# REVIEW OF RELATED STUDIES

Review is one of the important steps in the research process and it provides the investigator with an understanding of research work that has already been done in the field of study. The studies related to social demographic changes, different aspect of health, participation and security, life satisfaction level, active ageing and community based programmes have been reviewed and presented in this chapter. The studies on present condition, demographic transition, rural-urban differences and size of elderly population in India as well as global scenario were reviewed in the social demographic section. Extensive reviews on participation of elderly in development process, profile of working elderly and active engagement in community programmes have been highlighted under the participation. The health practices of elderly have been reviewed and studies on treatment seeking behaviour, health intervention measures and utilization of healthcare services of elderly has been explained under health practices. Reviews related to insecurity, supportive systems, loneliness, dependency and abuse against elderly were detailed in the social security section. Association between living arrangements and life satisfaction, successful ageing, quality of assisted living, satisfaction of institutionalized and non-institutionalized elderly has also been reviewed. Reviews highlighting the factors of active life, successful ageing and active life expectancy were reviewed. Studies of different type of community based health services and social support systems, assisted living, senior citizens associations, community networks of elderly were reviewed in the last part of the chapter. These reviews helped the investigator in formulating a framework for the study, developing methodology, constructing tools for data collection and planning the analysis of data.

### 3.1. Social and Demographic Changes of Elderly

United Nation Population Fund and Help Age International (2012) analyses the current situation of elderly and states that old age segment is the world's fastest growing population group. The report revealed that elderly represent almost 11.5 per cent of our total global population in 2012. By 2050, the proportion is projected to nearly double to 22 per cent. Another interesting feature noted in this period will be the share of elderly outnumbers the children and in China, this will happen in less than 10 years, by 2020. The report further stated that during 2010-2015, the annual growth rate for the elderly population is almost three times that recorded for the total population. In the coming decades, the gap between these two growth rates is expected to widen. It is noted that population ageing is not just a developed world concern and it is happening fastest in developing countries too. Currently there are 15 countries with more than 10 million elderly and seven of these from developing countries. By 2050, 33 countries are expected to have 10 million people aged 60 or over. Out of these 33 countries, 22 are currently classified as developing countries.

A situational analysis of elderly in India by Central Statistics Office (2011) revealed that the share and size of elderly population is increasing overtime at 5.6 percent in 1961 and projected to rise 12.24 percent in 2026. The old-age dependency ratio climbed from10.9 percent to 13 percent in 2001. Nearly 40 percent of elderly is working and the 66 percent of elderly men from rural areas are coming in front. 64/1000 elderly in rural areas and 55/1000 in urban areas suffer from one or more disability.

Ravishankar (2010) made an attempt to explore the prospects of population ageing, socio-economic profile of the elderly and family support in the South India using NSSO 60th round data (January-June 2004). The study revealed that the share of elderly was highest in Kerala followed by TaminNadu. Invariably in all the southern states the elderly females were outnumber than males. The rural areas had more number of elderly population than urban areas. Aged females were out number both in rural and urban areas in all the parts of south India. More than 95 percent of the elderly people were supported by their own spouse, children and grandchildren.

Gupta et al. (2009) conducted an exploratory study on the influences of selected social and psychological factors associated with perceived care giver burden of the elderly in North India. The results suggest that there are gender differences in social process that contribute to perceived caregiver burden. Women experience substantial increase in perceived care giver burden along with an increase in role overload. It is likely that the burden of adhering to norms of filial piety is transformed women, who are left with few choices in rejecting their demands for their resources that are needed for elderly care. That results of the study indicated that although male caregiver's perceived burden depends only on the size of overload, female caregiver's perceived burden depends on the interrelationships between the size of the role overload and adherence to Asian cultural norms.

Sharma (2009) undertook a study to find out the degree of ageism among students at Jaipur district of Rajastan. It is found that the respondents without elderly in their family have greater degree of stereotype in comparison with those who have elderly in their family. It also states that the female not having elderly in their family perceived elderly more negatively than female having elderly in the family. The attitude towards elderly are formed not only on the basis of hearsay but even more pronounced is the effect of personal contact. Mangla's (2009) study on the impact of rapid social life and work style of rural Jat elderly carried out at Haryana attempted to find out the factors contributed for the changing condition of elderly. The study revealed that rural elderly, by and large, still enjoy power, authority, respect and security due to traditional values, dependence on traditional occupation, residential immobility and strong kinship relationship.

The state of Kerala is in the final stages of demographic transition according to reports in Hindu (2009). It states that, though the increasing proportion of elderly is a worldwide and national phenomenon, the process is happening much faster in South India, especially Kerala. The study predicts 476 elderly persons for every 100 children during the year of 2061. It would mean that every family has to take care of one child and an aged mother and father or both and the spending on the elderly would be a major component of family budget. It also noted that, with the present demographic trend, spending on pension and would go up steeply, which would be a major challenge for the future government.

Studies reported by Centre for Strategic International (2008) has brought out the geopolitical implications of global ageing. The report states that world is entering a demographic transition with a long lasting effect. There are already 18 countries in the world with ageing population and number is expected to rise 44 by the year of 2050 and the vast majority of them will be in Europe. The report revealed that countries like Russia, China, Ukraine and other Christian countries of commonwealth states afflicted by very low fertility and decline life expectancy and are projected to lose an astonishing one third of their population by 2050. The chronic shortage of young-adult man power would be expected to face by ageing countries in the near future and it may pose challenges both their economic and security forces. The report putforth framework for policy action to meet the global ageing under four broad fonts such as demographic policy, economic policy, diploma and strategic alliance and defense posture and military strategies.

