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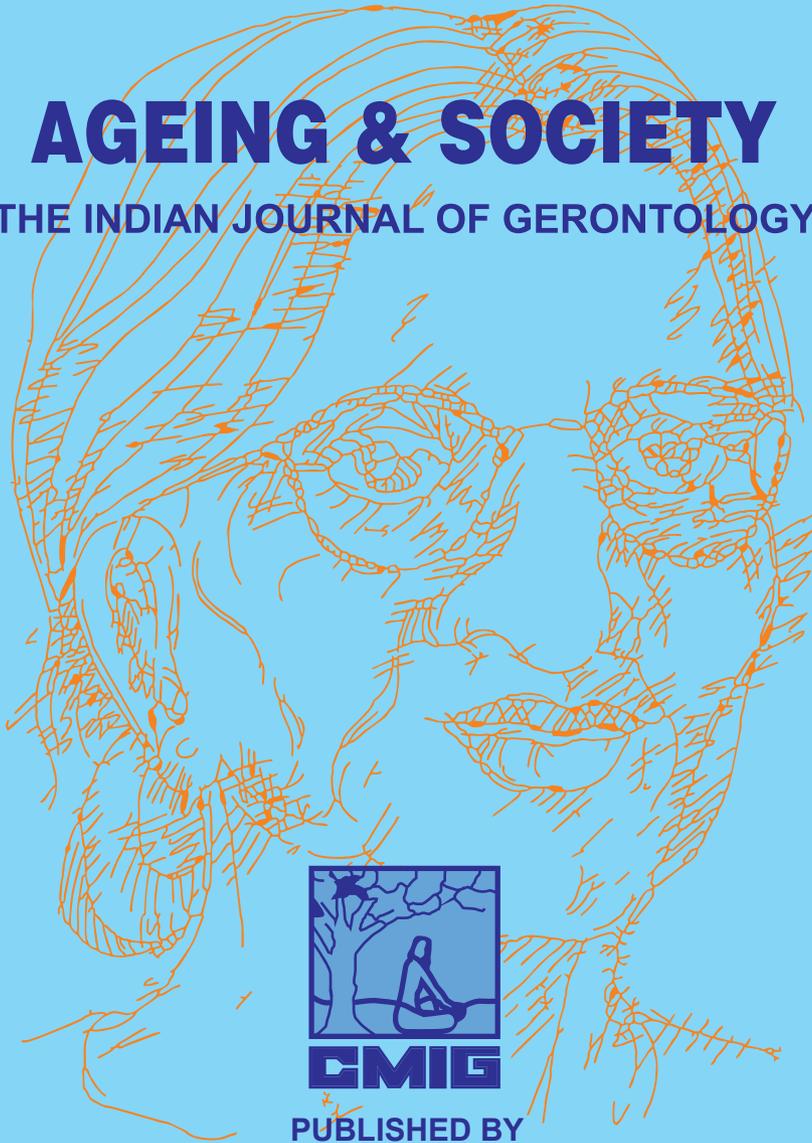
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# AGEING & SOCIETY

THE INDIAN JOURNAL OF GERONTOLOGY



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**CALCUTTA METROPOLITAN INSTITUTE  
OF GERONTOLOGY**



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## **CONTENTS**

**CHANGING TRENDS IN THE INDIAN FAMILY AND  
THEIR IMPACT ON THE AGED: A CASE STUDY**

*Soumitra Basu*

3-12

**AGEING WOMEN IN INDIA:  
PROBLEMS AND INITIATIVES**

*I. Sobha*

13-29

**CRIMES COMMITTED UPON SENIOR CITIZENS  
IN URBAN INDIA: CASE STUDY ANALYSIS**

*Tumpa Mukherjee*

30-47

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## CHANGING TRENDS IN THE INDIAN FAMILY AND THEIR IMPACT ON THE AGED: A CASE STUDY

Soumitra Basu\*

### ABSTRACT

Due to wide spread industrialization, urbanization and the uneven pattern of development which favour the urban centres at the cost of countryside, the traditional pattern of family is undergoing rapid change.

The changed situation has made deep impact on the family structure, role, relationship, support and values. The transition of family in these respect has affected the lives of aged people most, and their problems tend to assume new dimensions.

In this backdrop a study was done in the Calcutta Municipal Corporation (CMC) Ward-88, located in the southern part of the city. Elderly male and female numbering 115 each have been selected by the stratified random sampling procedure. It aims to understand how far (a) status achievement and role performance are economy dependent (b) nature of family relationship is status dependent in a changing urban socio-cultural milieu.

*\* Research Scholar, Department of Anthropology, University of Calcutta.*

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*This is a revised paper presented during the IX Biennial National Conference of the Association of Gerontology (Indi), Hyderabad, August 1999.*

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## INTRODUCTION

Social change is a continuous and inevitable process. Such change however occurs both in macro as well as micro levels. The macro level changes generally affect the whole body of the society including its social, political and economic institutions. These changes therefore are easily visible and recognisable. But changes in micro level are not always so. Rather these are slow, somewhat invisible and spread over at a considerable period of time. From an anthropological point of view, family is the basic smallest unit of any society. Any change there of affecting the individuals in the family may truly be considered as the change in the latter.

It is a priori necessary therefore to understand the basic structure and concept of the traditional institution called the joint family. The changes occurring in such families of course have taken place over long periods. The joint and undivided family used to be accepted as the normal pattern of Hindu family in India (Kapadia, 1966). The basis of such a family was that the different members of it were bound together by ties of common ancestry and common property (Ross, 1973). Common residence and joint preparation of food as well as eating together were the external symbols of homogeneity of the family. Besides, joint family system was also an important factor in the continuance of cultural tradition. In such a family set up older people were accorded higher positions, esteem privileges with advancing age variations.

With advent of British rule, a transformation of the cultural life in India was inevitable by virtue of the new forces generated by them, in the administrative, ideological and economic spheres. Capitalism in the economic field, liberalism in the ideological domain, and the principle of equality and justice based on reason in the social and political system became the order of day (Kapadia, 1966). Another significant factor altering the basic concept of joint family, particularly during the last century, was the growth of cities and industries. This is still continuing.

With the growth of cities and industries, radical changes are taking place in the sphere of civic, social, economic and cultural life. These in turn are affecting the pattern of family living. Certain social and economic factors, such as better earning opportunities, a tendency to set up nuclear urban families have affected the basic structure of home.

Such altered situations have changed significantly the conditions of aged persons within the family in several ways. The breakup of bigger families into smaller ones, urban migration, declining role and status of the aged, individual career oriented outlook, loss of respect for the age and experience etc. have practically made the status of the aged redundant and superfluous. The aged have begun to face new problems which are beyond their control under the changing social-cultural milieu. The aged are faced with the problems of adjustment-economic, social and psychological under the impact of an industrial culture. They are exposed to the hazards and uncertainties of old age, loneliness and isolation. In such a situation the old are unable to stand on their own and feel estranged amidst the general stream of society.

We shall here try to understand how far role performance and family relationship are economy dependent in a changing urban socio-cultural milieu.

## **OBJECTIVE**

Changing family norms have adverse effects particularly upon the greying generation. Generally it is seen in the context of role performance, status achievement and also in the relationship between the older and other members of the family. Old age of a person is characterised as a period when his social roles decline and the psycho-social needs increase within the family. His self-identity also impairs often. Thus, the social and occupational membership previously held, and a loss of several of these roles with the advent of old age, often generate feelings of alienation, and sometimes of marginalisation. The status achievement and role performance of the aged

may therefore be understood by examining objective condition within the family system. An effort here has been made to examine empirically the relationship between economy and status achievement, as well as, role performance and family relationship of the aged.

Some studies on the role performance and family relationship of the aged in India are available. These had primarily been done to relate to some socio-economic and physical aspects, namely – marital status, income, health status of the aged. These studies covered both urban and rural communities (Marulasiddiah, 1969; Sharma, 1982; Desai & Naik, 1988; Sati, 1988; Bhatia, 1976).

The present study is mooted to cover some other aspect of status achievement and role performance of the aged in their families, and the consequent family relationship in the context of their economic standing. In other words, how the relationship affects within family between the aged and the next senior most member due to incongruent economic and social (headship) statuses of the former.

The aim of the study is to understand whether the statuses, economic and social, determine the relationship of family members. The variables chosen though to our knowledge so far unattended, do not however claim to be exhaustive, for the study of role-relationship assessment of the gerons.

We have interviewed the aged from the CMC Ward No. 88, that is, Rash Behari Avenue. The Ward is situated at the southern part of south Kolkata. The area is not only important for its location; but its close regional association with the Hindu temple of Kalighat.

## **POPULATION CHARACTERISTICS**

The population of the CMC Ward No. 88 is more or less homogenous. The Bengali speaking Hindu community forms the major group. Some other linguistic groups also reside here. Other than the State of West Bengal, the place of origin of the respondents is either

Bihar, U.P., Orissa, Kerala, Tamil Nadu, Rajasthan, Madhyapradesh or Gujrat. A major section of the migrants is from Bangladesh.

