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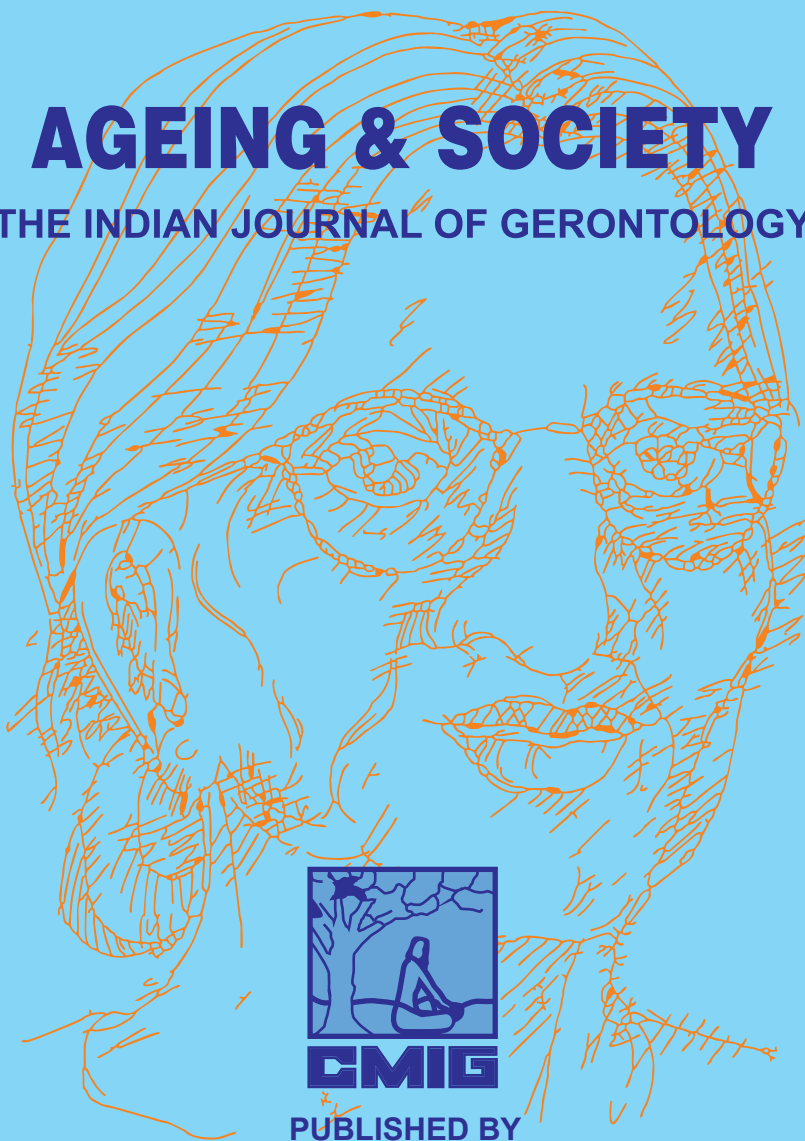
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CONTENTS

A CONTEMPORARY STUDY OF THE AGED WIDOW IN AN URBAN METROPOLIS

Dr. Indrani Chakravarty

Nilanjana Moulcik

Sumita Banerjee

Keshab Ranjan Chakravarty

3-20

A CONTEMPORARY STUDY OF THE AGED WIDOW IN AN URBAN METROPOLIS

B. Nalini

21-42

PLIGHT OF ELDERS IN THE CONTEXT OF CHANGING FAMILY PATTERNS IN HARYANA

Savita Vermani

43-47

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A CONTEMPORARY STUDY OF THE AGED WIDOW IN AN URBAN METROPOLIS

Dr. Indrani Chakravarty*
Nilanjana Maulik
Sumita Banerjee
Keshab Ranjan Chakravarty

Abstract

The dissolution of marriage causes significant dents on the physical & mental well-being of aged women. At this stage of life miseries with the loss of status and authority both within and outside the family are synergic to loss of the life partner. Sample survey was conducted amongst aged Calcuttan's to reveal the socio-economic and socio-psychological conditions of the widow respondents. The study area comprises of three separate zones under Calcutta Municipal Corporation, West Bengal, India. The zones are North, South-Central and Periphery. A total of 119 samples of widows have been taken using statistical sampling technique suited for this purpose and information have been collected by door-to-door survey.

