is seen that majority of the elderly women had no savings or bank accounts. Their main source of income was from their spouse and children. The study mainly focusses on the issues of livelihood, and stresses on making them economically viable in order to avoid distress in later years.

Raju (2011) highlights in brief the economic aspects of the elderly to fend off the economic crisis. The coverage of old age pension scheme has been discussed. The mention of vulnerable elderly groups who deserve the pension scheme has been stressed.

Anand (2013) sketches the demand-based policies and programmes, innovation of microfinance institutions (MFI's) in providing services to the different segments of older people at their door steps. Those older persons who are eligible but not covered under government schemes, the MFI's can cover them with respect to remittances, pensions and insurance schemes. It provides a holistic social security scheme to the older persons which is the need of the hour.

Bhatnagar (2013) reveals that a large part of the informal sector remains unattended with any social security scheme. The employees in the formal sector (government and private) only are eligible for the income security during the non-earning years, whereas the rest goes unreported in the economic scheme or does not enjoy the existing pension

schemes. Women are most vulnerable at the time of retirement as they have little or no savings and are left with no income security. It is mandatory to create awareness among these vulnerable elderly group through participatory approach regarding pension literacy. He highlights that pension literacy should be taken up as discussion in groups to target the audience which they are unaware of. This may lead to a decent retirement for the vulnerable elderly groups.

Datta (2015) suggests a way of how to tackle poverty in old age. The slow but progressive development in India should take into consideration the policies, infrastructure and services which can benefit the aged. It is mainly the elderly women who are propelled into poverty for many reasons. There is an inadequacy of poverty reduction measures for the elderly in the country. It reflects on the non-contributory pension schemes which can tackle poverty but it is available only to a certain section of people that is the people living below the poverty line. It is suggested that government should take steps in implementing the old age policies and schemes starting from preparation, revision and monitoring. It is also pointed out that the elderly should empower themselves to evaluate the efficiencies of such schemes.

Kattakayam (2015) discusses about the legal rights and constitutional provisions for the elderly. Various social security measures and schemes for the senior citizens have been highlighted. In the backdrop of the increasing longevity of the elderly, various strategies and approaches of policy making and planning have been suggested. The limited social security coverage in specific regions, ignorance about the existing welfare programmes and schemes among the senior citizens such as old age pension needs to be evaluated and reconsidered. The elderly are unaware of their rights like Maintenance of Welfare of Parents and Senior Citizens Act, 2007. There is a higher number of needy and disadvantaged elderly which demands more involvement and participation in their legal and socio-economic security issues in order to accelerate the process. Intervention by non-governmental organization, trusts or any charitable institutions may help the needy elderly in their welfare process.

Mishra (2015) discusses about the insecurities faced by the aged in Odisha. The aged population is high in Odisha in comparison to its total population. There is an inadequate

provision of social assistance in the state as it has been partially implemented. In order to take care of the destitute old people an urgent need for social insurance covering the health and physical need have been suggested. As Odisha is one of the poorest states in the country the elderly are merely left in the hands of public charity and some non-governmental funding agencies.

2.4. Studies on Social Resources

Sheldon (1949) reveals the bitter truth that merely forming old age policies and building homes for the aged people will end in a disaster for the government as the number of the humiliated old age people is increasing at an alarming rate. A sense of responsibility has to develop in the young family members towards the old aged family members as it is their duty and hence a very strong message will circulate towards the generations. Overall by such actions there will be welfare of the elderly.

Brearley (1975) opines that relationship within family group or community is the basic ingredient for constructing and maintaining social relationship. Elderly with age experience a decrease in the amount of energy which can otherwise be invested in relationships. Relationships encourage esteem and self-valuing. It helps to draw strength from relationship with peers from past and current experiences of the peer members.

Rammurti and Jamuna (1984) express that psychological problem is not the only factor for detecting the problems of elderly in adjusting to their later lives but other factors like social, physical, and economic factors influence adjustment. Research found that problems of adjustment in old age are lonely life after retirement, types of family, social contacts, satisfactory physical and mental health.

Seeman and Berkman (1988) investigate relationship between two types of support available to the aged of 65 years (instrumental and emotional). The network size, number of face to face contact, geographical proximity, and proximal ties have been studied in instrumental and emotional support and find these are greatly associated with each other.