The distribution of aged population is: 115 males and 115 females. The proportions of aged into three different age groups are: aged 58 to 70 years 52.3 percent, 71 to 80 years 26 percent, and 81 years and above 21.7 percent. The two sexes together have 45.6 percent married persons. But a high proportion of 79.1 percent of the aged females are widow. The education of male and female suggests that more aged males received higher education.

Only 20.9 percent of the aged of both sexes are working. More men than women have income of some kind. A majority of nearly 89 percent of the aged either stay nuclear (14.8 percent), or in extended (74.6 percent) family. However, about 66.9 percent of the respondents either partially (18.3 percent) or fully (47.8 percent) dependent on the family.

The aged persons suffer from several permanent disabilities namely vision, locomotion, hearing and loss of memory. Many of them also suffer from major illnesses, of heart, digestion, diabetes, sleeplessness and problems of trachea. The number of couples among the aged population is thirteen (13).

In brief, the socio-demography of the population suggests a very high proportion of economic dependence, and much less participation in the work force. The main source of stress of the aged is possibly due to their economic dependence on others, and also for reasons other than their adverse health condition.

## **METHOD**

The Ward is characterized by the 'bustee' and 'non-bustee' populations. All households in which the aged persons lived were listed. The Ward had 3694 elderly persons. The cut-off age was 58 years. At this chronological age one who worked in an organized sector

generally was considered to be superannuated. The elderly persons were selected by the Stratified Random Sampling (SRS) method. Each informant was interviewed with a semi-structured questionnaire. The selected individuals have been grouped into three age specific categories.

## ANALYSIS

**Table: 1. Gender and Age of Respondents by Economic Status**

Gender and Age	Economic Status			
	Independent	Depend		
		Partial	Full	Total
(1)	(2)	(3)	(4)	(5)
Male:				
58-70	37 (61.7)	11 (18.3)	12 (20.0)	60 (100)
71-80	15 (50.0)	06 (20.0)	09 (30.0)	30 (100)
81+	07 (28.0)	02 (8.0)	16 (64.0)	25 (100)
<b>S.T.</b>	<b>59 (51.3)</b>	<b>19 (16.5)</b>	<b>37 (32.2)</b>	<b>115 (100)</b>
Female:				
58-70	16 (26.7)	07 (11.7)	37 (61.6)	60 (100)
71-80	02 (6.7)	08 (26.7)	20 (66.6)	30 (100)
81+	01 (4.0)	08 (32.0)	16 (64.0)	25 (100)
<b>S.T</b>	<b>19 (16.5)</b>	<b>23 (20.0)</b>	<b>73 (63.5)</b>	<b>115 (100)</b>
<b>All</b>	<b>78 (33.9)</b>	<b>42 (18.3)</b>	<b>110 (47.8)</b>	<b>230 (100)</b>

*Percent in parenthesis*

The economic independence is higher in the lowest age category of both gender, male and female 61.7 and 26.7 percent respectively. This independence however decreases as the elderly persons grow older.

The partial and fully dependent males are less in numbers (subtotal male 19 and 37) than their female counterparts (subtotal, female 23 and 73). The overall picture suggests that the economic dependence of female increases (83.5 percent) as they grow older, but in case of

the aged males slightly higher proportion of independence (51.3 per cent) is seen. However, both sexes taken together, only about one third of the respondent is independent (33.9 percent) and the rest are dependent. Briefly, the economic dependence increases as a person grows older.

**Table: 2. Age of Respondent by Economic and Headship Statuses**

Age and Economic Status	Status and Gender of the Respondents					
	Head		Not head		Total	
	M	F	M	F	M	F
(1)	(2)	(3)	(4)	(5)	(6)	(7)
58-70						
Independent	32 (65.3)	06 (37.5)	01 (14.3)	02 (5.7)	33	08
Dependent	17 (34.7)	10 (62.5)	06 (85.7)	33 (94.3)	23	43
<b>S.T.</b>	<b>49 (87.5)</b>	<b>16 (31.4)</b>	<b>07 (12.5)</b>	<b>35 (68.6)</b>	<b>56 (100)</b>	<b>51 (100)</b>
71-80						
Independent	09 (42.8)	----	01 (25.0)	01 (5.0)	10	01
Dependent	12 (57.2)	07 (100.0)	03 (75.0)	19 (95.0)	15	26
<b>S.T.</b>	<b>21 (84.0)</b>	<b>07 (25.9)</b>	<b>04 (16.0)</b>	<b>20 (74.1)</b>	<b>25 (100)</b>	<b>27 (100)</b>
81+						
Independent	07 (46.7)	----	----	----	07	----
Dependent	08 (53.3)	05 (100.0)	08 (100.0)	14(100.0)	16	19
<b>S.T.</b>	<b>15 (65.2)</b>	<b>05 (26.3)</b>	<b>08 (34.7)</b>	<b>14 (73.7)</b>	<b>23 (100)</b>	<b>19 (100)</b>
<b>All</b>	<b>85 (81.7)</b>	<b>28 (28.8)</b>	<b>19 (18.3)</b>	<b>69 (71.2)</b>	<b>104 (100)</b>	<b>97 (100)</b>

*Percent in parenthesis*

*Note: 11 and 18 aged male and female respectively were alone*

Irrespective of age and economic status, a very high proportion of the aged (81.7 percent) male enjoys the family headships status. More aged males are dependent, either partial or full, except the males of lowest age group. In this group more males are independent, 65.3 percent.

More than seventy percent (69 out of 97) of the aged females do not enjoy the family headship status. Only nine (9.3 percent) aged females are independent, eight in the lowest age category and one in the next higher age group.

**Table: 3. Gender, Age and Headship Status by Nature of Relationship with the Eldest Member**

Gender and Age	Headship Status					
	Relationship of head with the eldest member			Relationship of Not-head with the eldest member		
	Pleasant	Not pleasant	Total	Pleasant	Not pleasant	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Male:						
58-70	18 (36.7)	31 (63.3)	49 (100)	02 (28.5)	05 (71.5)	07 (100)
71-80	04 (19.1)	17 (80.9)	21 (100)	04 (25.0)	03 (75.0)	07 (100)
81+	05 (33.3)	10 (66.7)	15 (100)	04 (50.0)	04 (50.0)	08 (100)
<b>S.T.</b>	<b>27 (31.7)</b>	<b>58 (68.3)</b>	<b>85 (100)</b>	<b>10 (45.5)</b>	<b>12 (54.5)</b>	<b>22 (100)</b>
Female:						
58-70	07 (43.7)	09 (56.3)	16 (100)	14 (40.0)	21 (60.0)	35 (100)
71-80	04 (57.2)	03 (42.8)	07 (100)	04 (20.0)	16 (80.0)	20 (100)
81+	03 (60.0)	02 (40.0)	05 (100)	04 (28.6)	10 (71.4)	14 (100)
<b>S.T.</b>	<b>14 (50.0)</b>	<b>14 (50.0)</b>	<b>28 (100)</b>	<b>22 (31.8)</b>	<b>47 (68.2)</b>	<b>69 (100)</b>
<b>All</b>	<b>31 (27.3)</b>	<b>72 (63.7)</b>	<b>113 (100)</b>	<b>32 (35.1)</b>	<b>59 (64.9)</b>	<b>91(100)</b>

*Percent in parenthesis*

*Note: 11 and 18 aged male and female respectively*

Irrespective of headship status of the aged, the unpleasant relationship between the eldest family member and the aged males is quite high. It is present in more than two-third of the total respondents (67.4 percent) interviewed. The higher trend of unpleasantness is also evident in all the age categories, irrespective of the headship status of aged males. Also, the relationship of older person and other senior family member alters possibly due to factors other than economic consideration only of the former. Proportionately more pleasant relationship between the 'young old' (58 to 70 years of age) and the referral (head 36.7 percent, not head 28.5 percent) is possibly due to economic and physical independence of the former.

Whereas, for the highest category of aged males (81+ age) the nature of relationship apparently improves (head 33.3 percent, not head 50.0 percent) with the next senior member because of more dependent status of the former. At this age one, more often, does not possibly assert but accepts situations as destiny.

The relationship is better with the senior family member when the female respondent is the head of the family (50.0 percent). This relationship improves further with the ageing heads of family (Col.2). Interestingly, relationships are more unpleasant between the non-head female and the referral. The unpleasantness also rise higher proportionately when the female become older (Col.6).

However, suggestively, the headship status of the aged female, matters. It is indicated by the proportional distribution of pleasant relationships of the head and the non-head aged female.

## **MAIN FINDINGS**

The analysis of the population suggests the following distinctive features.

The economic dependency is a function of old age irrespective of gender. That is, men and women are economically dependent during their twilight years. The aged women in this respect are more dependent economically on others than their male counterparts.

The family headship status at old age is a male prerogative even if he is economically dependent on others. The aged women generally are disposed to avoid the headship role. But the aged persons, irrespective of social (head) and economic (dependent) statuses, more often face unpleasant encounters which affect person-to-person relationship in family life.