Searbrook (2007) analysed the dramatic increase in proportion of the elderly our world. She observed that a serious funding crisis have been emerged of its pension commitment across the nations. The rising dependency of the retired on the working population has been recognized by developed countries like France, Austria, United States, Japan, Britain and Germany. The country like Germany started to cutting its allowances to the retired provoked elderly took to the streets. At the same time she noted that a decline in traditional networks of support by kins and neighbours has been started seeing in developing countries. She stated that growing old in insecurity and poverty is neither inevitable nor necessary.

It is reported by the Central Statistical Organization (2006) that elderly population in India was continuously increasing from the beginning of the twentieth century. Their magnitude either in terms of number or share to population is found to rise gradually. It is estimated that the female elderly will raise faster rate than the sex ratio of total population over the next sixteen years. According to Central Statistical Organization projection the population of female elderly may go up three fold by 2026 as 90 million. Whereas the elderly men show a two-fold projection of 82 million same periods.

Over the past few years, the Hongkong and Shanghai Banking Corporation (2005) has undertaken a series of studies about retirement and older persons in selected developed and developing countries, allowing some cross-cultural comparisons. The countries and areas surveyed include Brazil, China, Canada, France, Hong Kong (Special Administrative Region of China), India, Japan, Mexico, the United Kingdom and the United States. The findings indicate that countries have different perceptions about what constitutes old age. In developed countries, in particular, retirement is viewed as a new beginning, and the onset of old age is defined as the point at which personal abilities begin to decline. In countries such as India, however, old age is more likely to be linked to family events such as becoming a grandparent. In those developing countries with limited financial security coverage for ageing residents, relatively few see old age as a period of life to look forward to. Clearly, cultural and socio-economic considerations play an important role in

determining how old age is perceived. For instance, even though life expectancy is only seven years less in China than in France, the Chinese believe that old age typically begins at age 50, while the French say it is age 71.

Rajan et.al (2005) assessed the emerging ageing scenario of India in the first half of twenty first century (2001-2050). India is expected to have faster decline in fertility in the immediate future compared to mortality. The ageing process will be faster in India other than developing countries. The transition from high to low fertility is expected to narrow the age structure at its base and broadens the age structure at the top. The improvement in life expectancy at all ages will allow more old people to survive, thus intensify the ageing process. The analysis shows that one fourth of India's elderly lives in South India. The number of old-old (70 years above) is likely to increase more prominently than those 60 years and above. Their proportion is expected to rise a five-fold increase from 2.7 to 7.6 during the period. The oldest-old group (80+) is expected to grow faster than any other age. Their proportion is likely to increase six-fold from 5.4 million in 2001 to 32 million in 2051 and south India will lead the with the highest numbers and proportions of oldest-old in the next half century.

A survey conducted at the University of Southern California (2004) to understand the knowledge, perceptions and attitudes relating to ageing and older people in the United States. Among those surveyed, 91 per cent believed that older persons received less than or about their fair share of local

Government benefits, and 89 per cent believed that older persons had too little or the right amount of influence in the country. The survey also revealed that certain misconceptions remained. One third of the respondents felt that older persons were all alike and considered themselves bored or miserable. More than one in four believed that the majority of older people were senile. Younger respondents were more likely than older respondents to perceive the ageing population as having more problems than other groups.

Bhawsar (2001) studied the ageing process in India and noted that some of the states are showing the trend in population ageing at a much faster rate than anticipated. Three major facts were stated by the researcher. The first one is the enourmous increase in the absolute numbers and relative weight of those living beyond the age of sixty. The second factor sated that since the sex ratio tends to be lower at older ages, there will be a greater increament in the number of elderly women than elderly men. The third factor reveals that since fertility is declining sharply, the population of non-working age relative to the working age population will rise in all states of India

Gokhlae (1994) conducted a case study of the living and economic conditions of the elderly in India. Industrial area, developed agricultural areas and tribal areas were selected as study sites. The study found out that rural elderly aged faster than urban elderly due to malnutrition, lack of medical care and hard physical labour. Many rural elderly were eager to seek retaining and were aware of their lower productivity compared to the young. It was found that the elderly always preferred to live with their sons and daughter.

Premi(1991) predicated that India will enter into the fourth stage of demographic transition by the year of 2020. India was in the first stage of demographic transition till 1920 and the second phase started soon after 1920 and lasts up to 1971. The third and stage of demographic transition stated during 1970's. This trend is still continuing and the fourth stage is expected to start by the year 2020.

### 3.2. Participation of Elderly in Community Based Programme

The report on global health and ageing by National Institute on Aging and National Institutes of Health (2011) indicated that in developed world elderly often leave formal work in their later years. There is no psychological reason that elderly cannot participate in the formal work force. The report stated the study of German assembly line workers in an automative plant found that the average participation in productivity increased until the age sixty five. The report urges consideration to build new approaches at work participation and that will increase the ease with which elderly can contribute outside of their families.

Mishra (2010) analysed the special programmes for elderly in China for participating the elderly in development process of the country.Goverment encourage the elderly people to participate in social development process. Separate plan for urban and rural areas have been implemented for participation process. In urban areas the elderly participate in the field of education and training, technical consultation, medical and health work and care of younger generation with their demands. In rural areas, elderly engage in

farming, acquaculture and processing activities. A programme named Silver Hair Action has been initiated aiming at enabling senior intellectuals to apply their scientific and technological knowledge and expertise to aid the under developed areas in their localities.