Penhale (1993) identifies the barriers to the identification of the abuse. He looks at the similarities and differences between the abuse of elderly people and other forms of family violence in Britain. He draws attention to the term 'Granny Battering'. Elderly people are less likely to admit to 'Granny Battering' as family is seen as a harmonious, nurturing and protective unit. The elderly, family members and society as a whole is reluctant to acknowledge and accept the problem.

Gulati and Rajan (1999) highlight the extent of female-headedness in Kerala which is much higher than what it is for the country as a whole. They have also focussed on the changes in family pattern with dramatic decrease in fertility and mortality, size and composition, residential pattern and role of family members in the cultural context of ageing in Kerala. They have evocatively analysed the conditions of aged women living all by themselves in single household. It is interestingly found that the support is mainly from daughters be it material or emotional support.

Kim and Kim (2003) address the issue of quality of life of the Korean elderly in the present day by looking at the relationship between the patterns of support exchange across generations and the subjective well-being of the elderly as measured by the overall life satisfaction index. It is based on the exchange theory where children and elderly continue to support each other, contrary to the fact that only children support their parents even at advanced ages. They are also providers of various types of support for their old parents. This reciprocation enhances the feelings of usefulness and self-worth among the elderly.

Chadha (2004) talks about building society through intergenerational exchange, that is, interaction between individuals of different generations and cohorts. Interactions between different generations can serve the sharing of information and knowledge, infuse belief, norms and cultural traditions among younger ones, make one realize the power and responsibility or control over resources and desired generations, and sharing the responsibility of the welfare and care of the family members.

Khan (2004) traces the roots of vulnerability growing among the elderly out of rapid changes in the dynamics of family structurally and functionally. The research claims

that migration has eliminated the occurrence of interaction over time between potential care givers and elderly parents. This has engendered psychological distancing, decay in attachment, loss of expectations and unconcerned state of mind of the elderly.

Bose (2006) considers that children have a filial obligation and with the growing number of cases where parents seem to be rotating between the sons. He considers that daughters act as a watch dog by providing emotional support. A feeling of psycho-social anxiety arises when made to live separately or take turns in providing meals or residing separately. It eventually leaves little space for intra-family interaction and in turn parents become isolated and lonely.

Rabindranathan (2006) reveals how family conflicts have changed the family structure. Conflicts in the family occur when family members have different views, ideas of belief that oppose one another. He discusses how conflicts arise and how conflicts can be resolved. Conflicts can be resolved through ad-hoc resolution with time by mentality of adjustment, non-external-interference etc. Some conflicts which are beyond control or there are irreconcilable differences or lack of mutual initiative do not have a current solution and remain unresolved.

Saxena (2006) defines the dimensions of ageing problems such as the nature of family relations, the extent of social bond, the feeling of social alienation, physical ageing and allotment of roles, position and power to the elderly in the social set up of modern urbanization, industrialization, modernization and politicization for which the elderly are compelled to make socio-cultural adjustments.

Adams (2007) states that the economic and technological advancements have contaminated the physical and social environments and squeezed work and family life.

Antonucci and Ajrouch (2007) discuss about the role of social resources in the life of the elderly. Social relations and roles are defined in the context of quality of life. Two types of support have been discussed – tangible support and psychological support which can contribute to poor or good quality of life of the elderly. Relationships have been talked in detail which influences the elderly's psychological well-being. It is

generally presumed that elderly who have good social networks and positive relations with social resources tend to have greater satisfaction in the life scale, more positively adjusted and have better mental and physical health. These resources and networks provide support during times of need influencing life experiences in a myriad of ways.

Batra and Bhaumik's (2007) study is based on the intergenerational relationships of different cohorts or generations i.e. grandparent, parent and child. Mutual help and support in the form of material or nonmaterial exchanges is desired from all irrespective of any generation. These supports are physical, emotional, financial and social between the three generations in a family. This study is based on equal number of respondents from three generations.

Bhingradiya and Kamala (2007) examine the situation of elderly in rural Saurashtra to find out the self-perception of the rural elderly regarding familial roles and care, and differences among genders and generations. Living arrangements reveal that, elderly live with their children, majority of the aged women and aged men perceive their spouses as caretakers during illness, and majority of the aged women consult their husbands in making important decisions in family.

Dhooper (2007) observes that family relations affecting the elderly have changed enormously in their composition, roles, and quality of the intra-familial relationships. According to him, considerable support to the elderly can establish intimate and stable relationships and it can sustain a long period if there is reciprocal giving and receiving between the two.