In brief, old age and economic status of men and women adversely influence the relationship of latter in the family. The unpleasant relationship also cuts across their family social status, the headship position.

However, this observation is tentative until other other variables are examined comprehensively.

## REFERENCES

Bose, A. 1982. Aspects of Ageing in India. NHFW. New Delhi.

Bhatia, H.S. 1976 Ageing and social adjustment – a sociological study of retired public servants (unpublished Ph. D. Dissertation). University of Udaipur: Udaipur.

Desai, K.G. and Naik, R.D. 1975. Problems of retired people in greater Bombay. Research Report. Tata Institute of Social Sciences. Sr. No. 27. Bombay.

Bapadia, K.M. 1966. Marriage and family in India. Oxford University Press: London.

Marulasiddaiah, H.M. 1969. Old people in Makunti. Karnatak University: Dharwar.

Ross, A.D. 1973. The Hindu family in its urban setting. Oxford University Press: Delhi.

Sati, P.N. 1988. Retired and ageing people – a study of their problems. Mittal Publications: Delhi.

Sharma, P.R. 1982. Old age in Nepal: some preliminary observation. In. De Souza, A. And Fernandes, W.eds. Ageing in south Asia. Indian Social Institute. Pp: 46—61.

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## **AGEING WOMEN IN INDIA: PROBLEMS AND INITIATIVES**

**I. Sobha\***

### **ABSTRACT**

Though ageing is a universal phenomenon, it is not a gender neutral process. The experience of ageing significantly differs from men to women especially in India, which is predominantly of patriarchal culture. Elderly women clearly are going to be a noticeable segment of the population as life expectancy at later ages is steadily rising. At the same time living conditions of older women are also drastically changing. Economically, elderly women face the risk of impoverishment mainly because they survive out of the meagre resources. The compromised health status, widowhood, economic dependence and lack of social support influence the physical and mental health of older women. The present paper examines the existing socio-economic and health conditions of ageing women and also highlights the facts that could influence the future, such as increased awareness, voluntarism, changes in policies and service provisions and women's increased economic independence.

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## **AGEING POPULATION – GLOBAL TREND**

The increasing interest in the problems relating to the condition of the elderly can be attributed to the change in the structure of the population worldwide. In developed countries “around 150 million of their people, 13 percent of the total, are aged 65 and over-and more than 35 million are 80 years and over” (UNDP, 1998: 22). At a slower pace, ageing population is increasing or it is expected to rise also in developing countries (ECE and UNF PA, 1992: 11). In all European countries there is higher percentage of women aged 65 and over; in countries of European Union in 1994 the percentage of people over 65 was 6 percent of men versus 9 percent of women; in Russia we find 5.6 percent of men versus 14.5 percent of women (EUROSTAT, 1996) the difference between the percentages of elderly men and elderly women increases as age advances (Council of Europe, 1997; EUROSTAT, 1996; 1996; Dooghe and Appleton, 1995). This fact is practically ignored in the gerontological literature (Arber and Gin, 1991; Harold, 1992), data disaggregated by gender are scarce and hence research specifically focused on women.

Relating to Stonitz’s (1994) listing of special risk groups among aged, women are predominantly the most numerous in the various groups that are described in the U.N. Report such as: the very old (EUROSTAT, 1996) the widowed, the elderly who live alone (Dooghe and Appleton, 1995; Harold, 1992; Mengani and Lamuyra, 1995; Moen, Dempster-Meclaim and Williams, 1992) the infirm and disabled elderly (Arber and Given, 1991; ISTAT, 1997), the elderly low pensioners (Coopmans, Harrop and Hermans-Huiskes, 1988; Houdart-Blazy, 1997), but this fact is not mentioned in the report. More than half of the elderly population is found in the poorest portion of the population in several western countries and among them women are in the majority (Coopmans, Harrop and Hermans, Huiskes, 1988; Houdart-Blazy, 1997). Elderly women therefore are among the categories of the population that are the poorest and are in need of assistance. The number of older people all over the world has increased phenomenally resulting in a ‘greying world’. And the pro-

portion of older women is significantly higher leading to a feminization of ageing.

## **PERSPECTIVES OF AGEING WOMEN**

Ageing is a universal phenomenon. However, not all old people are alike. There is diversity among old people. Age, that is, whether a person is young old, old, or old-old, does not make any difference to health and well-being. Similarly, race, gender, social status and marital status determine the quality of life in later years.

Women in general live longer than men. Consequently, an average woman's morbidity load is also more than that of an average man. Morbidity in an average woman starts from the womb and lasts up to the tomb. In traditional Indian Households, sons have always been preferred to daughters. In rural areas in particular, female foeticide is still fairly common, even among the richer classes. Even while they grow up, girls do not get the same treatment as their boy siblings. The best food is reserved for the male child (Men). A girl's worst stage comes in her adolescence. She is not as tall and healthy as she could be at that age. She is malnourished, and given no education. She is made to substitute for her mother, in looking after small children of the family, so that the mother can go out and work. This is a typical scenario in most developing countries.

The adolescent girl, when married, soon has to prove her fertility or else she is discarded in favour of another. What can one expect from the body of that woman? In some countries girls have to undergo the extreme physical and psychological trauma of 'gender mutilation', so that they do not stray into sex before marriage.

Hence, it becomes necessary to differentiate between old men and women as gender is a powerful factor affecting quality of life at all stages of life. Women in the developing world experience low status, poor reproductive health care, economic dependence, malnutrition and domestic violence which affect their well-being leaving older women in a vulnerable condition.

## INDIAN SITUATION

In India, like any other developing country the problem of the elderly is becoming highly visible and pressing. Every minute, about 23 Indians become 60 years old joining the ranks as the statistically 'elderly' (Nusberg, 1993). According to census projections, there would be 76 million Indians of 60 years and older by 2000 AD. In most of the countries of the world, sex ratios in the population favour the female, Indian being one of the few exceptions. However, even in India, the female biological advantage is seen beyond 70 years. The expected longevity after 70 years is much higher for women than men (Dandekar, 1996). The United Nations projects that by 2025 there will be 604 million women over 60 years in the world population. 70 percent of these will be in the Third World countries. A global view of such 'Gender Ageing' reveals that older women in general are poorer and poverty seems to increase with so called 'development'. In countries like India with a predominantly patriarchal ethos, older women face triple jeopardy – that of being female, as being old and being poor (Prakash, 1995).

In India, the trend is changing now, as elsewhere. Because of urbanization and modernization, women have been entering on a large scale into the paid labourforce, globalization too is one of the change agents responsible for the breakdown of the traditional social system. There has been quite a bit of lamenting about the demise of the idyllic joint family system. Images of older people – lonely, abandoned, and neglected in the urban, nuclear families – emerge from media reports. Instances of abuse are being documented. There is emerging evidence that living arrangements of older people are changing and urban widows are living alone. Migration of the young is leading to a breakdown in the support system. Longevity now is associated with loneliness and emotional vacuum.

Longevity in the midst of poverty becomes a burden. Hence there are certain crucial issues, specific to ageing women that require discussion, namely socio-economic and health status, adjustment in

the family, widowhood and nutritional deficiencies of the elderly women.

## **SOCIO-ECONOMIC STATUS OF THE ELDERLY WOMEN**

Literacy, gainful employment and economic independence contribute to social status of a person in modern society. Traditionally older persons were respected as reservoirs of knowledge and wisdom essential for the survival of the community, with advancing technology and modernization such skills of older persons are being redundant. However, older women in India do not measure up well in terms of indicators of social status. Most of the older women are illiterate, they never had gainful employment and were not economically independent. Table 1 gives a comparative assessment between older men and women on several variables.

**Table 1 – Socio-Economic Status of 60+ people (%)**

Parameter	Male		Female	
	Rural	Urban	Rural	Urban
Regular Wage	3.6	6.7	0.7	2.6
Pensioners	2.5	6.7	0.8	1.9
Domestic Work	7.4	9.5	52.1	47.2
Economic independence	51.06	45.71	8.78	4.84
Fully dependent	32.74	37.39	77.51	86.04

*Source: Compiled from Sarvekshana (1991)*

In general literacy rates are very low for general population in India. Illiteracy is more pronounced in case of older cohorts. Only 7.89 percent of older women and 34.79 percent of older men are illiterate. Above 60 years of age there are very few women who are wage earners. Percentage of rentiers and pensioners are also very low and a large number of them are engaged in unremunerative domestic work. A higher percentage of men are economically independent in old age compared to women. In general as old people move out of labour force, their activity suffers. Majority of women both urban and rural are dependent for subsistence in old age. Not many people

work in organized sector that keep them at a sustainable socio-economic lead throughout the rest of their life.

From different sources compiled by Kohli (1996), the percentage of older persons reported as having 'no income' of their own is given in Table 2.