Yesudhiyan and Singh ( 2009) explored the elderly person's active work participation and analysed the profile of working elderly in India using 61st NSSO curvey and Census 2001. The study revealed that work participation among elderly is high in rural areas than urban areas. The work participation among elderly men shows decreasing level but among the elderly women it shows an increasing effect. It is found that elderly women who never married/seperated/divorced are working more than who are currently married or widwowed. The study suggested an employement policy for elderly to maintain a database of the previous work of experience, skills and capacities would defenitly help them to place in some activity as they wish.

The psycho-social development, problems and welfare of elderly in Kerala was studied by Nazzar (2007). The study observed that active engagement is necessary for happy ageing. It is observed that a majority of elderly are ready to participate in the development process and programmes. It shows their social commitment for the welfare of society. 30 percentage of the respondents are actively participating with charitable work in the community. The study recommends schemes to re-employ the elderly and use their expertise and experience for the development of society. This will ensure the participation of elderly in all sphere of life.

Batia (2007) analyzed the participation of elderly is a function of recognition for interaction accorded by both self (elderly themselves) and others ( family members, those in the community) in the various transactional domains of life. Participation is part of possibility and it includes protection, care, participation, integration and empowerment. He noted that exclusion of elderly both direct and indirect from several transactions of life, more within the family and less in the community is a frequently observed phenomenon.

Benyamini et.al (2000) indicated that participation in leisure activities enhances the health of elderly. They stated that participating in leisure activities is a predictor of health and well-being of elderly. Participate in activities like evening and morning walk as well as other activities may improve their well-being. They analysed the factors through retired persons life. It stated that prior to retirement the elderly is accustomed to his/her work life, which accounts for nearly 8-12 hours of walking period. But suddenly after retirement, the person does not known how to manage the sxtra time. There, utilizing time and encouraging the retirees to participate in various activities may remain them active.

Rudman's (1987) study upon the retired workers who participated in a corporate fitness programme observed that intial involvement of retirees in this programme centred on physiological concerns while adherence to fitness programme was based primarly on social and psychological parameters. The participants perceived the atmosphere of the fitness centre to be positive and it was the major reason for their participation in this fitness programme.

### 3.3. Health Practices Prevailing among the Elderly

Selian et.al (2013) assessed the health of elderly by analysing the NSSO's 60th round survey on morbidity and health care. It is observed that prevelance of heart disease among elderly was much higher in urban areas than in rural parts. The most common diability were reported as loco-motor disability next only to hearing problems. Based on the observations made on health on the NSSO's data they recommended some definite health intervention measure are necessary for the elderly in India. Establishment of special geriatric wards, subsidised concessional health care facilities, separate counter in hospitals, free distribution of spectables and hearing aids. The economically dependency urges a great need for an appropriate insurance scheme for enabling the elderly to meeet the medical expenses.

Tanuja (2012) analysed the health problems and attitude towards life of elderly. The study revealed that majority of the elderly had more than one health related problems. The elderly females were more likely to experience poor health when compared to men. It was found that most of the elderly were not aware of any geriatric welfare services and reverse mortage loan schemes. It is found that neglect by the family members were the main reason for their sadness followed by illness. A majority of elderly strongly felt that old age has affected their day to day life.

Shalika et.al (2012) conducted a study to assess various health problems and treatment seeking behaviour of elderly in Chandigarh. Three hundred elderly were selected by systematic random sampling technique. The result

shows that majority of the elderly were having one or more health problems and among them locomotive disorders being the most common. The study urges the need for establishing geriatric counseling centres and can take care of various physical, physiological, psychological and social needs of the elderly.

Narendran (2011) reports the burden of giving care for dementia people. She pointed out that the number of dementia patients is set to double from the current 3.69 million to 7.61 million in 2030 and the cost of care is also set to double. She stated with a detailed economic analysis that minimum amount need to manage one person with dementia would be 42,585 a year. Dementia persons demands enourmous care, attention and support. She reported that dementia affects care givers much more than the patient's themselves. The greater part of the care giving is informal and particularly by the members of the family. She quoted the Alzhemers and Related Disorders Society of India (ARDSI)'s study that care givers of dementia patients has reported high level of psychological morbidity, ranging between 40 and 70 percent. 60 percent of the care givers showed evidence of adverse mental health and the prevalence of major depressive disorder was 2.8 to 38.7 higher in caregivers than non caregivers.

Mukherjee and Levesque (2010) carried out a study to understand the specific patterns and consequences of utilization of healthcare services of the elderly in Kerala. They used the unit-record data from NSSO $60^{th}$ round. The results confirm high level of ailments and high rates of hospitalization among

the elderly. The expenditure for health care is higher for the elderly both in out patient and inpatient care. This goes incline with higher prevelance of long-term chronic illness among the elderly. The expenditure for the elderly coming from wealthier background in the public sector are even higher than in private sector. This could come from the fact that hospitalization for chronic illness for the non-poor elderly might prove too expensive in Kerala.

Krishnamoorthy (2010) studied about the double-whammy effect; the combined burden of communicable and non-communicable disease. The study revealed that falls are a common problem causing disability. The severity of disablement increases with age. The study pointed out the need for five 'A' test, providing health care such as availability, affordability, accessibility, acceptability and accountability.