Hall (2007) states that grandparents are a vital component of the family system assisting in household chores. They have a special place in their hearts for grandchildren. Grandchildren are an extreme form of support. In the current times studies have revealed that grand-parents fully understand the developmental needs and are trying to fill the gap.

Malhotra and Chadha (2007) find changes in relations with family after retirement, decision making in family affairs, agreement of family to their views, adjustment with

younger generation with respect to married and widower elderly respondent of 100 subjects chosen from 3 residential areas of West Delhi.

Panda (2007) believes that role of the aged females as grandmothers is important as she can compensate the diminished roles as home maker and mothers. They perform many child care activities especially when the young mother is a working lady outside. In the present day the infants grow up holding grand-mother's hand. Intense care and love is delivered by her. In turn the grandmothers do not feel lonely and these activities often increase their psychological well-being.

Sudha, Rajan and Sarma (2007) examine three different models related to familial support in old age in Southern India. The first model is based on the impact of modernization and support. The two other models of family support are: the power or bargaining model and the need-based model. Here kin availability support is strongly stressed upon as the predictors of receiving residential or financial support.

Chakraborti (2008) opines that the basic premises on ageing and society lie with the traditional and modern concept of the society which has functioned and developed changes over time. He points out that in the traditional societies old are revered and respected by virtue of their experience, knowledge and wisdom. There has been gradual weakening of ties with the older generation with modernization and development of communication. The living arrangements of the elderly have undergone a change which has shaken the fundamental structure of the society as a whole.

Bhat and Dhruvarajan (2009) have done an analysis on the changing family structure and its causes. Usually the oldest male member controls all social and economic affairs in the household and the family structure is patriarchal. Rapid transformation under the impact of industrialization, urbanization, technical change, education and globalization has resulted in the weakening of intergenerational ties that are the hall mark of a traditional family. They have also discussed the living arrangement where it is the young's sense of filial obligation to take care of old parents.

Chanderjith and Maharaj (2009) in their research findings provide an in-depth analysis about the family structure and mobility patterns of aged in Chatsworth, South Africa which remains primarily on Indian residential area. Joint family structure is the main family type which is prevalent there.

Healy (2009) finds that older people place great value on their relationship with spouse, family and friends. The social networks provide the social glue that binds three and four generations, friends and relatives which play an important role in terms of providing support.

Kalache (2009) discusses about the violence and abuse faced by the old people by family members and care givers who are well known to the victims. Families experiencing economic upheaval and social disorganization tend to abuse their elderly members.

Panigrahi and Syamala (2009) analyse the socio-economic and demographic correlation of the living arrangement and living choices of older persons in the state of Odisha. Their study reveals that majority of the elderly are in co-residence or live with their spouses or children. The living arrangements of the elderly in Odisha are determined by age, sex, marital status, number of surviving children, education, income and economic dependency. It is pointed out that there will be a likelihood of higher proportion of the elderly Indians living alone in future given the changing socio-economic scenario like decline in fertility, increasing education and income.

Cheung and Leung (2010) dwell on the experience of social changes which is being detrimental to personal quality of life in the later years. These changes have been observed in their study on 531 working people in Hongkong and China. The findings add that the social change tends to erode societal quality of life which has thrown a negative impact on population ageing and individual quality of life.

A study by **Srivastava (2010)** on the house-hold composition of the urban aged women of Girwa Tehsil of Udaipur district shows that majority (91%) of the aged women reside with the members of family like spouse, children and grandchildren. He has discussed

family pattern and household size according to the income group (high, middle and low-income group).

Dubey, Bhasin, Gupta and Sharma (2011) in the study of the elderly residing in old age homes and family set up in Jammu reveal that most of the elderly find the attitude of the younger generation unsatisfactory towards them in terms of love, respect, affection, and are staying in old age homes as they are considered as burden by their family members. The elderly develops a positive attitude towards old age living in the families while negative view especially in terms of social security is observed in both family set up and old age homes.

Help Age India (2011) has carried out intensive field work across 9 cities of India with sample size of 100 per city to identify the nature and extent of elder abuse, and main reasons of its existence. Verbal abuse is the most commonly reported abuse faced by the elderly from lower socio-economic strata. The elderly from higher socio-economic strata report about the negligence towards them. Verbal abuse has been reported more from Delhi, Mumbai, Hyderabad and Bengaluru, while emotional abuse seems to be more in Bengaluru.