That the respondent widows by and large follow Sastriya do's & don'ts, is an important outcome of the study.

In this paper the authors also review the opinion of widows on the issue of remarriage and finally recommend a set of programmes to boost the status of widows in the society.

* Secretary, Calcutta Metropolitan Institute of Gerontology.

Introduction

More than forty years ago, the United Nations drew the attention of the world on the issue of ageing and its socio-economic consequences. This phenomenon of ageing was concentrated to the developed world as the developing world had a relatively younger population, though the absolute population in this region was high.

Thus, the importance of a policy formulation on the ageing population was not taken into consideration in the developing countries till 1982, when the attention of policy-makers and planners was drawn to the problems arising out of ageing of population in both developed and developing countries in the World Assembly on Ageing held in Vienna. In this assembly, a plan of Action Ageing was adopted.

Then 1994, in the International Conference on Population and Development held in Cairo, the issue of Ageing was discussed at length.

In India, the topic of Ageing of population has been receiving attention recently, during the last 15-20 years.

In 1993, the government of India had prepared a Draft National Policy for the Welfare of the elderly. The draft has one very important issue dealing with the elderly woman.

“Particular attention should be paid in social security and social programmes, to the state of the elderly women whose income is generally lower than men. Maternity and family responsibilities take away much of their life’s span. An important effect of the difference in life expectancy between men and women is that a high proportion of older women than men are widowed. Lone ageing increases with age and apart from serious economic dislocation and lack of effective kinship support, it has negative effect upon physical and mental health.”

Widowhood:

The transition from wife to widow in the Indian culture and tradition is distressing particularly among the middle-class Bengali families. Generally the widow becomes lonely, uncertain and financially vulnerable.

Factors influencing the stressful nature of the transition to widowhood are numerous including the ego-strength of the survivor, the nature of the previous relationships, availability of support from others, health facilities, loss of income and anticipated loneliness.

PURPOSE OF THE STUDY:

The general purpose of the study is to make an in-depth investigation into the conditions, needs and problems of senior widow citizens of Calcutta and to chalk out certain measures through which the problems of the aged could be met and their potentialities used in activities socially useful and psychologically gainful. For this purpose the study area is comprised of three separate zones under the Calcutta Municipal Corporation.

- I) North Zone
- II) South Central Zone
- III) Peripheral Zone.

The three zones are so chosen that these cut across those senior widow citizens who are living in Calcutta for generations together (north zone), mixture of old and new settlers (south-central zone) and settlers who have settled mostly after the partition of Bengal (periphery). The analysis has been done for the three zones combined.

SAMPLING DESIGN AND SAMPLE SIZE COVERED

The list of the senior widow citizens has been obtained from the latest voter's list from the Calcutta Municipal Corporation Election Commission's Office.

A Simple Random Sampling technique has been adopted (without replacement) in selection of the senior widow citizens for the three zones. The total number of widows in the sample is 119. (Sample size).

FINDINGS OF THE SURVEY

The information which have been collected in the questionnaire about the senior citizens are as follows:

- 1) Demographic and socio economic particulars of the family.
- 2) Economic status of the respondent.
- 3) Physical living condition.
- 4) Role of the respondent with regard to decision making
- 5) Health status
- 6) Daily routine
- 7) Leisure time
- 8) Respondent's views about religion and rituals.
- 9) Respondent's role in the family before and after widowhood.
- 10) The environment of the respondent at the time of transition from married life to widowhood.

The analysis of the survey findings are given below:

a) Age and Education:

Of the total respondents (widows), one-fourth was illiterate, the same proportion has the primary level of education and one out of fourteen respondents, a graduate.

The highest concentration of widow respondents is in the age group 65-69 years, followed by the age-group 70-74 years as will be evident from the following table:

Table-1

Percentage distribution of widow respondents by age and educational status.