Lena et.al (2009) conducted a study on 213 elderly patients attending outreach clinics to study their health and social problems. It has been reported that all the respondents had health problems, the most common being hypertension, osteoarthritis, diabetes and bronchial asthma. Most of the respondents had more than one health problem. Osteoarthritis was found to be more common among females, though other health problems were almost similar among both genders

Guilley et.al (2008) investigated the frailty and ADL dependence of octogenarians and the sample is extracted from the SWISS Interdisciplinary Longitudinal Study. Five domains were studied as predictors of the onset of

independence in activities of daily living (ADL) such as mobility, memory; energy physical and sensory capacities. The most wide spread symptoms was sensory impairment, followed by lack of energy, physical pains and memory problems. The analysis revealed that the majority of individuals become ADL dependant.

Johnson (2006) examined the frequency and nature of falls and falls related injuries among elderly women on the state of Kerala. Study participants included a sample of 82 older women living in community settings and 63 women living in institutionalized long term care facilities in the city of Trivandrum. The assessment of health status of the participants revealed that 17 percent were underweight and 32 percent are overweight. Chronic health conditions were common in both the group. The study noted that a higher percentage of long-term care setting when compared to community settings. Injuries occurred during falls were most often pain and fractures. The most common area of injury was in legs, knees or ankles for both groups. The result of the study shows that falls are a significant issue among elderly women. The study recommends community based falls registry and surveillance systems should be setup to better understand the prevelance, nature and the trends of unintentional injuries at the population level in India.

Gowsami and Anil (2006) assesed the self-rated status of health of the elderly in ruarl areas. The objective of the study was to measure the self-rated status and the association of poor self rated health with self reported symptoms. The study asserts that proportions of elderly population with poo self rated health is quiet high which indictaes an urgent need for intervention. Major

determinants of poor self rated status were sleep problems, depression, dependency and chronic problems. The study urges a holistic approach in health care and inferred about the loss of taste and appetitte, loss of vision, loss of teeth, lack of nutrition and family problems.

Reddy et.al (2005) studied the chronic non-communnicable diseases (CNCD) in South Asia and reported that it emerging as a main cause of ill health. The study revealed that CNCD now contribute to 53 percent of deaths and 44 percent of disability adjusted to life years lost. It reported that the prevelance of hypertension lies around 20-40 percent and 12-17 percent in urban and rural elderly respectively.The prevelance of coronary heart disease is estimayed at 3-4 percent in rural areas and 8-10 percent in urban areas.

Case studies of sick and terminally ill elderly in Kerala by Thulasi (2005) revealed that common cause to become sick and bed ridden among elderly are two types such as acute and chronic condition. She classified different stages and diseases under chronic and acute condition through her filed level case studies. The acute conditions such as post stroke comma and paralysis, post fracture and post operative disabilities and dipressions. The chronic condtions such as parkinsonism, Alzheimer's and related diseases are come under the chronic category. The case study revealed the inability of proper care to the elderly patients. Most of the problamatic cases the relatives would not have known anything about the care offer to the elderly patient. The study revealed the urgency for training to care givers of elderly as essential components in coming future.

Siva Raju and Anand (2000) investigated the health status of the elderly in Mumbai. 300 elderly were selected for conducting the study. The study revealed that majorities of the elderly have rated their health condition as good. Females were found to have better health status when compared to males. The association between age and perception of health status was found to be highly significant among elderly. The elderly who felt that they were living in their own homes and their children lived with them perceived themselves in good health. The relationship between income situation and the actual health status of the elderly shows those who are better financial resources getting good medical treatment on time.

Katyal and Bentor (1999) compared the quality of life of elderly living with their families and those living in institutions. The study was conducted on 40 elderly who are from Chandigarh. The result of the study revealed that old people living with the families, who have cordial relation with their children consider themselves to be self sufficient and have a positive frame of mind in contrast to their counterparts living in institutions.

Prakash (1998) conducted a community based study of health and functional competence on rural and urban elderly. It revealed that 60 percent of people aged 65 and above reported long term illness. 39 percent of elderly rated their health as less than satisfactory as before. A majority felt that their health was worse when compared to their own age peers. 75 percent preferred allopathic doctors and a remaining were experimenting with alternative system of medicine especially ayurveda.

Biswas (1994) conducted a study on the treatment received for illness in rural elderly. The study observed that for major illness, about 70 percent of rural elderly obtained allopathic treatment, 10 percent homeopathic or folk medicines and 20 percent received help from family, fellow villagers or from themselves. But the trend was quite different for minor illness. Half of the elderly obtained treatment from family, villagers or themselves, while only 40 percent used allopathic. The main reason for non-utilization of formal health service includes inaccessibility due to distance, lack of escort, immobility ignorance and poverty.

The utilization of primary health centres and sub-centres in south India by elderly were analysed by Rao (1994). The study noted that half of the elderly uses services from hospitals and private practitioners and 11 percent preferred indigenous methods of treatment, while the rest did not need services. Health services utilization was also irregular and despite chronic nature of their illness, elderly were not able to visit the centres on a regular basis.