Help Age India Report (2012) spans 20 cities interviewing 5600 elders to understand the prevalence and impact of elder abuse. It reveals that 31 percent of older persons face abuse and 75 percent of those who face abuse live with family. Bhopal ranks top in elder abuse followed by Guwahati and Lucknow. The types of abuse are physical, psychological or emotional, financial or material, sexual abuse and neglect.

The **Population Reference Bureau's (2012)** research on living arrangements explains the changes due to decline in fertility leaving fewer children available to care for older parents. This situation has been aggravated due to rural-urban migration for employment that separates families. This social change has made a considerable difference in the personal quality of life.

Ramachandran and Radhika (2012) address the issue of elderly in their socio-economic arena and factors related to their life in Japan and India. Samples of 600

elderly persons have been taken from both the countries (300 elderly from India and 300 elderly from Japan). A convoy composition has been worked out which reveals that elderly Japanese maintain closer ties with friends and elderly Indians with grandchildren.

Gans, Lowestein, Katz and Zissimopolos (2013) explore that families have continuously been the primary source of support and care for the elderly members. There is problem with bigger families and young children in the family as the elderly parents are less likely to get the support. The second generation (caregiver) may opt to allocate more of their resources for their young children rather than their old and aged parents or grandparents. The concept of sandwiched generation is often referred to the middle generation where they are caught between caring for children and caring for ageing parents.

Help Age India Report (2013) reveals that more than one-fifth of the elderly experience abuse nationally. In 2013 survey it has been found that the daughters-in-law are the main perpetrators of abuse followed closely by the sons. Lack of adjustment, economic dependence of the abused, increasing longevity are the main reasons for the prevalence of abuse.

Help Age India Report (2014) shows that percentage of elders abused has gone up drastically from 23 percent in the previous year to 50 percent in 2014. Awareness level has increased and most of them seek the police helpline. An interesting observation on not reporting abuse is lack of confidence in the person or agency to deal with the problem.

Lalan (2014) states that people have started staying in nuclear families which include husband, wife and their children where old parents are abandoned. As a result, they do not have a choice but to walk in an old age home as the situations are so made which creates difficulty for them to live with their children.

Dixit and Goyal (2015) discuss about the recreation and entertainment facilities which can be utilized by the elderly in leisure time. The modern, scientific and technological

advancements have opened up new avenues to divert the attention of the elderly in free time and make full use of it. The technology caters to the needs of the elderly to battle loneliness. Opportunities of playing new online games and sharing life events and moments by social media with the peer members, friends or relatives are the great outputs of the technological advancements to the lives of the elderly.

Khan (2015) views the intergenerational issue from the perspective of children as well as the elderly. He opines that sensitization about the life of the elderly and their expectations from the family members can be bridged through school education. This will help young in realizing their responsibility and reduce the intergenerational gap.

2.5. Studies on Residential Environment

Hanson (1977) studies the travel characteristics among the elderly and young people. The intra urban travel pattern of the elderly is measured with reference to frequency, timing, purpose of travel as well as the distances travelled to reach the required destinations. Travel on foot is also examined. The diminished importance of work among the elderly has also lowered the level of trip frequencies.

Carp and Carp (1984) differentiate the need related motivations into basic needs and higher order needs. Needs may be due to housing related autonomy or services and amenities.

Meyer (1985) refers to different types of mobility ascribed particularly to the elderly population: mobility for amenities, for assistance, and in preparation for ageing. Mobility is also associated with the socio-demographic characteristics. Generally high income facilitates mobility to a good neighborhood with good amenities and facilities. The study contributes towards understanding the potential for change by identifying the mobility behavior, its pattern among the elderly.

Huth (1986) brings about the structural deficiencies in the building characteristics where the elderly spend most of their time. The housing deficiencies and the inefficiency of the elderly to regularly maintain the home with major repairs and mending are

discussed along with some housing alternatives for the elderly. These are shared housing, accessory apartments, elder cottages and congregate housing.

Huth (1986) talks about the various uses of technology related to safety of the elderly in the residence, neighborhood and public domain on a daily basis. Huth refers to the style and design of the houses which is the foremost area where elderly people live most of the time. He also discusses the various uses and installation of electronic devices in housing which can foster the safety and convenience of them.

Rubinstein (1989) explains the meaning of home, environment, its relationship with frail elderly people and its major source of well-being for the elderly. Housing is an important element of the residential environment. The relation of environment and gerontology is undoubtedly a profound challenge for maintaining well-being and a sense of identity. For the elderly, home constitutes a part of their satisfaction and they are always bonded and attached to it.