Age-group	No. of Windows	Percentage distribution (educational status)					Total
		Illiterate	Primary	Middle	H.S.	Graduate	
60-64	21	33.3	14.3	28.6	9.5	14.3	100.00
65-69	38	23.7	23.7	26.3	18.4	7.9	100.00
70-74	26	34.6	23.1	22.0	15.4	3.9	100.00
75-79	15	6.7	40.0	26.7	20.0	6.6	100.00
80-84	13	23.1	15.4	38.5	23.0	-	100.00
85-89	1	100.00	-	-	-	-	100.00
90-94	3	33.3	66.7	-	-	-	100.00
95-99	2	-	-	100.00	-	-	100.00
Total	119	25.2	24.4	26.9	16.8	6.7	100.00

It is apparent from Table I that more than 16% of the sample chosen is octogenarians. It is also clear that, the older the cohort, the less is the educational standard, which reflects that in order days female education was negligible.

b) Occupation and Educational status:

Of the total senior widow respondents, it has been revealed that only 19% widows have some earning in some form or other comprising only 16%, signifying that one widow out of 6 widows has some earning. Out of the widow earners, pensioners comprise 8.4% followed by wage-earners (5.0%). It is also revealed from the table that the more the education, the higher is the probability of a secure job which ensures a steady income through pension. The following table gives the picture:

Table-2

Percentage distribution of widows according to educational status and occupation.

Educational Status	Occupation (% of respondents)						Total
	Wage earn	Business	Self employed	Pension	Housewives	Others	
Illiterate	13.3	-	3.3	-	50.0	33.6	100.0
Primary	3.5	-	-	3.5	72.4	20.6	100.0
Middle	-	-	-	3.1	93.8	-	100.0
High School	-	-	5.6	11.1	77.8	5.5	100.0
Graduation	-	-	-	62.5	12.5	12.5	100.0
Total	5.0	0.8	1.7	8.4	68.1	16.0	100.0

c) i) Health and Illness:

In India, there is an age difference between husband and wife, and for the cohorts for which this study is being done, the average age difference will be between 7-10 years. Hence the proportion of widows is much higher than that of the widowers. And these widows (transition from wife to widows being at different ages) have survived to these ages going through the neglect at childhood, exposed to maternal mortality during the child-bearing period. They are the survivors against all odds of environment. But age and time are such factors, nobody can escape the grip of deterioration of metabolic functions in the body and illness creeps in slowly but surely.

This has been reflected in the analyses of the respondent's health status.

The predominant diseases are:

Between ages 60 years to 80 years the highest incidence of diseases are of blood pressure/heart trouble and pain in joints. And in fact so many diseases attack the senior citizens after reaching 60 years, it is very difficult to isolate the main disease which affects their health very much. Sometimes it has been observed that the respondents are narrating the name of the diseases unendingly. If scrutiny is made then it is found that the age-related common diseases like eye-trouble, hearing trouble, sleeplessness are common in many widows along with blood pressure, diabetes and joint pain. This can be seen from the following table:

Table-3.1
Percentage Distribution of respondents by age and type of illness.

Types of Illness	60-70 yrs.	71-80 yrs.	81+ yrs.	Total
Heart / Blood pressure + Pain in joints	19	14	6	16
Age related disease + H/BP	12	17	13	14
Digestive Complaint + Age related diseases	3	6	7	4
Age related illness + pain in joints	10	7	7	8
Diabetes	5	3	4	4
Other combinations	51	53	63	54
Total	100	100	100	100

ii) Medical need and care:

Out of a total of 119 widow respondents, it has been ascertained that 112 need medical care, and of these 112 widows who need medical care, six do not get any medical care at all. That way the proportion of widows who are not getting any medical care for various reasons is reasonably small in the survey which appears to be non-realistic. Those who are getting medical care as per record, mostly rely on non-conventional medicine which is much cheaper.