Gore (1990) analyzed the social factors affecting the health of the elderly, while there are no data showing direct relationship between income level and health of elderly individuals. One would assume that nutritional and clinical care needs of the elderly are better met with adequate income than without it. If so poor countries and poor segments of elderly population with in each country would experience greater problems of health and well being

### 3.4. Social Security Measures for Elderly

Lognathan and Pramila (2012) reported the dumping of elderly in Rameswaram, the holy pilgrim centre of South India. The families visit the temple and abandon their living parents after the worshipping at the temple. It

is evident that the count of elderly beggars is growing rapidly year after year in Rameswaram. The Amala Annai Illam, a voluntary old age home close to temple, receives at least 10 to 15 new elderly every year. It is revealed that many of them were dumped or sent by their families only.

Survey conducted at 20 cities in India covering 5600 elderly by Help Age India (2012) indicated that 45 percent elderly didn't get any respect or support from families Disrespect was the worst form of abuse faced by the elderly from the family members. In most cases, abuse of elderly goes unreported. Only 20 percent of the elderly are aware of the exclusive act for protection of elderly. The survey pointed out that elderly should be provided with opportunities to improve their economic independence and publicizing the Senior Citizen Act was essential both in urban and rural areas.

TamilNadu ranked third highest in the country for elderly population after Kerala and Himachel Pradesh according to Times of India (2012). The report states that there is a sizeable chunk of elderly living in poverty and still working for their livelihood and many of them depends on Mahatma Gandhi National Rural Employed Guaranteed Scheme (MNREGS). High incidence of abuse and neglect of elderly were reporting frequently over the state. The report pointed out that TamilNadu has the second highest number of old age homes after Kerala. There are 250 old age homes and out of which 120 provide accommodation. But the most are concentrated around Chennai and Coimbatore only. Though the pension and widow schemes pay the highest

compared to other states, TamilNadu needs better state health insurance coverage and a policy for elderly. The report urged a study on the number of elderly and the socio-economic and health status.

Muhammed (2011) pointed out the loneliness faced by the elderly in Kerala. It says migration for better job and facilities is the main reason for loneliness in Kerala. The old age homes and villages are not properly working for the welfare of elderly. Though information and technology allows the contact easier and cheaper, the presences of children are being blocked by these facilities. The use of chatting tools such as SKYPE, Messenger etc are allows the elderly to see their children abroad. But it also increases the loneliness of elderly. The prevalence of nuclear family system accelerated the loneliness and leads the elderly more insecure.

Express News Service (2011) pointed that 20 percent of the accident victims in India were senior citizen. Among the elderly eight percent are pedestrians. It shows the need for a better transportation facility for the elderly. Rameeza (2010) reported that, the elderly are suffering from poverty, disease and loneliness. The empty nest syndrome is growing day by day and not having anybody to share their thoughts and burden of daily management. She indicates that the old age homes and senior citizen forum are not up to effectively working in India. The peculiar feature she noticed in the Indian senior citizen forums is the total absence of women. She proposed ideas of common dining, picnic to nearby places, cultural event, visit to senior citizen's home or geriatric

ward in a hospital, conducting awareness programmes on health, safety and security, book exhibition programme and so on. She states that these models are worth emulating by the senior citizens forums in India.

Krishnamoorthy (2010) analyzed the Dementia India Report-2010 (DIR) and found that there are 3.7 million elderly currently living with dementia in India and each spending 43000 per annum on medical care. The report highlighted that two areas are greater importance for dementia; sufferers and their families. A two-fold increase in dementia prevalence to 7.6 million by 2030 and a threefold increase to 14 billion by 2050 are estimated in the report. The report addresses the need for effective service to be developed such as memory clinic, day care, residential care support group and help lines. The report give several key recommendations such as making dementia a national priority, increase research funds, awareness about dementia, proper care skills, community support mechanism and comprehensive dementia care models.

Kannan (2009) reported the role of organization to intervene the issue related to elderly. She examined the role of Dignity Foundation at Chennai and how the organization provides intervention among the elderly. According to them they are getting calls regularly on elderly abuse and they have a system to handle calls from elderly. The intervention is carefully planned by the foundation. They first visit home and make an initial evaluation. If there is indeed abuse, an intervention is sought with the abusers. If the interview is failed the police force comes to the aid of the volunteers. Majority of the cases are related to property disputes and the foundation provides access to legal counsell.

Sujatha (2009) stated that more elderly are going to be women, as they are biologically tougher and invariably out live men. They need care and families are not always in a position to provide it. More homes for the elderly should be ensured by the Government. Widows are especially vulnerable as they are unfamiliar with financial and property matters and many are rendered destitute. She states that random sops such as low tax slabs or concessional train fares for elderly, although welcome, do not touch the heart of the matter. She pointed out that by ensuring compulsory geriatric care in public hospitals will help the elderly.

Dependency and abuse against elderly widows in Punjab were analysed by Madhurima (2008). The study revealed that the familial relationships are changed and shifted to a contractual and utilitarian relationship. It interesting to note that in all that cases analyzed, it was the son and daughter-in-laws who abused their mother. The result indicated that the elderly abused mothers perceived themselves as being on the losing end of the bargain where they are giving much receiving much little. Most of them felt trapped by a sense of family obligation and therefore did not terminate relationship.

A survey on Older Persons Property Victimization by Help Age India (2007) revealed that many elderly living their children in Delhi faces intense pressure to either sell of their property or transfer ownership their sons or daughters. The survey states that every second elderly person in the city faces harassment over property or admits the knowing another elderly who is being

harassed. The survey also found that posh south Delhi reported 41.6 percent of followed by central Delhi with 20.8 percent of cases. In 50 percent of the cases, the harassment was being inflicted on parents by their children or children-in-law.