Lawton (1991b) defines quality of life in terms of person-environmental relationship. It is very frequently called as environmental gerontology. Subjective and objective indicators have been taken into account in his study.

Krause (1993) also stresses on the outer residential environment related to personal safety and exposure to harmful pollutants and toxins which creates a detrimental effect on the health of the elderly.

Meeks (1994) examines the relation between technology and the quality of life of the elderly. Various desirable products which can be used by the elderly are discussed like computers, internet, telephone amplifiers, smart cards, home automation system, pocket sized reading machines, transmitters for alert signals and many more.

Kart (1997) discusses about the main elements of the living environments of the elderly such as ownership of the dwelling unit and its proximity to commercial and recreational activities, congeniality or threat in the surrounding environment, accessibility and usability of transportation.

Tinker (1997) discusses about the changing profile of older people is their household composition. Trend is towards smaller households. Many older people do not occupy all of their home and are said to be under-occupying.

Addae-Dapaah and Wong (2001) have studied the housing and the elderly in Singapore. Unprecedented population ageing has put a stress on the specialized housing in Singapore. Retirement village is more on demand amongst the elderly than the various housing options available by the public sector. The housing options available in Singapore are: congregate care housing, assisted living units, unassisted living units, independent living units and mixed –age housing.

Bose (2006) defines the concept of shelter which is necessary for the existence of human beings with good ventilation, air circulation, well maintained sanitary conditions, healthy environment and access to all services with safe and secure environment for the aged.

Bose (2006) addresses the protection of the life of the elderly in the wake of the increasing crime towards the elderly who either are living alone or with spouse. The elderly are generally the victims of murder which is often carried out by the close aid for the purpose of robbery.

Vaarama et al., (2006) state that with increase in age the physical living environment strongly creates an impact on the subjective quality of life.

Wahl et al., (2007) discuss about the physical environment i.e. the home environment and out of the home environment which substantially adds to the quality of life of the older persons. The physical environment at times acts as a potential resource or constraining force on the life of the elderly in terms of housing, neighborhood and amenities. The elderly people spending most of their time in house, the physical-spatial and material part of the environment and its relationship with the aged people are directly linked.

Wahl et al., (2007) recognize the need for relocation in order to maintain the basic and higher order needs out of the physical environment. Relocation is mainly suggested for the elderly to maintain autonomy and privacy.

Chakraborti (2008) opines that safe and satisfactory living accommodations and amenable physical surroundings are vital for the well-being of human-beings. It can be undoubtedly pointed out that housing affects the quality of life of any age-group in any country. Ageing in isolation cannot be graceful if they live in unsafe or polluted areas or lack affordable housing and services.

Smith (2008) identifies the technological support of the elderly at home and discusses about smart homes which are connected with sensors identifying the daily activities of the elderly. This is an important means of home surveillance system which connects the elderly with the family members when the elderly is alone at home. The use of robotic assistance for the care of the elderly is also discussed.

Normie (2011) talks about human form android robots which plays a significant role in global ageing.

Dixit and Goyal (2015) talk about the assistive technology for the elderly in the form of domestic home based technology support like smart home feature, robotic nurses, telehealth devices etc. He states that use of such technology will not only monitor the activities of the elderly but also will improve the psychological cognitive health of the elderly. The special design of modern home modification is also referred and suggested as means to help easy transportation of the elderly at home. Comfortable and safe design of bathrooms, kitchens, electric fittings, staircase, safety alarms, video-intercoms, bed rails, special clothing and foot-wear for the elderly are all studied about.

2.6. Studies on Health Profile

Gavigan and Pettee (1939) discuss about the characteristics of normal age which include skeletal system, neuromuscular system, skin and its appendages, nutritional states, respiratory system, cardiovascular system, digestive system, genito-urinary system, and infections.

Hanson (1994) reports that every country is facing a deficiency in health care resources given the proportion of elderly and health resources. For the chronically ill elderly, the

health care services do not adequately provide the quality of care, as they need long term care and services. Long term care in home puts pressure on the families especially where women are active in the work force outside their households. Therefore countries are finding ways to provide assistance to the elderly in various forms like assisted elderly shelters, nursing homes and through care givers.

Boyle (1997) examines the quality of life of the elderly both for the healthy elderly and for frail elderly who have developed some chronic disease. Quality of life is assuming importance rather than only care of the diseases. The quality of later life should incorporate the psychological changes in ageing.