Table 3.2
The reasons for not getting medical care is given below:

Reasons	No. of Windows
Nobody to accompany	2
No money	2
None takes care	1
Do not feel like going to the doctor	1
Total	6

iii) Medical Expenses:

It has been pointed out earlier that 106 respondents get some kind of medical care when they fall ill. It has been also mentioned earlier that the proportion of widows having some source of income is also small. Naturally it is expected that family budget or financial help from others are the main sources of medical expenses for taking care of them. This is very much reflected in the following table:

Table 4
Distribution of widows according to medical expenses borne by:

Medical expenses borne by	No. of Windows	Percentage
Family Budget	58	54.7
Self	23	21.7
Family members	13	12.3
Self and family members	3	2.8
Others outside the family	9	8.5
Total	106	100.0

It is quite clear that for more than half of the respondents, medical expenses are borne by the family budget. In fact if family budget and family members contribution are taken into consideration then two third of the medical expenses are taken care by the family. One in five respondents pays their own medical expenses at the time when they need medical care.

d) Decision Making:

Ageing process takes away many precious things from one's life. Health deteriorates, authority fades away, and rights are taken away slowly but steadily. Once the supreme of the household, now is nothing but a burden. Then senior citizens become lonely and the sacrifice and involvement of the person in shaping the strong foundation of the family is forgotten.

This picture is truer for the widows, especially for the Bengali widows. The cohort of respondents in this survey was born between the periods 1900 to 1937 (approximately) and their average age at marriage might be varying between 10 to 15 years. These respondents became the members of the families through marriage at an early age, got adjusted slowly to the environment of the joint family system at the time. Time path made them dutiful, responsible, and self-sacrificing in caring for the family members including their own children. They established their rights and authorities through such deeds and became part and parcel of the decision making process.

Then came the inevitable, crossing the age-sixty and the widowhood (might be before age-sixty or afterwards). The attitude of the society is such as if widowhood is a sin. And this is reflected in many spheres of daily life activities of the widows, and especially in any form of decision making.

The analysis supports our hypothesis. It is seen that budget decision making has been reduced to 20% from 45%, rites of passage from 55% to 18%, education from 37% to 5%, health care from 34% to 17%, religious events from 57% to 32% and social gathering from 40% to 15%. Thus the respondents' decision making rights have been cut down

considerably and education is an area where the decision making has been made practically nil (this is very true as the second generation do not allow the third generation to interfere in their offspring's education).

The above picture is depicted in the following table:

Table-5
Distribution of respondents by their role in decision making before and after reaching age 60 years.

Role in decision making	Respondents (Before)			Respondents (After)		
	No.	Total	Percentage	No.	Total	Percentage
Budget	54	119	45	4	119	20
Rites of passage	65	119	54	22	119	18
Education	44	119	37	6	119	5
Health care	40	119	34	20	119	17
Religious events	68	119	57	38	119	32
Social Gathering	48	119	40	19	119	15

e) Change of Status:

Widowhood is a change of status in the family, crossing age 60 years is also a transition of status. But overall status means living conditions, authority, responsibility, role in a family and respectability of the respondent by other members of the family.

It has been observed that income of the family or income of the respondent has little relationship with the overall changing status in the family after widowhood. And irrespective of income, approximately one-third of the respondents state that their status has deteriorated and one in ten respondents have been promoted to better status. More than half of the respondents have the same overall status, as they enjoyed before reaching age 60 years. This is given in Table 6.

Table-6
Distribution of change of status of the respondents after widowhood by income

Income (Rs.)	Change in status					
	No. of Respondents			Percentage of respondents		
	Better	Deteriorated No	Change	Better	Deteriorated No	Change
	5	14	25	11.4	21.8	56.8
0-249	2	7	13	8.7	30.4	60.9
250-499	2	3	6	18.2	27.3	54.5
500-999	1	5	9	6.7	33.3	60.0
1000-1999	1	6	7	7.1	42.9	50.0
2000-4999	-	-	9	10.0	-	90.0
5000+	-	-	2	-	-	100.0
	12	35	72	10.0	29.4	60.6

f) Contact with friends and relatives:

Out of the 119 respondents 4 widows report that they have no relatives or friends with whom they can have any contact. The time duration of the respondents making contacts with relatives and friends has been seen to be pronounced in more than a month's interval, while this proportion is highest in one week duration by relatives and friends meeting the respondents. 19 respondents (16%) do not visit their friends and relatives at all. The entire picture of contact with relatives and friends is given in the following table:

Table-7
Distribution of widows by frequency of contact with relatives and friends.