**Table 2 – People without any Income (%)**

Andhra Pradesh	31.00
Haryana	12.07
Himachal Pradesh	22.24
Karnataka (Rural)	30.66
Kerala	27.00
Madhya Pradesh	09.43
Maharashtra	18.80
Uttar Pradesh	27.78

*Source: Compiled from Kohli (1996)*

The above figures do not reflect the accurate situation since they vary in sample size and scope. The National Sample Survey data put economically dependent aged for the country as a whole to be 34.02 percent for rural and 28.94 percent for urban. Large majority of females, however, are dependent on others with increasing age.

In general aged Indians do not show interest in voluntary work and community work and in particular older women's participation in social and political process is also negligible. Even religious activity does seem to increase with age. The involvement of older women in community activities in general is very negligible.

## **ADJUSTMENT AND RELATIONSHIP WITH FAMILY MEMBERS**

The quality of life of any person depends largely upon the nature of her/his relationships with family members. This is more so in case of the elderly because of her/his extended life, the more cordial the relations between the elderly and other family members, the better is the life satisfaction of the elderly person. Strained relations in this regard make the life of elderly miserable and distressed. The adjust-

ment pattern of female elderly with other younger members in their family depends largely upon the norms, values and emerging social system. Generally, this adjustment and relationship pattern is related with the health and economic status of the elderly. Children are the primary sources of economic and mental support in old age. The age-old oriental tradition of filial support transcends the barrier of little tradition for merging with that of the great one.

### **DAUGHTERS-IN-LAW AND OTHER FAMILY MEMBERS**

Commonly, the relationship between daughter-in-law and mother-in-law is latently strained. Generally the relationship between elderly mother-in-law and daughter-in-law depends on who controls domestic affairs. In most of the cases, sons are instrumental head of the household and daughters-in-law are controlling domestic affairs. Hence, the relationship between mother-in-law and daughter-in-law may be strained over the control of affairs of the household. In our society, grand children are believed to be the dearest of all family members for the elderly.

Traditionally in our society, the position of the elderly is important and respectful, in general, they are helped and honoured by all the members in the family.

In it culturally held that the elderly enjoy powerful position and are held as an asset but not a liability. But in the changing situation the living conditions of the female elderly are not satisfactory. They suffer from several problems such as financial stringency, authority crisis, psychosis along with a sense of deprivation and loneliness.

### **HEALTH AND AILMENT OF THE ELDERLY WOMEN**

The concept of health of the elderly is an important component of aging problems. There is no single concept common to all people and appropriate to all situations. It is said, there is a wide variety of alternative and often-conflicting definitions. So, for our purpose we shall consider mainly the ill-health of the elderly to understand the health of the elderly.

Health and disease are inseparably important while we consider the problems of elderly. It is clear that the health problem is a kind of barrier to social and economic well-being and activities in every country. Age is considered to be an important factor to human health. In general, young age is comparatively better than old age and the health of men is better than the health of women. Growing old is not considered to be a deviant factor of human life. It is normal, natural and inevitable.

The common diseases that are found in elderly are sciatica/waist pain, joint pain, digestive problem, eye diseases and rheumatism. General weakness is the most prevalent chronic problem, digestive problems including acidity/gastric irritation, joint pain, dental problem and eye diseases are relatively common diseases of the female elderly. In dry seasons, the elderly generally suffer from various epidemic diseases like viral flu and diarrheal diseases and in the winter they suffer from common diseases like colds, bronchial/respiratory problems and other illnesses (National Sample Survey).

Hormonal changes occur in both the genders with ageing, consequently the effects are more profound in women in the context of abrupt cessation of oestrogen in menopausal stage. Post-menopausal osteoporosis is therefore common in women due to accelerated bone loss, giving rise to increased risk of fractures. Calcium and Vitamin D are known to have beneficial effects in these conditions.

**Table 3 – Presence of Chronic Diseases in the Elderly (%)**

Age	Rural		Urban	
	Male	Female	Male	Female
60-64	38.30	39.41	36.79	39.72
65-69	44.80	44.51	43.91	42.78
70+	54.86	52.62	54.01	53.57
80+	45.01	44.85	44.34	45.49

*Source: Compiled from Sarvekshana (1991)*

The incidence of chronic illness increases with age. It is widely recognized that the effect of gender on health needs to be more carefully explored and findings will have to be incorporated in the policy

making. Doyal (1991) points out that most medical decisions are still made by the male doctors controlling that medical establishment and health promotion policies with little awareness of the lives of women. Nutritional anaemia, chronic pelvic infection are often seen as problems of women's lot. Exhaustion and depression are both likely consequences of child care and domestic work, especially on low budget. Domestic violence may be even more immediate threat to women's health at home. They also face several reproductive health hazards, the threat of AIDS and HIV infection are more alarming and women are at increased risk because of them. Reports show that more elderly women in India suffer from immobility due to illness or disease. About 7 percent of women as compared to 4 percent of men are physically immobile.

More than half and little less than 60 percent of these were from age groups of 70+, percentage of chronically ill increased with age, subject to regional variations in statistics (Dandeker, 1996). More intensive studies conducted in rural and urban areas show that older women have more problems with activities of daily living (ADL). They are traditional care givers and are expected to provide care to others even in old age (Prakash, 1997).

It is important to note that though a vast majority suffered from various diseases, they usually do not want to consult a doctor. In case of female elderly it is noticed that they take some kind of medicine for their health problems. Most female elderly exhibit one or more signs of pathology associated with the aging process. Generally, the female elderly are found neglected by the family and community.

## **WIDOWHOOD**

According to the UN projections, the life expectancy in India is estimated to reach 65.2 years by 2000-25 and is expected to increase further to 71.6 years during 2020-25. Again, the life expectancy of the female elderly surpasses that of the male. Hence, elderly females are much more likely to be widowed and living alone than the elderly male. Widows outnumber widowers, the reason being

that typically the wife is about 5 years younger than her husband. In our country, a poor, old woman faces the additional tribulations of being a woman as well.

A significant effect of prolonged life span of women is widowhood. Percentage of widows in India is disproportionately more than that of widowers. More than 65 percent of women live without a spouse as compared to 29 percent of men. According to last census there were 33 million widows in India and 64 percent of them were about 80 years. Widowhood undermines the socio-economic status of the women. Most older women are either illiterate, hence they are unlikely to have had remunerative jobs and likely to be dependent on spouse or children. In old age, widowhood brings not only loneliness and depression but also economic dependence.

Gulati (1998) provides an interesting insight about ageing widows. Given the life expectancy of men and women and their respective ages at marriages it is possible to construct a family life cycle table.

**Table 4 – Family life cycle in India (1981)**

	Years
Mean Age at Marriage, Men	23.4
Mean Age at marriage, women	18.7
Life expectancy of men at time of marriage	44.1
Expected duration of married life	37.9
Expected duration of widowhood for men	6.2
Expected duration of widowhood for women	11.5
Expected duration of FLC	55.6

*Source: Compiled from Gulati (1998)*

The incidence of widowhood increases sharply with age. To overlap incidence as widowhood and ageing is striking among women with serious economic and social consequences. Large number of elderly widows with no access to income may be totally dependent on family members for support.

An added concern is the fact that mortality rates are 85 percent higher among widows than among married women of similar age. This confirms the notion that widows in India experience higher levels of deprivation (Bhat, 1998). From a review of several studies, Chen (1998) points out that in India, the experience of losing one's spouse, is overwhelming, a female experience. Widows face difficulties in exercising their property rights and driven into poverty and are often ignored by social security schemes of the state.

### **PROBLEMS OF ADJUSTMENT OF AGED WIDOWS IN THE FAMILY**

Death of husband further aggravates the adjustment problems of aged women in supporting family. During old age, individual has a compromise on her/his authority, decision making power, control of the family and has to accept the authority or decisions of younger people in the family due to their economic dependency. This leads to the problems of adjustment in the family. The psychological such as anxiety, loneliness, isolation, lack of emotional attachment and sincerity in care by others, fear spending their time and fear of death. Besides, the above mentioned problems of ageing, arrival of daughter-in-law leads to an apprehension or a reality that she might divert the attention of son towards his own family.

### **DEPRESSION AMONG THE AGED WIDOWS**

Depression appears to have become a problem of our everyday life now. Elderly persons specially widows or widowers experience depression more than other in society. Depression is a psychiatric disorder in old age. The chief symptoms of depressions are passivity and dejection, feel unable to make decisions, to initiate activity or take interest in anything or anyone, broods over her/his inadequacies and worthlessness etc. The psychoanalytic theory interprets depression as anger turned inward against the self. Widowhood is an event that constitutes a grave and sad phenomenon in the life of woman, she is exposed to face the pain of bereavement, economic

and emotional set back, consequently she has to realign herself to a new role.

Depression among aged widows was measured by depression scale given by Karim and Rama Tiwari (1986). The Scale constitutes 96 statements related to twelve aspects of depression as apathy, sleep disturbance, pessimism, fatigability, irritability, social withdrawal and self-centeredness, dejected or sadness, self-dislike, etc.