Kart (1997) discusses about a wide array of chronic illnesses among the elderly including heart disease, cancer, stroke, etc. Mental health among the elderly such as depressive disorders, schizophrenia, hypochondriasis, Alzheimer have been diagnosed and studied.

Ministry of Social Justice and Empowerment (1999) suggests ways to cope with health services through public health services, health insurance, private medical care, NGO's, trusts and charities. Other than these, medical and paramedical personnel will be given training and orientation in geriatric health care. Educational material on nutritional needs in old age and ways to live healthy or ageing gracefully is disseminated. Through various communication channel, social media, folk media the government is trying to reach every segment of the population to propagate health education.

Nayak and Mohanty (2000) stress on the bio-physiological ageing where there is a gradual decline in the functional capacity of the body, and other diseases and deficiencies attack the vital organs which is inevitable as defensive mechanisms weaken.

Carr et al., (2003) discuss about health related quality of life where there is a gap between expectations of health and the experience of it. Same clinical status will report different quality of life as they have different level of expectations of people with changing clinical status.

Chattopadhyay (2004) suggests that the costly medicines be provided at a subsidized rate for the elderly at governmental hospitals and private clinics. Campaigning for old age health disorder can prove beneficial to the elderly. Family care can be supplemented by technology and home care services to take care of the disabled.

Alam (2006 a) studies the prevalence of ADL limitations among the aged which is caused by physical and sensory impairments. The ADL disabilities have been cross analyzed by gender and across four socio economic stratum. His observations reveal that due to a high prevalence of disabilities in later life there is a poor quality of life. He stresses that the lifestyle disease factors are the cause of functional disabilities.

Alam (2006 b) observes the influence of regular exercises on elderly adults and finds that regular exercise significantly reduces the systolic blood pressure, muscle electro kinetic potential and skin conductance. According to him, exercise has tremendous influence on cognitive functioning and ability which improves the quality of life of the elderly.

Bose (2006) sums up the health security of the aged stating the major and minor diseases of the aged. He also stresses on malnutrition of the elderly which kind of brings disability among the aged. Public sector health care is incompetent to provide the adequate services to the aged especially in the rural areas where the quality of health service is very poor. Private sector treatment is costly and beyond the reach of the socio economic class which leaves many elderly untreated. Also health insurance covers only a small segment of the elderly population.

Chattopadhyay (2006) reviews some works on old age and health and finds that with age the body has little defense against attack from diseases or pathological disturbances for which the number of diseases rises with age. The main chronic diseases found are vision impairment and rheumatoid arthritis. Osteoporosis, diabetes and blood pressure, stones in gall bladder are the other diseases found among the aged women.

Sakurkar and Bagga (2006) have studied the health problems of the elderly women of Pune living with their family and compared them with those living in homes, which reveals that majority of the aged women living with their families complain about their

health problems more than those living in old age homes. Diabetes, hypertension, cardiovascular disease, asthma, osteoporosis and respiratory problems are the major health problems. Among the minor health problems eye ailment tops the list followed by arthritis. They find that elderly women often ignore their health problems and attribute this as signs of old age, and a general belief prevails that their ailment has no treatment.

Saxena (2006) reflects on the bio-psychological ageing which are related to sleep, appetite, and various geriatric ailments. Other psychological problems are related to life after death, considering oneself as unwanted, and too much reliance on religious faith.

Butts (2007) opines that connecting generations helps the older and younger generation to maintain health to a higher degree. Older adults in the presence of younger generations or peer groups report less health problems such as depression, diabetes, hypertension and insomnia while the older generation teaches the younger ones the healthy habits which needs to be inculcated in early life.

Chadha and Kolt (2007) in their study find that exercise and physical activity outside the household not only have a beneficial effect contributing to health and well-being but also help in encouraging elderly to bring back new ideas and experiences back home.

Deeg (2007) addresses the relation of health with quality of life. With increasing diseases and disabilities health remains an important aspect among the older population. Healthy elderly experience positive effect and higher life satisfaction than the ill elderly. In old age as one advances in years the relation between health and quality of life may not be strong.

Kaushal and Teja (2007) in their study of parent care in Chandigarh find instrumental care like walking, bathing, eating, changing clothes, laundry, toilet habits are provided more by daughters-in law than sons, while the emotional care or the mental support is provided more by the sons.