Frequency	Visit by respondents		Visit by respondents	
	No. of respondents	Percentage	No. of respondents	Percentage
Weekly	3	2.5	57	47.9
Fortnightly	12	10.1	5	4.2
Monthly	21	17.7	20	16.8
More than a month	45	37.8	13	10.9
Do not Visit	19	16	12	10.1
N.A.	15	12.6	8	6.7
No relatives & friends	4	3.3	4	3.4
Total	119	100.0	119	100.0

g) Preference for the Family/ Old age-home:

It is a clear picture that irrespective of change of status (deterioration/ betterment/ no change) before and after widowhood, almost all the respondents are in favour of staying in the families. The ties are so deep rooted, the affection is so deep and the forgiveness is so genuine that even with affordability in living in an old-age home, respondents are eager to stay back in the family ignoring loneliness, neglect and devoid of authority. This will be amply clear from the following table, where it is seen that more than 80% prefer to stay in the family and 14% do not know which one is better.

Table-8
No. Of respondents distributed according to preference for family/old-age home and changed in status.

Change of status	No. of respondents			Percentage of respondents			Total
	Family	Old-age home	No Idea	Family	Old-age home	No Idea	
Deterioration	27	2	6	77.1	5.7	17.2	100.0
Betterment	12	-	-	100.0	-	-	100.0
No Change	57	2	10	82.6	2.9	14.5	100.0
N.A.	1	1	1	33.3	33.3	33.4	100.0
Total	97	5	17	81.5	4.2	14.3	100.0

h) Solutions of old age problems:

Though most of the respondents are in favour of staying in the family instead of going to old-age homes, they are not very much clear as to who will solve the problems of old age. Only 12% of the respondents affirm that family only will solve the problems, whereas family= state, family+ state+ voluntary organization, family + state + religious institutions etc. comprise about 65%. These combinations do not reflect a clear-cut idea and hence, most of the respondents, actually do not know the exact answer. Only 5% of the respondents are in favour of the state to tackle the problems. This picture is quite evident from the following table:

Table-9
Distribution of respondents according to their views regarding agencies to solve the old age-problems.

i) Occurance of thought of death:

Agencies	No. of Respondents	Percentage
Family	15	12.6
State	6	5.0
Family + State	30	25.2
F + S + V.O	15	12.6
F + S + V.O + R.O	11	9.2
F + S + R.O	13	10.9
F + R.O	3	2.5
F + Relatives	2	1.7
Other Combinations	7	6.0
Can not say	17	14.3
Total	119	100.0

The life span of human species is a combination of ups and downs, happiness, love and separation. The imprint of those events plays a big role in shaping a man's character to go beyond the environment or submerge. In this process, the thought of death peeps in one's mind. In this survey it has been observed that 105 respondents are in mind. In this survey it has been observed that 105 respondents are in affirmation of thought of death, the main reasons for thought of death being physical ailment, frustration, loneliness and economic conditions which is reflected in the following table. Physical ailment comprises 10%, frustration + physical ailment 22%.

Table-10
Distribution of respondents by reason for occurrence of thought of death.

i)Habit of following "rituals"

Reasons	No. of Respondents	Percentage
Physical Ailment	11	10.5
Frust. + Phy. Ail	23	21.9
Frust. + Phy. Ail + Eco.	27	25.7
Frust. + Neglect	2	1.9
Frust. + Eco.	6	5.7
Others combinations	36	34.3
Total	105	100.0

In the Indian society, specially the Bengali society, there are many rituals to be followed by an individual after widowhood. The restrictions are on food, clothing and attending social functions.

It is revealed from the survey that income has little relationship with perusing such rituals except for the lower income groups. In food in the income range upto Rs. 1000 a month, a higher proportion of widows do not follow the rituals. For clothing regulations and attending social functions, only the lowest income range of less than Rs. 500 widows try to break the strict regulations, as well be evident from the Table 11. It is also interesting to note that as we pass along the higher income groups, the proportion of widows following the rituals ranges between 80%-90% in clothing and 70-90% in participation in social functions.