The WHO has stated that health is not only the absence of disease in a person, but also the presence of a feeling of social, mental and spiritual well-being. Important indicators of a person's emotional health:

- Productive involvement – old people's experience and expertise must be productively utilized by the younger generation.
- How well s/he relates herself/himself to people around them.
- Financial status: Dependence or otherwise on others.
- Cognitive ability, i.e., the person's ability to understand, retain and use new items of knowledge.
- Ability to cope with and enjoy the changed atmosphere of a 'retired' life.

Sudden loss of appetite, keeping awake all night, remaining conspicuously silent for long periods, are all manifestations of a person's feeling of emptiness. The family members should show compassion and understanding in such situations, and not snub the patient.

It has been seen that women are usually able to psychologically survive the death of their husbands, while men generally undergo quick deterioration in health when they lose their wives. It is not clear as to why this is so.

On the whole, aged widows had multiple psychological problems along with problem of adjustment and psychiatric disorder, i.e., depression which needs the attention of policy makers, administrator, specially family members and community as a whole.

It is the family members who were to develop positive attitude towards elders to make the family environment congenial, happy and tension free, so that aged women can cope with the emotional set-back in their life.

In order to reduce the psychological problems, they should involve themselves in some economically gainful work. They should also take part in household and religious activities to reduce their tension. We should enhance the educational level of women in general so that they can cope with any crisis in the life by becoming economically independent. Old age pension for this vulnerable group should also be increased. Anticipatory planning for old age should be done to meet any crisis in the later years of life.

## **NUTRITIONAL DEFICIENCIES IN ELDERLY**

Nutrition and quality of life are interlinked and proper nutritional care is essential for improving the quality of life after 60 years. India, which is going to be one of the major contributors of older population to the global community, nutritional care becomes a significant priority. However, given the economic conditions in the developing countries, it is necessary to evolve alternative methods for the proper nutritional care of the vulnerable segment. In the next few years one out of every seven elderly persons will be from India. Owing to their economic dependency, social deprivation and attitude towards diet and health care, this group becomes vulnerable to malnutrition and ill health.

Several surveys have shown the nutritional deficiencies in elderly females in India and many other developing countries. The inadequacy is mostly in energy, calcium, iron and several vitamins. Since poor economic condition and nutritional status are part of a vicious cycle, result in loss of body fat, osteoporosis, specific nutritional deficiencies like ariboflavinosis, ascorbic acid deficiency and anaemia are the other common manifestations. The immediate measure that

can be adopted is that attempts may be made to improve ill balanced diets of the poor elderly by inclusion of inexpensive nutritious food. Low cost and easily or locally available yet nutritionally rich food should be included and combination of food can be encouraged e.g. replacing a single cereal (say – rice) with mixed cereals, one of them being millet. Combination of cereal with pulses e.g. idly, pongal/kh-ichdi etc. Intake of at least 50 gm of green leafy vegetables improves intake of vitamin A, iron and calcium.

## **CONCLUSION**

The issue of ageing has been recognized as a major social problem in the society. In the developed countries, the elderly face a number of personal problems: high rates of physical illness, emotional difficulties, low status and lack of meaningful role of society. Similarly in the developing countries, the elderly face a number of personal, economic and psycho-somatic health problems.

Though the primary responsibility in improving their lot might lie with the elderly themselves, awareness has to be created among the elderly. The government, non-government organizations and the media have a crucial role to play in initiating a strategic approach toward care of the elderly in a developing country like India.

## **INITIATIVES TO RESOLVE THE PROBLEMS OF THE AGED WOMEN**

In order to alleviate the problems of the elderly women who are growing in numbers the following initiatives are suggested to be followed by the policy makers, NGOs and other concerned about these women who are in a deplorable condition.

- In view of the above discussion, it may be concluded that a comprehensive social security system with special focus on elderly women, widowed and living alone is the urgent need as the day.

- There should be increased emphasis in rural women who are often living in marginalized conditions.
- Interventions need to be initiated with younger women at present to prevent later disadvantages.
- Health education, nutrition education, empowerment in terms of economic freedom and political awareness have to be started for both younger and older women.
- In the existing economic and political climate of India which is unrealistic, more emphasis should be laid on self-help and organizing the older people themselves.
- In the west the 'Grey power' has become visible and viable. Such movements are yet to take off in India. Older people need to be organized to fight for their rights and work for management of their problems.
- Care of the older people is an issue that is too important to be left to the government or family alone, the young-old be involved in the care of the old-old to mutual advantage.
- There are certain trends that are likely to influence the future of women. Increased participation in the labour force, policies of reservation of women in the political process and in the decision making bodies, auger well for the future generation of women.
- Increased awareness regarding demographic changes, improvements in the medical field and more awareness on the part of the elderly themselves could create a better society for elderly women of the millennium.
- Hence, it is urged that the policy makers and implementing agencies should realize the gravity of situation and provide facilities to make lives of the elderly worth living.

## REFERENCES

- Arber, S. and Ginn; J (1991) *Gender and later life*, London; Sage
- Beral, V (1979) Reproductive Mortality, *British Medical Journal* 2, 632-634
- Bhat, M.P.N. (1998) *Widowhood and Mortality in India*. In Chen, MA (1998) ed. *Widows*  
In *India Social Neglect and Public Action*, New Delhi: Sage Publications P, (7)
- Coopmans, M. Harrop, A and Hermans – Huiskes, M (1988) *The Social and Economic Situation of Older Women in Europe*. Joint Report of Two Research Projects.
- Commission of the European Communities.
- Council of Europe (1997) *Recent Demographic Development in Europe*, Strasbourg; Council of Europe Publishing.
- Doghe, G. and Appleton, N. Eds, (1995) *Elderly Women in Europe. Choices and Challenges*, Brussels
- Dandekar, K (1996) *The Elderly in India*. New Delhi: Sage Publication
- Doyal, L (1991) *Promoting Women's Health*. In B. Bandara & K. Kickmusch (ed) *Health Promotion Research* Geneva: WHO P. 283.
- ECE and UNFA (1992) *Changing Population Age Structures 1990-2015 Demographic and Economic Consequences*, Geneva: VIN
- Eurostat (1995) *Less Femmes Atlas Hommes* Dang Union European Portrait Statistique.
- Luxembourg: Offices Des Publication Officeles Des Communities Europeans
- Gulati, L (1998) *Widowhood and Ageing in India*. In Chen, MA (1998) ed. *Widows in India*. *Social Neglect and Public Action*, New Delhi: Sage Publications, P. 189
- ISTAT (1997) *Anziani in Italia*. Bologna: 11 Mulins
- Irudayarajan, S; Mishra, U.S. & Sharma P.S. (1995) *Living Arrangements Among The Indian/Elderly*. *Hong Kong Journal of Gerontology*, 9(2) 20-28
- Karim, S. and Rama Tiwari *Depression Scale*. Agro Psychological Studies, Rawat Publications, New Delhi.
- Kohli, A.S. (1996) *Social Situation of Aged in India*, Delhi: Anmol Publication.

Levin, J and Levin, W.C. (1980) Ageism: Prejudice and Discrimination Against Elderly

Belmont, CA: Wadsworth

National Sample Survey Organization (1991) Socio-Economic Profile of the Aged Persons

NSS 42nd Round (July 1986-June 1987) Sarvekkshana, Vol. XV, No. 2, Oct. – Dec. 1991. 317-325

NilanjanaMoulick – Nutrition For The Indian Elderly: A Strategic Approach, Vol. IX, No. III & IV, July – Sept., Oct. – Dec., 1999, Ageing & Society

Nusberg, C (1993) New Century, New Hopes, New Thinking About Ageing Policies and Programmes, Ageing International xx (1) 48-52.

Prakash, I. J. (1995) Psychosocial Situation of Older Women in India and Potential for Empowerment. IN S. Formosa (ed) Age – Vault: An Anthology as INIA (UN) Malta 6989. Prakash I. J (1997) Functional Competence and Wellbeing of the Elderly – Indian Data.

Report submitted to Help Age India, New Delhi.

Sarvekkshana (1991) Vol XV (2) Issue No. 49 Oct. – Dec. 1991.

Stolnitz, G. J (1994) Social Aspects and Country Reviews of Population Ageing. Europe and North America. Economic Studies n-6 New York; United Nations.

UNDP (1998) Human Development Report 1998 New York: Oxford University Press SushmaSheoran et al., Psychological Problems of Aged Widows in Rural Communities of Haryana, Vol. XII, No. I & II, Jan. – March, April – June, 2002, Ageing & Society, Calcutta Metropolitan Institute of Gerontology.

## **CRIMES COMMITTED UPON SENIOR CITIZENS IN URBAN INDIA: CASE STUDY ANALYSIS**

**Tumpa Mukherjee\***

### **ABSTRACT**

Article 3 of 'The Universal Declaration of Human Rights' states that 'everyone has the right to life, liberty and security of person'. However it is being increasingly noticed that the aged population is becoming victims of elderly abuse especially violence in urban metropolitan cities of India. Though criminal victimization of the aged population is a matter of serious concern yet sociological scholarship in India has often neglected this issue. The paper attempts to fill up this void. Since no national data on crimes committed upon old population exists, the paper makes an attempt of highlighting a few recent cases of crimes committed upon the old people (senior citizen) in urban, metropolitan cities of India through case studies based on secondary data. Secondly the paper tries to address the causes of such crimes.