Chakraborti (2008) discusses about the major health problems of the aged where he states that the leading cause of death in old age in India is due to cardio vascular diseases (CVD). He refers this as a lifestyle disease. Other than this the prevalence of chronic

diseases is high among the aged and has been found more in the urban areas. The most chronic diseases are of joints and throats followed by blood pressure. Elderly people in the low socio economic group suffer the most as they have a poor dietary intake. He also addresses the mental problems of the aged and specifies the areas where attention is still needed.

Srivastava (2010) analyses the health of the urban aged women of Girwa tehsil of Udaipur district across the age-groups and income groups. It has been found that blood pressure is the prominent disease across all age-groups and income groups of the urban aged women. Irrespective of higher or lower income group the prevalence of chronic disease is with more or less similar frequency. Medical facilities are accessed more by the higher income group.

Bharati and Singh (2013) emphasize that engaging in physical activity can help elderly to increase their fitness level promoting health, building social connection which can add vitality to the quality of life. Regular physical activity can increase the mental health and can delay some psychological issues which are connected with age.

Cherian (2013 a) talks about the palliative care which is an essential part of the treatment to increase the health status of the elderly. He suggests that elderly patients suffering from complex illness or diseases where the treatment is no longer responsive require palliative care to enhance the quality of life.

Cherian (2013 b) reflects on the nutritional status of the elderly and recommends different intakes of cuisines with respect to the environmental, socio economic and lifestyle context. Among the elderly vitamin B and calcium deficiency is common. This requires that the elderly consume high intake of vegetables and calcium. Inadequate consumption of calcium is responsible for decline in bone mass and initiate the process of osteoporosis.

Gans et al., (2013) state that there will be fewer adult children to take care of the aged with the decrease in the number of children per family especially in the developed world. The middle generation is caught in a press between caring for their aged parents

and investing resources in child care. They are typically sandwiched between taking care of the aged parents and caring for their children.

Mohan (2013) examines the prevalence of diabetes among the aged. The complications associated with diabetes and its management and treatment options are discussed.

Nayar (2013) uniquely discusses about the health of older women. He observes that the old women suffer more than the old men. They carry chronic diseases post menopause like osteoporosis and osteo-rheumatoid arthritis.

Kapoor et al., (2015) evaluate the ageing trend in blood pressure among population inhabiting different regions of India like Nolias (Odisha), Rajis (Uttarakhand), Tangkhul Naga (Manipur), Rajputs (Himachal Pradesh) and urban (Delhi). Different population inhabiting varied geographical regions with differences in economy, food habit, and physical activity have been analyzed for the study.

2.7. Studies on Psychology and Personal Autonomy

Brearley (1975) stresses on the fact that as one grows older his body changes, becomes weaker, stooped and wrinkled combined with slow intellectual functioning where it takes longer time to remember or learn as the memory becomes less efficient. They tend to become forgetful, and become more cautious. Some seek fewer relations, others want to remain as active contributors. The old person who is unhappy because of bereavement faces periods of intense physical distress, disinterest, emptiness and anger. This combined experiences creates his behaviour pattern and reacts to his own way of ageing.

Dhillon and Arora (1992) give a deeper insight that stress is experienced in all phases of life but late life stress is experienced due to loss of friends and relatives, failing health, incapacity to earn which are perceived as major life stressors having an impact on the mental and physical health. His study on the retirees residing in Delhi, both working and nonworking, perceives that greater the amount of social support less is the effect of stress of life events. The elderly retired males who are nonworking perceive that the social support decreases their stress related to health, finance and social problems

whereas the retired working elderly males perceive that social support mainly decreases the negative effect of life events related to their family members.

Dhillon and Samat (1992) have conducted a study on the institutionalized and non-institutionalized aged of Delhi and found that the institutionalized aged have greater feelings of loneliness, depression, frustration and hopelessness compared to the non-institutionalized aged as they live either with their children or family. Irrespective of institution or non-institution, it is the aged females who feel lonelier, depressed than the aged males.

Kart (1997) discusses about the mental health problems among the elderly, depression, paranoia, hypochondriasis and dementia being the most common.

Bowling and Dieppe (2005) emphasize that the key to successful ageing is proper physical and mental functioning. Life satisfaction combined with positive outlook, sense of control over life, autonomy and independence in the changing world are the successful psychological resources. Successful ageing rests on one's past and present life.

Banerjee et al., (2006) discuss about the benefits of exercise on the aged as it can promote physical as well as mental health. With age there is a decline in the cognitive functions and exercise can produce positive adaptive changes in the psychological as well as physiologic impairments and can counteract the deteriorating effects of ageing.