Table-11
Percentage distribution of widows following or not following
Sastriya rituals according to income.

Income (Rs.)	Percentage of respondents					
	Food		Clothing		Social Functions	
	Yes	No	Yes	No	Yes	No
< 500	20	80	67	33	27	73
501 - 1000	33	67	100	-	45	55
1001 - 2000	58	41	92	8	92	8
2001 - 5000	78	22	89	11	71	29
5001 - 7500	77	22	83	17	71	29
7501 - 10000	91	9	89	11	45	55
10001 - 20000	80	20	91	9	76	24
Total	65	34	86	14	64	36

If the respondents are classified by educational status, it is found that higher education does not elevate the widows to break the Sastriya rituals as will be evident from the following table.

Table-12
Percentage distribution of widow respondents by
educational status and following Sastriya rituals.

Educational status	Percentage of respondents		following the rituals
	Food	Clothing	Social Functions
Illiterate	42	82	50
Primary	72	89	69
Middle	78	93	75
High School	67	83	50
Graduate	75	75	62

It is, of course, clear that the proportion of widow respondents following the restriction on attending social function is less than that of these following food and clothing restrictions.

k) Widow re-marriage:

The sufferings of the widows are their own. They have no one to depend on, after the demises of their husbands. There are so many other factors which affect the mind and health of the widows' loneliness, neglect, economic instability and illness. All these factors force them extreme sufferings of widowhood.

Thus when questioned about widow remarriage 62% favor it and only a quarter is against it. Again if these widow respondents are classified by income, the middle and higher middle income group are in favor of it, because they are the worst sufferers.

Also when income is controlled and education is taken into consideration, it is found that more the widows are emancipated through education, the more they are in favor of widow remarriage.

This is reflected in the following tables:

Table-13

Percentage distribution of widows in favor of widow remarriage by income status.

Monthly Income (Rs)	Percentage distribution of respondents			Total
	Favourable	Against	Indifferent	
< 500	40	40	20	100
501 - 1000	50	25	25	100
1001 - 2000	51	33	16	100
2001 - 5000	71	18	11	100
5001 - 7500	59	41	-	100
7501 - 10000	90	-	10	100
10001 - 20000	76	19	5	100

Table-14.

Percentage distribution of widows favouring widow remarriage by education

Educational Status	Percentage distribution of respondents			Total
	Favourable	Against	Indifferent	
Illiterate	37	40	23	100
Primary	59	28	13	100
Middle	81	12	7	100
High School	78	22	-	100
Graduate	63	37	-	100

l) Change of Sastriya habits in exigency:

It has been found that more than half of the respondents are not eager to change their habit of following the rituals of widowhood, even though the might be advocating widow remarriage. It is very difficult to change one's "sanskar" or habit all of a sudden, even in exigency as "habit" is the second nature". Nonetheless out of 119 respondents 27, (about 23%), are still eager to change in exigency which is really a healthy sign. Another 26 respondents do not follow the rituals at all.

m) Refuge in religion:

After a certain age, perhaps, men try to believe in destiny because of many events of life for which no reasons could be attributed. Slowly they try to take refuge in religion or in a stricter sense believing in the Almighty, they get solace and mental strength. This has been reflected

in the study as we see that out of 119 respondents, 93(78%) say that they take refuge in religion/Almighty.

Irrespective of age-group (there has been no variation between the age-group 60-64 yrs. to 95-99yrs.), these 93 respondents take refuge in the Almighty/religion for mental strength, solace and self-reliance. They are not fatalists, being believers of "Karma, they perform all their duties and responsibilities, the strength of such deeds taken from the unseen blessings of the Almighty.

n) Attitude of relatives and friends at the juncture of widowhood:
For the purpose of knowing the attitudes and feelings of relatives and friends at the transition from currently married status to widowhood, a sample of 16 widows has been drawn from the sample of the 119 widows. These widows have only a meager income.