Chokkanathan (2005) conducted a study among 400 community dwelling elderly in India aged 65 and above found that prevelance rate of mistratment was 14 percent and elderly females experiences more abuse compare to their male counterparts. Predators of elder midtreatments are usually daughter-in-laws and son-in-laws. Generation gap, adjustmentaal problems in joint families, women's labour force participation and resulted role strain are some of the cited reason for elder abuse.

Batra (2004) examined the health problems of the elderly belonging to varying socio-economic background. The study attempted to develop an intervention strategy to improve the health of elderly. Prevention and early detection of disease through awareness camps should be conducted. The study recommended setting-up of subsidized health care for elderly with special units in hospitals and the checkups should be provided at the doorsteps those who are immobile. Social gerontology should form part of the syllabus for medical and para-medical professionals.

Kumar and Kumar (2003) analyzed the economic security system in India for the welfare of elderly. The analysis suggests that the existing scheme does not reach to the benefit of the elderly due to its procession conditions. Only a small segment of the rural elderly gets any kind of pension on

retirement benefit. Majority of Indian elderly reside in rural areas and nearly half of the elderly fully depend on others and about 20 percent are partially dependent. The study highlighted the need for effective pension programmes based on the rural and urban conditions.

Kanwar and Chadha (1998) conducted a comparitive study to assess the psycho-social determinants of institutuionalized and non-institutionalized elderly in Delhi. It was found that the mean score of depression and loneliness of institutionalized elderly were 23.66 and 66.15 against 20.90 and 46.30 among institutionalized elderly. This reveals the severity of depression and lonliness among institutionalised elderly.

Menon (1998) brought out into the sharp focus of trauma and dilemma over the social vaccum and insecurity of ageing population of Kerala. The growing demands needs more geriatricians than pediatricians in the state and remind the needs for a faculty for geriatric medicine. She pointed out that most of the old continue to be mentally agile, healthy and productive. Kerala has no plan to tap this bank of wisdom and talent. The need for a positive ageing through community living, social support system and elevating loneliness through security, independence and care should be promoted. The study recommends the need to blend the Indian ethos with U.S model and this may be recommended for the social security for the old age.

Jamuna (1998) with a meta-analysis study carried out towards care issues and living arrangement of elderly pointed out that, in 1984 ninety percent of the adult children expressed it as a duty to care for elderly parents.

But a repeated survey in 1994 showed that only 77 percent of adult children held the same view, suggesting a shift in the attitude. The attitude of sending elderly to old age homes were also analyzed and the results expressed positive attitude towards old age homes as year over. The studies revealed the role of spouse is very important for the preference of care.

### 3.5. Life Satisfaction and Living Arrangements among the Elderly

Khan and Raiwkar (2011) explored the relationship of expectations, actual treatment and its relationship with life satisfaction and some chronic diseases. The study results have shown a very strong association of elderly expectation with life satisfaction and chronic diseases. When the different aspects of life satisfaction were tried to explore in different age groups such 60-69, 70-79 and 80 above, it was not found statistically significant indicating that life satisfaction does not depend on the age of elderly but in self actualization. The life satisfaction among elderly is found to be almost same regardless of age and socio-economic status. The life satisfaction is inversely correlated with cardiovascular diseases, hypertension, diabetes and depression.

Samson A (2005) assessed the impact of education on successful ageing in Nigeria using a Successful Ageing Scale (SAS) developed for the purpose. The results revealed that university education appears to be ageing more successfully than those with less than university education. The reason for this could be explained in terms of job opportunities available to those with university education. The analysis also revealed that subject with university education appears to ageing more successfully than those without any form of western education.

Gauthier and Smeeding (2003) analysed the patterns of time use of elderly in nine countries such as Austria, Canada, Finland, Germany, Italy, The Netherlands, Sweden, The United States and U.K. Time-use surveys were carried out in these countries between 1987 and 1992. The study describes the country level variations in the aggregate patterns of time use of elderly and examines changes in the pattern of time use associated with ageing. The study revealed that there are large cross-national differences in pattern of time use and remarkable similarities in the age pattern of activities. The time devoted to passive activities such as watching television, listening to the radio and relaxing varies from a minimum of 2.6 hours per day in the Netherlands to a maximum of 5.4 hours per day in the U.S. The interesting thing they noted that a large fraction of the time used to be allocated to paid work is reallocated to passive activities.

Simmons E.S (2001) measured the quality of assisted living from the resident's perspective through Resident Satisfaction Index (RSI). The instrument could be used by improving the quality of life for the frail elderly in assisted living. Exploratory factor analysis confirmed that RSI dimensions measure different but related aspects of resident satisfaction. The main advantage of the instrument lies in its conceptual approach to the measurement of quality from resident's perspective. The RSI representing resident perceptions of health care, housekeeping services, physical environment, relationships with staff and social life activities. The most difficult tasks were analyzed is paying bills and shopping during the study.

Life Satisfaction among the institutionalized and non-institutionalized elderly at Chandigarh district was compared by Gaur and Kaur (2001). The study based on a predominantly urban sample of 200 elderly. The study revealed that non-institutionalized elderly much better adjusted to old age and were more satisfied with their lives than the institutionalized elderly. The reasons revealed that the non-institutionalized elderly were staying with their families and thus lead a lot to occupy their times with their grandchildren, friends, neighbours, relatives and voluntary organizations. The elderly men were found to have relatively higher satisfaction than the elderly women. The financially independent and active involvements in outdoor activities are the main reasons for it. The findings also revealed that the elderly are distinctly happier and satisfied in a family and effort should be made to encourage their stay with their own families. Karrer (1994) in a study on life satisfaction of elderly in Delhi revealed that more females are involved in religion activities than males. Males tend to indulge in physical activities more than women, while females enjoy only physical activities such as gardening and household chores. Males are more social activities that females and the elderly were mostly involved in solitary activities during leisure time.