Mookherjee (2006) opines that with the death of a spouse the elderly confronts the most difficult situation. Widowhood is often more difficult for men as they often end up with depression and worse health condition. In case of widowed women the situation is also difficult but they recover from the painful situation.

Butler and Ciarrochi (2007) investigate whether with age the elderly people maintain high subjective quality of life. Their study investigates the influence of psychological acceptance (PA) on the quality of life on a sample of 187 elderly persons from a nursing home and finds people with higher psychological acceptance have higher quality of life in the areas of health, safety, community participation and emotional wellbeing. Also they have less adverse psychological reactions.

Daatland and Hansen (2007) opine that personal control and mastery which are important psychological variables seem to be important contributors to well-being in old age, when capabilities decline and environmental constraints weigh heavily. Daatland and Hansen's Norwegian study (age group range 40-79) finds that mastery is a major predictor for all dimension of wellbeing.

Deeg (2007) considers mental health conditions equally relevant and important for assessing the quality of life as is physical health. He opines that good physical health is no longer important for the elderly as long as the mind stays in good shape. It may be the psychological process of cognitive dissonance which degrades their physical health.

Disch et al., (2007) highlight the increased perceived environmental stress (PES) and depression among ethnically diverse urban older adults living in low income subsidized senior housing in a small city of north eastern USA which reflects a lack of personal control over the environment. It has been found that many of the older residents living in low income housing in environmentally stressful context have no strong support system derived from the building network. Those who experience no PES or depression report highest social support while those in the PES and depression group have the lowest support.

Ferris (2010) discusses about the ways of how to improve the quality of life where he focuses on the social acceptance. He believes that positive feelings about past experience revolves around emotional wellbeing. Dissatisfaction arises when there is low self-acceptance or disappointment with past experiences. The quality of life may be enhanced by removing all negative responses in life, only after which one can experience love, affection, pleasure and emotional wellbeing.

Keyes et al., (2012) address the positive psychology and quality of life emphasizing positive indicators like emotions and positive characteristics of the individuals like abilities, talents, strengths and values. The positive psychology is reviewed within the broad spectrum of subjective and positive quality of life research. Positive psychology is a key frame work determining the study of human flourishing (i.e. the presence and absence of a positive state of mental health), positive emotional dynamics and character

strength and virtues. It sheds light on the positive aspect of life which makes life worth living.

Veenhoven (2012) describes happiness as 'life satisfaction' and 'subjective wellbeing'. It is an umbrella term for different notions of good. He classifies quality of life using two distinctions: first is distinction between chances and outcomes i.e. opportunities for a good life and the good life itself and the second is the outer and inner qualities of life. Happiness lies in the eye of the beholder and every individual evaluates his/her life in different ways. He also discusses about four kinds of satisfaction: instant satisfaction, domain satisfaction, top experience and lasting satisfaction with one's life as a whole.

Sinha et al., (2013) have studied the prevalence of depression in older adult rural population of Sembakkam village in Tamil Nadu and find that mild depression is common among the older adults in this rural population particularly among women and widowed elderly.

Swarnalatha (2013) finds that the elderly are more prone to psychological problems, and depression is the common geriatric mental disorder. In her study on a rural health centre in Tirupati, she finds that the prevalence of depression is high among the elderly who are illiterate, aged 80 years and above, female, living alone and are economically and partially dependent. She finds that depression is positively associated with them.

Harinder et al., (2015) have studied the predominance of depression in a rural area of North India using predesigned and pre-validated 15 item Geriatric Depression Scale (GDS) developed by J.A. Yesavage. The study finds that the prevalence of depression is high among the elderly population and suggests that the geriatric quality of health care service should improve.

Jose and Shanuga (2015) examine the role of the elderly women in elder care facilities (institutionalization) and elderly women at homes on the social relationships, social integration and psychological well-being. According to their study objective social integration is higher among the institutionalized elderly women while subjective social integration like family support, social contacts is higher among elderly women living at homes.

Kakrani et al., (2015) have studied the extent and degree of depression in the elderly in a medical college in Pune based on the GDS-15 form. It is revealed that depression is high among the elderly in the age group of 75-80 years. Irrespective of the literacy status some degree of depression is found in all the elderly but it is severe among the illiterates. The elderly living in nuclear families and living alone also have moderate to severe type of depression. It is observed that with increase in age the degree of depression increases significantly.

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