Thus this group of 16 widow respondents is much below the poverty line. It has been seen that for 9 widow respondents out of 16, family members stood beside them. Those 7 respondents for whom the family members had little sympathy, felt very much neglected by the family members.

These 16 respondents still follow the sastriya restrictions particularly on religious rituals (13), attending social functions (14) and such other issues.

Finally a strange opinion emerged out of these poor respondents. Most of them feel that restrictions and bondages of sastriya rituals on widowhood have not in any way harmed the society. Only 2 out of 16 asserted that these have definitely done so.

Again it is very difficult for this group of society with meager economic resources and practically no education to know and tell what is bad and what is good for the society. They have their own world of poverty, suffering, neglect and above all belief in "fate". How can the emancipation of these women be achieved? It is a hard and long-drawn process and the inner change the most difficult task ahead.

Summary

In the Indian society, particularly among the Bengalese, widowhood is a factor which serves to isolated a particular section of women from the mainstream of life and with age their condition deteriorates. There are numerous factors which influence the stressful nature of the transition to widowhood, including the ego-strength of the survivor, the nature of previous relationships, availability of support from others, health facilities, loss of income and anticipated loneliness. To add to their plight, restrictions are imposed upon their food & clothing habits, participation in social functions and remarriage is prohibited for them.

With modernization and urbanization the society today has become much more liberal than it had been in the past and widowhood is seen as a social stigma to a much lesser extent.

Today, majority of widows belonging to the lower income group do not follow the imposed striations on food habits. For clothing restrictions and those for attending social functions, only the lowest income group has tried to break free.

It is interesting to note that higher educations do not elevate the widows to over-step the 'sastriya' rituals.

On the issue of re-marriage, more than half of the elderly widows favor it. This group however belongs mostly to the middle and higher middle income range and has a higher educational level. However, more than half of the respondents are not eager to change their habit of following the 'sastriya' rituals in exigency, even though they might be advocating widow re-marriage.

On the other hand, their socio-economic condition is yet to improve significantly, as revealed by the present study. More than three-quarters of the elderly widows have no earning of their own. With age they mostly succumb to blood pressure, heart trouble and joint pain.

For about a half of the widows, the family members neglected them after widowhood. Their status in the family is still very poor. Their role as a decision-maker in the family has been drastically cut down especially on the issues of rites of passage, education and social gatherings.

However, with all this, an overwhelming majority prefer living with the family rather than in old-age homes. This perhaps, is the essence of the traditional Indian culture.

RECOMMENDATION

This survey, though small, is a humble beginning of an exploration of the still unexplored social canvas of Bengali widows in Calcutta City. We do possess some aprior knowledge, through experience and interaction with the society about the widows in Bengal. But our knowledge is incomplete and perhaps devoid of facts. The society is changing fast with continuously changing objective socio-politico-economic conditions. Long ago, to many of the Bengali widows Varanasi was the last 'home', living and dying silently and unprotesting at the feet of Lord Shiva. The out-migration of widows (of various ages) from Bengal to Varanasi has stopped altogether. It is past history now.

It is now high time to undertake a big pioneering study encompassing urban and rural areas on the present condition of the widow senior citizens. The revelation is our small survey definitely indicate the need to pursue this type of study on a wider canvas. Secondly, the survey findings urge us to take into account the wretched conditions of widows, particularly the poorest ones. In this context, some arrangement can be made to make the widow senior citizen's lives meaningful and worthy through some mechanism (viz. counselling, economic independence).

A CONTEMPORARY STUDY OF THE AGED WIDOW IN AN URBAN METROPOLIS

B. Nalini*

Abstract

Institutionalization of the elders is a new phenomenon in India. The traditional social system accommodated the elders as the heads of the family and showered due respect on them. The cause and conditions under which they are institutionalized is an area to be explored. The quality of care they receive in the homes varies according to their paying capacity. The care ranges from comfortable stay with medical care to the level of just a roof above the head and piece of bread to consume. The present research aims to

- a) Describe the structure and the function of old-age homes.
- b) Analyse the cause for institutional combined as the cultural peculiarities.
- c) Study the level of engagement/ disengagement of the aged.