Life satisfaction in the age group of 60-80 was examined by Ramamurti and Jamuna (1993). The study was conducted through self rated inventories and life satisfaction was assessed through the life satisfaction inventories developed by Ramamurti. Among the sixteen variables, six variables were found to be relatively more significant. They are self acceptance of ageing

changes, self perception of health, perceived functional ability, belief in after life and karma philosophy, satisfaction with family and social interaction and behavioural flexibility. The more significant variable was self-acceptance of ageing changes. The role of psychologists and counsellors should help old people are ageing people to accept the changes gracefully. It does help elderly to accept these changes more easily if they would feel that even those who are in their youth today have to pass through old age tomorrow.

Chadha and Nagpal (1991) conducted a study to find out differences, if any between institutionalized and non-institutionalized elderly with respect to social support network and life. The results of the study indicated that social network of institutionalized group was significantly smaller than their non-institutionalized counterparts. Non-institutionalized elderly had higher life satisfaction as compared to the institutionalized elderly. The social support and life satisfaction were significantly related to each other. The result shows that male's life satisfaction being significantly higher than females.

Life satisfaction and self concept of institutionalized and no-institutionalized were compared in a study by Chadha (1991). The study revealed the differences between male and female elderly's self concept and life satisfaction. Three groups of sample were selected as no-institutionalized staying with spouse only, non-institutionalized staying with other family members and institutionalized elderly. The results indicate that there is low self-concept in the institutionalized elderly. Female elderly indicates less

discrepancy between ideal and perceived self-concept as compared to males. The females have more balanced self-concept than males. It is evident that the discrepancy between ideal and perceived-self is low among female elderly.

Aggarwal and Chadha (1990) analysed the life satisfaction of elderly men and women. The sample was further divided with respect to married and widow/widower and three psychological measures taken were life satisfaction, hopelessness and alienation. The results indicated that females were high on hopelessness and less satisfied with life as compared to males. Also married elderly were found to be high on life satisfaction and low on hopelessness as compared to widow/widower counterparts. Gee(1989) examined the role of living arrangement in the quality of life in community dwelling elderly. 830 elderly were interviewed in three dimensions of quality of life which were satisfaction, well being and social support in three types of groups such as living alone, with spouse and integration families. The findings highlighted that in widows, the quality of life went down significantly with decreasing support. Ramamurti (1971) administered the life satisfaction indices in a cross-sectional study. The results of study have indicated a decline of life satisfaction at the age of 55 and again after the 61 year. The first decline attributed with the effects of retirement and the latter due to the physical, psychological effects of ageing.

### 3.6. Dimensions of Active Ageing

Case studies conducted on elderly who are maintaining active life in Kerala by Mahadevan K (2011) stated that people who are regularly engaged themselves in mentally challenging activities like reading are less likely to develop dementia in later stage of life. The study also analyzed the contribution of elderly towards child-care and this could be a subject of interest to a demographic or socio-economic researcher. She states that elderly people who are physically active are much more likely to live longer than those without. The mental and physical activities among the elderly should be encouraged and discouraged due to health aspects.

Kumar et.al (2010) analysed the factors for reemployment of elderly through active ageing. The respondents were doing jobs under an employer after their superannuation period. The majority sought reemployment out of own interest and stated that their physical and mental health is good as such they were doing work. A sizeable number of them stated that they would like to work till their life. The study indicated that elderly keep office timing regularly and active. Dey (2010) pointed out that ageing is to be positive experience and longer life accompanied by continuous opportunity for enjoyment and productivity, then ageing must be seen not as a state of disease and disability but as a state of health and fitness. He reported that the concept of active ageing has now been accepted by national organizations, as well as academicians, who support the idea of continued involvement of elderly in socially and productive meaningful work. The word ‘active ageing’ is not just the ability of physical

movement and survival but the continuous involvement in all aspect of life course. According to him , even elderly with disease and disability can remain active and contribute to their families, communities and countries. Phelan et al. (2004) conducted a large scale study of successful ageing in Japanese, American and Caucasians elderly. The respondents were presented with 20 characteristics of successful ageing commonly found in literature and asked to rank them in order of importance. The results indicated that 90 percent of the respondents had thought about ageing and ageing successfully. Phelan et al. concluded that views of successful ageing among elderly are multidimensional and more complex than previously thought. The study revealed that elderly did not consider living a long time or being able to work after the usual retirement age as important attribute of successful ageing. Seeman and Chen (2002) observed that those who are engaged in physical activity regularly had better physical functioning than those who did not. Retired pensioners may find it difficult to utilize time at their disposal after retirement. They pointed out that exercise is one of the useful avenues to keep oneself engaged both physically and mentally. They observed that elderly individuals reported improvement in their health after they engaged in physical activities.

Laditka and Laditka (2001) examined the effects of better health on total and active life expectancy of elderly who would ever eligible for long term care services. It revealed that women experiences greater gain in total and active life expectancy than men. The study observed that a substantially larger percentage of women would be eligible for long term care services than men. The findings imply that

improving morbidity increases life expectancy and the proportion of unimpaired life and decreases both the absolute number of years people spend disabled and the percentage of elderly who would be eligible for long-term care services.