An attempt has been made to find out possible solutions for preventing such crimes. The need of the hour is Community Crime Prevention. At the end the paper tries to analyze the role of the State and Civil Society in preventing such crimes.

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## INTRODUCTION

Article 3 of 'The Universal Declaration of Human Rights' states that 'everyone has the right to life, liberty and security of person'. However it is being increasingly noticed that the aged population is becoming victims of violence in metropolitan cities of India. It has been a salient feature of Indian society that age is esteemed and respected and seniority matters greatly. However as the elderly population escalates, their status in society is gradually losing its value.

India has the second largest number of elderly person after China. <sup>1</sup> In recent years aging population in India has increased manifold. From only 12 million persons 60+ in India in 1901, the number crossed 20 million in 1951 and 57 million in 1962. <sup>2</sup> Population projections for 1996-2016 made by the Technical group on Population Projects (1996) indicate that the 100 million mark is expected to be reached in 2013. <sup>3</sup> Projections beyond 2016 made by the United Nations (1996 Revision) has indicated that India will have 198 million 60+ in 2030 and 326 million in 2050. <sup>4</sup> The percentage of persons 60+ in the total population has seen a steady rise from 5.1% in 1901 to 6.8% in 1991. <sup>5</sup> It is expected to reach 8.9% in 2016. <sup>6</sup> Projection beyond 2016 made by the United Nations (1996 Revisions) has indicated that 21% of the Indian Population will be 60+ by 2050.<sup>7</sup>

In recent times crimes against the aged population in form of tele-marketing fraud, consumer fraud, cheating property matters have escalated all over India. Though criminal victimization of the aged population is a matter of serious concern for the social planners and law enforcement agencies, yet sociological researchers have often neglected the issue of criminal victimization of the aged population.

## AIM OF THE PAPER

The paper delves into the issue of the Criminal Victimization of the aged. It tries to address the causes of such crimes. Attempt has also been made to find out possible solutions for preventing such crimes.

## **REVIEW OF THE LITERATURE**

There exist no national data on crimes committed upon aged population, except for a couple of sporadic studies as a result there is a dearth of information on elderly crimes in India. Statistics compiled by the Help Age India reveals that 3,351 old people were killed in the country in the year 2001. <sup>8</sup> In a study carried out by the Delhi Police in 2002, a total of 202 senior citizens were murdered in the last ten years which implies an average of more than 20 senior citizens were killed every year.<sup>9</sup>

## **METHODOLOGY**

Case study method has been followed by referring to the published articles in both print and electronic media, cases of crimes committed upon the old people in urban metropolitan cities of India for the last 7 years (1999-2005) has been analyzed. Though in a number of countries, as well as in most international fora, an elder is a person in the age group 65 years and above, yet in India the elderly constitute persons in the age group of 60 years & above.

## **FEW CASE STUDIES**

### **Case Study I**

In February, 2005, seventy year old MinuMakhija was strangled in her house at SurajKiran Apartment in Central Suburb of Mumbai. Two people who had been hired to renovate the home had allegedly killed the old lady for money. <sup>10</sup>

### **Case Study II**

On March 24, 2005, seventy five year old Ram Pyari's body was found along with the body of another old woman who also stayed in the neighborhood and stayed that night with Ram Pyari. The old lady had been living alone for several years in Parmanand Colony in North-West Delhi. Her foster daughter Neelamwho stays a few

blocks away found her dead. According to the Police personnel, the motive seemed to be robbery. The whole house had been ransacked. <sup>11</sup>

### **Case Study III**

On April 18th, 2005, sixty-eight year old Tarachand Banka and his fifty-seven year old wife Sarada were battered to death in their Camac Street flat. Cash & Jewellery worth nearly rupees thirty lakhs were looted. The servant Kewal Rai of Jasidhi alias Panchem, who hailed from a poor family, has been missing, ever since this incident occurred. <sup>12</sup>

### **Case Study IV**

Laxmi Sundaram (seventy year old) widow of former Guest Keen Williams Chairman M. R. Sundaram was murdered at her Bishop Lefroy Road home on 9th June 2005. It was the building's liftman, Hazari Haldar, who spotted the body as he entered the third floor apartment on finding the door open and no one responding to his knocks. The house had been ransacked and ornaments, antique coins in all worth about 4 Lakh rupees had been looted.

According to the forensic expert the manner in which Laxmi Sundaram was murdered (her hands and legs tied) could not have been the handiwork of one person. She was first hit on the back of her head and then tied before being strangled. Investigators have been found that the door to the flat was unlatched from the inside, indicating that Laxmi had let in her killers herself. This according to the police is a sure indication that the assailant/s were known to Laxmi. Laxmi Sundaram had been living in this flat for the last seven years. One of her sons, Dilip, lives in Detroit and the other Rajkumar in Washington. Her daughter is settled in Mumbai. <sup>13</sup>

### **Case Study V**

Narendranath Madan, sixty two year old man had been killed allegedly by his Nepali domestic help in Delhi in May, 2005. <sup>14</sup>

**Case Study VI**

Seventy eight years old Kalabai Chandiramani was murdered on August 16, 2005 in Frazer Town. It was the cook Manjunatha alias Raju (18) who committed the deed, using a blunt weapon. Raju who belongs to Kalli Muddanahalli, Arakalgod Taluk in Hasan district, worked as a cook in several houses in the locality, around Assaye Road in Sindhi Colony, where Chandiramani stayed. The motive was monetary gain-platinum and gold jewellery and currency in dollars, values at about Rs.3.5 lakh in all. The money and jewellery have been recovered. According to the police, relatives had been unable to confirm the worth of the lost property. <sup>15</sup>

**Case Study VII**

Lalita Devi Goenka, seventy one years old widow of one of the city's most prominent business families was brutally murdered at her Alipore flat on August 12, 2004 by her servants. She was first hit on the head with an iron pipe and then dragged to a storeroom where her throat was slit with a kitchen knife, which was found beside her body. She lived alone in a duplex flat on the top floor of a posh apartment at Alipore. Her eldest son lives in the apartment below with the two flats connected through a spiral staircase and the younger brother lived in a separate flat at ShriNiket building. <sup>16</sup>

**Case Study VIII**

On September 28th, 2004, eight seven years old Leela Deb of Lake Gardens is murdered allegedly by her maid servant. She lived alone. <sup>17</sup>

**Case Study IX**

In the year 2002, an old woman staying alone in her house at Sankar Nagar, Pallavaram, near Chennai was murdered. Her neck had been cut off mercilessly. An auto driver known to her was later arrested in possession of the looted jewels. <sup>18</sup>

**Case Study X**

Seventy one years old Rusi Homi Awari, his seventy four years old wife Roshan Awari and his ninety three years old mother Dolly Homi-

Awari were found murdered in their flat on the second floor of Wadia House in Central Mumbai on December 22, 2000. The Mumbai police were able to gather certain intelligence reports that led to the nabbing of the accused who hailed from Pardhi nomadic tribe. The accused had robbed cash and jewellery amounting to Rs.40,000/- from the residence of the elderly family. The accused Rangnath-Rangh Subhna, Bhima Ratan Kale & Sukhdeo Kale have been arrested. <sup>19</sup>

### **Case Study XI**

In the year 1999, a 60 years old woman was found murdered at her residence in Daryaganj in Central Delhi. The body of the woman was decomposed and was lying on the floor. There were three stab marks – two on the stomach and one on the mouth. She lived alone in the house. Her two brothers lived elsewhere. The police suspected that robbery could be the motive of the murder as her house was completely ransacked. <sup>20</sup>

### **Case Study XII**

Lieutenant General (retired) Harnam Singh Seth and his wife were murdered in New Delhi. <sup>21</sup>

Such spine – chilling incidents of violence for the umpteenth time reveals how the urban old population living alone in metropolitan cities are increasingly at ‘risk’ especially in the hands of ‘known assailants’.

The problem is closely related to the demographic, socio-economic, cultural changes in the society. The real victims of such changes are the aged population. Industrialization followed by rampant urbanization, the after effect of globalization have created opportunities for the youth to look out for jobs in other cities and abroad. The Feminist movement has brought women out of the confines of the four walls of the household. Joint families have been replaced by nuclear families. De-nuclearisation of families in the form of single parent families (due to the impact of divorce, declining propensity towards marriage)

are taking place. The major changes that have created social isolation among the old people is rooted in the transformation & redefinition of family functions & values. There has been a steady growth of the spirit of individualism within the family and the case of dependent, sick, old members, which was considered a part of family's obligation till a few decades back, is getting neglected. The process of urban-recycling and gentrification have changed the city's skyline drastically. Bungalows are being razed to the ground by bulldozers. Urban modernity gets represented by skyscrapers and flyovers, shopping malls and energetic youth. In such a society old people are unnoticed and become invisible.

Ageing is accompanied by a set of unfamiliar changes. As people age, they face a combination of physical, emotional & material problems that are difficult to negotiate. One of the main concerns of the aged population is that they are physically weak and are living alone. According to the Census figures released recently about 11% of India's 76.4 million people aged 60 years and above do not have a person below 60+ living with them. This includes 4.9 million families (or 12.6% of elderly women) and 3.6 million males (9.5% of elderly men) of the 8.5 million, over 3 million are aged individuals who live without any company at home. More than 2/3rd of these about 2.1 million are aged women living alone, while there are about 9 lakh old men in a similar situation. About 5.2 million live in homes where the only company they have is another elderly person. Among this lot, the gender distribution is more even with 2.6 million women to 2.5 million men, suggesting that most of them may be aged couples living on their own <sup>22</sup>. According to the National Sample Survey Report 1995-96 about 94% of the aged persons had at least one surviving child <sup>23</sup>. The survey further revealed that as many as 70% of the aged had to depend on others for their day to day maintenance. The situation is worse for aged females. <sup>24</sup>

Thus the elderly populations living alone on the high rise apartments of the metropolitan cities are dependent on others, especially upon their domestic help. The days are gone when household helpers

were all trusted members of joint family, often brought to the city from ancestral villages & maintained for generations. Nowadays employers frequently switch servants and in such circumstances loyalty is difficult to foster. As the domestic helps living in rural areas get exposed to the consumerist urban society, a lust for money, wealth is developed in them. They are often prone to stealing material gifts and in worst circumstances murder the old, aged citizen.

The Madrid International Plan of Action on Ageing, April 2002, pointed out neglect, abuse and violence against older persons take many forms – physical, psychological, emotional, financial and occur in every social, economic, ethnic and geographic sphere. One of the objectives of the Congress was to eliminate all forms of neglect, abuse and violence of older persons.<sup>25</sup>

The need of the hour is Community Crime Prevention. It refers to interventions designed to change the social conditions and institutions that influences offending communities. Such Community Crime Prevention usually takes the form of Situational Crime Prevention <sup>26</sup> and Social Crime Prevention.

Situational Crime Prevention refers to interventions designed to prevent the occurrence of crime by reducing opportunity and increase the risk and difficulty of offending. It is necessary to identify the key 'risks' and implement preventive methods designed to counteract them. One of the most important methods used in this approach is target hardening which involves the use of gadgets like keychain alarms, installing automatic lock system, intrusion detectors, video door phone, magic eye, burglar alarm (connect it with neighbors house) in the apartments. Technological Surveillance can be maintained by implanting close circuit television cameras at four corners of the building to keep watch on strangers or use other devices designated to eliminate physical intrusion or make it more technically difficult, thus reducing the probability of the occurrence of crime. Situational Crime Prevention also refers to the process of restructuring the local environment in order to reduce the opportunity for crime

to occur. Municipal authorities need to redesign the cities so that public spaces & areas are socially useful. Lightings should be improved.

The National Policy on Older Persons framed by the Government of India pointed out that non-governmental organizations will be encouraged to seek professional expertise in the designing of old age homes, keeping in view the needs of the group and the class of clients they serve. Group housing of older persons comprising of flats with common service facilities for meals, laundry, common room & rest rooms will be encouraged. They must have easy access to community services, medicare, parks, recreation & cultural centre, education, training and orientation of town planners, architects and house administrators will include modules on needs of older persons for safe & comfortable living. 27

At present senior citizen's residential enclaves are being formed in different metropolitan cities and suburban areas of India. The 2nd Innings launched in Bangalore 28, the Athashri Housing Society for senior citizens in Pune 29, Utsav Housing Complex in Delhi 30, Ashiana Retirement Resorts located half an hour from Gurgaon 31 offer residential apartments with security, medical services, yoga & meditation classes. LIC Care Home Ltd 32, the off-shoot of LIC Housing Finance Ltd., is setting up residential complexes catering exclusively to the needs & comforts of senior citizens. Special emphasis is placed on security concerns for the elderly.

In Mumbai too, Dignity Foundation, a non-profit organization will be launching 'hassle-free-retirement' townships in Matheran 33, a hill station near the metropolis. The complex will have specialized geriatric care centers.

Atomistic anonymous existence in the city has made the aged more vulnerable to crime. Social Crime Prevention aims to strengthen the 'Social-Capital' of our society. It aims to rejuvenate the social bonds of our society by encouraging cooperation between the government

& the civil society, including non-governmental organization & developing community initiatives.

The National Policy on Older Persons had focused on the role the police are to perform to control crimes against elderly persons. It pointed out that police will be directed to keep a friendly vigil on older couples and on old single persons living alone & promote mechanism of interaction with neighborhood associations. The Policy further mentions that the schools will be encouraged and assisted to develop outreach programs for interacting with older persons on a regular basis, participate in the running of senior citizens and develop activities in them <sup>34</sup>.

Under the orders of Commissioner of Police, Delhi, the Senior Citizen Security Cell was set up on 22nd June, 2004 and is located at the Police Head Quarters. The cell is working under the supervision of Additional Commissioner of Police (Crime), Delhi. The main objective of the cell is to coordinate, monitor, advice the area police regarding the security and safety of the senior citizens.

The cell is involved in identification and classification of senior citizens (problems of persons aged 90 years is different from the ones aged 60/65 years). The senior citizens were provided with the address and telephone number of the nearest police station. The Senior Citizens Security Cell accompanied by local beat constable/staff has started visiting at least 15 senior citizens of the city every week. An elderly person above the age of 60 years residing in Delhi alone or with spouse can get himself registered with the police by visiting personally, by fax, sending a mail, making a call on help-line numbers.

In Delhi followed by a spate of murder of senior citizens, the Delhi High Court passed an order that school children must be involved in giving emotional support to old people living in their neighborhood. The Delhi Police was directed to coordinate & oversee the interaction between the students and senior citizens. The program has

been taken up by the North, West, North-West, North-East, South district police.

They approached schools in their jurisdiction asking to organize groups of student volunteers to visit the senior citizen that the police had marked out as vulnerable. The students were briefed by the police on the do's & don'ts of how to conduct themselves and the chores they would help out with. The students were to be on a two pronged mission. One to give emotional support to the elderly, second to act as a medium between the senior population and the police <sup>35</sup>.

In Kerala also the Police have been asked to locate and prepare a register of senior citizens who had no one to depend on. The police are to visit the houses of such citizens regularly. The 'Signature Book' for policemen on foot and vehicle patrols would be kept at the residences of the aged persons. The police interact with the aged persons and find out if they were being subjected to any kind of harassment or exploitation at the household level. The police take the initiative to verify the antecedents of servants employed by aged persons and also those staying as paying guests <sup>36</sup>.

The Chennai City Police have been creating a database of aged couples and old women staying alone in houses. The name, age address and details of the relatives of all senior citizens in Chennai city are recorded and maintained in the police database. The policemen keep strict vigil and maintain effective night patrol <sup>37</sup>.

Both Delhi and Kolkata Police have launched the Servant Verification Scheme. All police stations under the Kolkata Police have been provided with an identity card that has to be filled by the respective beat officers of the police stations with all details and a photograph of the domestic help. Apart from the name and address of the domestic help, the cards are to have the address of local friends, relatives, references & previous employer. Once filled and submitted these cards are sent back to the Crime Record Section where the

information are fed into computers for a databank. Such a move if religiously followed can facilitate the investigating officers in various crimes where the domestic helps are the offenders. The city police have reiterated the guidelines laid down for recruiting domestic help like ensuring that the domestic help is referred by a reliable person, check their antecedents, if the domestic help is from a distant district, the police can check the antecedents 38.

However community members are too reluctant to visit police stations or even get their domestics verified as they feel the latter would then leave. At the same time lack of adequate resources (material as well as non-material) coupled with increasing work load acts as an impediment for law enforcement officials to make personal visit to houses where aged people resides.

The Chandigarh police have come up with a proposal of fitting an alarm system in all the homes of senior citizens so that if any act of dacoity or intrusion takes place an emergency bell would ring in their neighbor's house.

A number of non-governmental organizations are working to bring respite to the old people in need. Agewell Foundation has set up a helpline for the older person in Delhi. The volunteers are available to provide counseling for emotional, legal & financial abuse. The professional social workers of the Dignity Foundation Helpline address distress calls from old people seeking assistance. The Nightingale Helpline of the Nightingale Medical Trust, Bangalore, runs a 24 hour toll free elder's helpline that counsels elders, reconciles family disputes, provides information & renders advocacy services.

Help Age India has started a helpline for elders in Chennai city with the support of the Chennai Police. This helpline operates from the office of the city's Police Commissioner. A counselor & social worker are available at the number 1253 to provide necessary counseling & help for the elders during regular office hours.

The National Policy on Older Persons (formulated by the Government of India) recommendations pertaining to this issue includes:

Older persons and their families will be provided access to information on prevention of accidents and on measures which enhance safety, taking cognizance of reduced physical capacity & infirmities <sup>39</sup>.

For old couples or persons living on their own, helpline, telephone insurance services, help in maintaining contacts with friends, relatives & neighbors and escorting older persons to hospitals, shopping complexes & other places will be promoted for which assistance will be given to voluntary organizations <sup>40</sup>.