Rowe and Kahn (1987) evolved three criteria to define successful ageing. First one is the reduction of disease and disability, second is maintaining high cognitive and physical functioning and the third is active engagement in life. According to their research they found out that persons who have aged successfully would be in reasonably good health, cognitive intact, physically active and socially engaged in life. They consider these to be the direct result of an individual's choice and effort.

### 3.7. Community Based Programmes for Elderly

Suneetha (2010) assessed the social support received by the pensioners in Thirupathi. The study states that social support is essential for the pensioners to combat the psycho-social and physiological problems which they have to face in their retired life. It was found that providing financial help at the time of necessity are rare. The study suggested the need for the elderly. The role of pensioner's organizations is very much important for that for small scale training. She suggested the role of a social worker as a community organizer by facilitating meetings between senior citizens associations and community member for exploring the opportunities to work together for the welfare of elderly as well as for betterment of community.

The urban community health service system for elderly in China was reviewed by Mishra (2010) . He pointed that grass root medical institutions all over the country are encouraged to offer health care, medical treatment and nursing for the needy elderly. Visiting and taking care of elderly patients at home by grass root medical institutions solving the health problems within the community. The government has made effort in organizing hygiene and healthcare publicity through radio, television and newspapers regularly. Community bulletin boards are being used to publicize common knowledge of how to keep fit and healthy in old age. A social service system has been taken by Chinese government based on the family care of the elderly and supported by community programmes and supplemented by institutional care services for elderly.

The community context is crucial in ageing process and three major reasons are there according to Robert (2009). First, inequalities in the spacial distribution of ageing population require attention to how community context shapes and shaped by residents. Second, because of first reason, meeting the service needs of our ageing population requires attention to the natural and planned community contexts in which people age and to which they move. Third, growing popular and scientific interest in the concept of social capital and in social inequalities in health requires integration and response from gerontological theories, researchers and practitioners.

The abuse and neglect of elderly is not taken-up as a problem by community according to a report by The Hindu (2008). The observation of World Elder Abuse Awareness Day concern the rising incidence of extreme violence, neglect, rape , bulgury, homicide affecting elderly across the state.

Sensitization programmes are conducted effectively by some of NGOs related to the groups. The awareness programmes are conducted as street plays at the bus stops and railway station as part of the elderly abuse awareness programme. The Hindu report revealed that migration of the younger generation leaving their parents has compounded the issue of neglect.

Beel-Bates et.al, (2007) exlpored the social exchange of the oldest old residing in assisted living facilities. The study identified that although the ability to provide support to others may dinmish with age, the desire to reciprocate persists. The study identified four forms of deference (humble respect) such as participation, pleasntness, co-operation and gratitude. The study found out that each form of deference served as a means by which the residents attempted to a play a part in social exchanges with staffs and family. The study recommend the practitioners can assist staff and family to identify the ways in which care receipients are deffering to them and can explore with them to enhance other methods of reciprocity.

The scope of community based social service was reviewed in the report of WHO (2007). Focus group research was conducted on 33 cities representing developing and developed countries. A total of 158 groups involving 1485 participants were studied for developing the guide. The report revealed that community centres for elderly are regarded as ideal locations for social services because of their convenience, familiarity and accessibility. The guide urged the need of improvement in existing social service systems. The elderly in the research need the establishment of shelters and protection for homeless elderly, meals services, registers for elderly people living alone and spiritual support.

One of the best examples described in the guide regarding community based programme is issuing identity card for elderly in Mexico City for getting access to lower prizes and some free services.

Nayar (2005) classified the community based organizations into two categories as Pensioner's Association (PAS) and Senior Citizen's Associations. He observed that the nature of pensioner's associations is quite indigeneous and spontaneous in their origin and have limited objectives and action programmes. They work and lobbying for the cause of their members, who made one of the most organized groups in the country. In the other side, senior citizen's associations have been inspired by exogenous agencies and have different structures and style of functioning. The association is open to all sections and those who attain the eligible age of 60. The survey highlighted the two categories of senior citizen organizations from the point of view of members and style of functioning. The major difference he highlighted is the conventional type of pensioner's forum's formalized structure and elicits character, while the association is common man oriented and structurally different from the union.

Bernard et al. (2001) examined the family and community networks of elderly people living in urban areas of England. The study shows that although most elderly have kinship-based networks, the ways in which kinship is experienced are different. The finding confirmed that kinship remains central to the social ties of elderly. The study revealed that retirement did view as a positive term. Majority reported variety of activities ranging from social, sporting, educational and religious activities. According to the study the leisure can encompass a vast range of activity.

### 3.8. Conclusion

The review of related studies on ageing reveals the different dimensions of ageing and its factors. The studies on social demographic changes of elderly, different level of their participation, social security measures for the welfare and protection of elderly, life satisfaction of elderly with living arrangements, active ageing and their involvement in community based programmes were reviewed comprehensively in the present chapter. However, the review noted that not many studies have been attempted in community based programmes for elderly in Kerala. The community based programmes have significant role among elderly in Kerala because of the significant increase in elderly population. In this context the review emphasized the need for a comprehensive study on community based programmes and it is noted that study on Elders Self Help Groups has not been conducted in Kerala. Therefore the present study has been undertaken with a view to examine the community based programme through Elders Self Help Groups.