For a group of neighborhood/villages the formation of senior citizen forum will be encouraged <sup>41</sup>.

The introduction of Special Provision in IPC to protect older persons from domestic violence will be considered & machinery provided to attend all such cases promptly <sup>42</sup>. Speedy disposal of complaints of older persons related to fraudulent dealings, cheatings & other matters will go a long way in providing relief to them.

Machinery for achieving this objective will be put in place <sup>43</sup>.

There will soon be Fast Track Tribunals in every district of the country which will handle cases of neglect, physical injury, mental cruelty & other forms of ill treatment and the cases will be disposed of within six months. But for the implementation of such tribunals the Older Persons (Maintenance, Care & Protection) Bill 2005 that has been mooted by the UPA Government must come into force. The idea is to compel the progeny to perform the responsibilities which they have towards their parents in their Old Age <sup>44</sup>.

Some of the important suggestions to prevent occurrence of elderly crime are as follows –

- i. Establish network between law enforcement agencies and social service organizations.
- ii. Establish Special Police Cell for the aged population. Police force should be deployed in places where old people reside, in certain private & public housing as well as in public places like banks, railway stations.
- iii. Emergency telephone number to be placed on billboards.
- iv. Sensitize professionals & educate the general public, using media & other awareness-raising campaign, on the subject of elderly crime, its various characteristics & causes.
- v. Establish information programs to educate older persons about consumer fraud.
- vi. Establish services for victims of abuse and rehabilitation of arrangements for abuses.
- vii. Encourage further research into the causes, nature, extent, seriousness & consequences of all forms of violence against the aged person. The research should focus on issues like gerontophobia. Findings of research & studies should be widely disseminated.
- viii. A feedback mechanism can be established which can enable government as well as non-government organizations to check back the level of satisfaction with their service recipients.

The government as well as the civil society in India should make a joint endeavor to curb the rate of crime.

It is high time to convert the rhetoric into action. If it is not done even now then the ultimate victim will be human society itself.

## NOTES & REFERENCES

1. Government of India. National Human Development Report. Planning Commission. March, 2002. Oxford University Press. Section: Elderly. p. 91
2. Government of India. National Policy on Older Persons. Ministry of Social Justice and Empowerment. Shastri Bhawan. New Delhi. 1999 p. 1
3. Ibid, p. 1
4. Ibid, p.1
5. Ibid, p.1
6. Ibid, p.1
7. Ibid, p.1
8. Jathar, Dnyanesh and Narayana Kumar, K.P. 'Age of Anxiety'. Senior Citizens are taking desperate measures to protect themselves from violence and abuse. The Week, May 8, 2005. p.37.
9. Gokhale, S.D. 'Explorations in Abuse of the Elderly and Some Solutions', First National Seminar on Abuse, Neglect & Violence of the Elderly. Organized by Centre for Gerontological Studies, Kochullor, Thiruvanthapuram, Nov 29-30, 2004.
10. Opcit., Jathar Dnyanesh & Narayana Kumar, K.P. p. 37
11. 'News on Senior Citizens murdered in Delhi' NDTV correspondent. NDTV.com. March 24, 2005.
12.
  - i. Opcit, Jathar Dnyanesh & Narayana Kumar, K.P. p. 38
  - ii. 'Victim knew her killers'  
Burgled almirahs opened with keys.  
Metro.The Telegraph. June 11, 2005.
  - iii. 'Murder victim knew assailants, says police.'  
The Times of India, June 10, 2005.

13. Opcit, Jathar Dnyanesh & Narayana Kumar, K.P. p. 38
14. The Hindu. August 23, 2005.
15.
  - i. 'Businessman widow murdered at home.'  
'Goenka kin may have known killers: Cops'  
The Times of India, August 13, 2004.
  - ii. 'Police latch on the revenge as murder motive'  
The Times of India, August 13, 2004.
  - iii. 'Hired goons behind murder: Cops'  
Sleuths conducting raids in District for Lalitha Killers.  
The Time of India, August 14, 2004.
  - iv. 'Servant held for murder'.  
Metro.The Telegraph. August 17. 2004.
16. The Telegraph. September 29, 2004.
17. [www.chennaionline.com/society/crime&society/02seniorcitizens.asp](http://www.chennaionline.com/society/crime&society/02seniorcitizens.asp)
18. PTI 'Triple murder case solved' 3 arrested, January 14, 2003.
19. '60 year old woman murdered'. [www.tribuneindia.com](http://www.tribuneindia.com). 1999
20. Sen, Shankar. 'Grey makes vulnerable'.  
The Telegraph, October 04, 2004.
21. Bagga, Chirdeep. 'Nation leaves 11% of its elderly alone'. The Times of India. May 27, 2005.
22. Government of India. The Aged in India. A Socio Economic Profile. NSS 52nd Round July 1995 – June 1996. Report No. 446, NSSO. Department of Statistics. Ministry of Planning and Program Implementation, Nov. 1998. p. 13
23. Ibid., p.14
24. 'Elder abuse is a problem'. Extracts from the Madrid International Plan of Action on Ageing, April 2002.
25. Morgan, Mike. Morgan, Rod. Reiner, Robert (edited), (2002)  
The Oxford Handbook of Criminology.  
Oxford University Press.3rd edition.

26. Opcit., National Policy on Older Persons. p. 13
27. Verma, Varuna. 'New Homes for the Old. Upscale senior citizens enclaves have become a hit with the elderly'. The Telegraph November 8, 2005.
28. Ibid.
29. Ibid.
30. Ibid.
31. Patel, Freny. 'Great living for senior citizens'. June 29, 2004, Mumbai. [www.rediff.com/money/2004/jun/29perfin.htm](http://www.rediff.com/money/2004/jun/29perfin.htm)
32. Opcit., Verma, Varuna
33. Opcit., Sen, Shankar
34. 'Special cells to tackle crimes against the aged'. G. Anand. The Hindu (online edition of India's national newspaper) Kerala.
35. See [www.hinduonnet.com/2005/05/04stories/2005\\_050\\_4074\\_60300.htm](http://www.hinduonnet.com/2005/05/04stories/2005_050_4074_60300.htm)
36. 'Cops ID drill for domestics'. Metro. The Telegraph. July 15, 2004.
37. Opcit., National Policy on Older Persons. pp 13-17
38. Opcit., National Policy on Older Persons. pp 13-17
39. Opcit., National Policy on Older Persons. pp 13-17
40. Opcit., National Policy on Older Persons. pp 13-17
41. Opcit., National Policy on Older Persons. pp 13-17
42. Opcit., National Policy on Older Persons. pp 13-17
43. Mitra, Prithvijit.  
Giving the aged a reason to celebrate.  
Fast track tribunals will her cases of neglect of old parents.  
The Telegraph. August 10, 2005.

## **OTHER REFERENCES**

'Help Police protect senior citizens'  
NGOs told. The Hindu, October 2, 2002.

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All Contributions and correspondence should be sent to Dr. Indrani Chakravarty, Calcutta Metropolitan Institute of Gerontology, E-1, Sapan Kutir, 53B, Dr. S. C. Banerjee Road, Kolkata-700 010. Contributors are requested to conform to the following norms and those articles that do not conform may not be considered.

Journal articles that deal with the biological, medical, psychosocial, service or other aspects of ageing are welcome.

Articles should be original contributions. Redundancy is discouraged. The articles should be written in English, free of grammatical or spelling errors, repetitions etc.

Articles shall contain: A brief introduction (reflecting the context, the review of relevant work and why the present study was planned) : relevant details of plan methodology, sample, ( including standardization properties of tools) etc., the results or findings and their discussion and conclusions arrived at. At the beginning of the article the title and names of authors shall be mentioned. (Their affiliation may be given at the bottom of the page). This shall be followed by a brief abstract of the article (not exceeding 100 words) in single space, bold and set off the margins (inset by two spaces). Two or three key words of the article should be provided at the end of the abstract separately.

Articles may be computer generated. Two hard copies, double spaced in A4 size (one side only) with wide margin may be sent. The articles would be adjudicated by referees and the result would be communicated. When the article is accepted contributors are requested to send 2 corrected versions of the article (hard copies) and the same in an electronic version in CD, press ready.

(a) References as below in international style (e.g. journal of Gerontology) arranged in alphabetical order in the Text : (Altekar, 1973, Birren, 1959, Tyson 1983 ....). End list of references:

Baltes, P. B. (1987). Theoretical propositions of life-span developmental psychology: On the dynamics between growth and decline. *Developmental Psychology*, 23,611-626.

Baltes, P. B. Reese, H. W., & Nesseiroade, J. R. (1988). *Life-span Developmental Psychology: Introduction to Research Methods*. Hillsdale, NJ : Erlbaum.

(b) Footnotes should be avoided unless absolutely essential.

(c) Tables and figures should be clearly laid out, typed in standard format, numbered consecutively, and designed to fit on the page of the journal "AGEING & SOCIETY" of CMIG.