Being exploratory in nature interview and observation techniques were used to collect data from a sample of 60 elderly.

Historical monuments gain their honour as they grow old. Unfortunately, it is not so with the human life. In highly industrialized Western Societies the senior citizens have to face several inevitable problems which are relatively lesser in traditional societies. "The status of the aged is high in societies in which there is a high reverence for or worship of ancestors. The status of the aged is inversely proportional to the rate of social change"[1]. In contrast to this in the West the old suffer from emotional problems due to "social ostracism to which

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they are subject, the shrink of their circle of friends, their intense loneliness, the reduction and loss of human respect and their feeling of self-disgust"[2]. The plight of the old is described to be pathetic as they can no longer find jobs because their techniques are out dated. Even in country side mechanization has brought about the elimination of the elderly.

Western views on the ageing process hold that "traditional societies manifest relatively slow rate of biological ageing and have extended family structures which accommodate the elderly resulting in few ageing problems"[3]. One should not be misled that such problems of the aged are totally absent in India. The system of property rights, reverence for elders, and worship of ancestors and the fear of public opinion makes the family keep the ties with elders of the household. But, sometimes the declining biological health and mental disturbances of the old, affect their position in the family and they seek shelter in Old Age Homes. The social and the economic background of the elderly determine where he is going to stay when sick, the type of health care he will receive and his response to a sickness. This study explores the following questions:

- 1.The role of social, cultural and the economic dimensions that influence the healthy living of the senior citizens who are institutionalized in Old Age Homes.
- 2.The problems of the aged living in un-institutionalized in rural areas.

The study considers sixty years and above as the old age because (i) in India the official retirement age falls between 58 to 60 years and (ii) the culture also designates the 60th birthday for a man as a landmark in his life called Sashtiyaptha poorthi (meaning completion of sixty years) and thus marking of old age.

The sample size of the study is forty one. Respondents aged 60 years and above were chosen from three Old Age Homes with different

status groups on the basis of their economic capacities to stay free of cost or paying. In order to find out the condition of the old people at their own homes, fifteen more respondents from the nearby village were interviewed. The data was collected through informal interviews and observations because the respondents were found to be reluctant and suspicious.

There are four institutions in Madurai City that accommodate the aged people, of them one is a Home for the poor and destitute, for people of all age groups. Therefore the other three Old Age Homes were selected for the present study because they are only for the aged people.

In this study, health is considered not as a biological disturbance alone but in terms of social and mental activeness. To be healthy is to be active. Persons have formalized this view by defining health as “the state of optimum capacity of an individual for the effective performance of the roles and tasks for which he has been socialized”.

OLD AGE HOME – I

This institution is located at the northern zone of Madurai. The Government aid is Rs. 10,000/- per annum and the Home has to collect another Rs. 10,000/- for its maintenance. Sixteen male inmates are living there and all of them belong to the lower economic status and with no source of income. The educational status is also very low and they had semi-skilled jobs as their occupation. Out of this sixteen, eight were interviewed and the rest was left out as they were either deaf or too sick. The Home provides minimum comfort for its inmates, with a common hall to live in, an ordinary kitchen but with provision for recreational activities.

The Health Facilities provided by the Home

1. Even though meals are provided three times a day no special care is taken for the nutritive value of the diet. Neither do they offer any

supplementary food.

2. The Home has arrangements for the visit of a Government doctor, once in ten days for check-up of the inmates. For simple ailments like fever, cold and pains, medicines are readily available at the institute itself and for other health problems they have to approach other hospitals according to their own preferences. As this type of visit by the doctor is not sufficient to meet the health problems of the inmates they go to the Government hospital whenever it is necessary.

3. Sanitary conditions and other facilities are not very good either. Separate rooms are not available for the members, room walls are not whitewashed and the floors unclean, the kitchen is very untidy. No cot or neat mattress is provided. But, since the Home is situated in the outskirts of the city, the inmates enjoy natural breeze and quiet atmosphere.

4. However, the Home has a television set and subscribes to a few magazines and newspapers. The inmates seem to be quite content with these facilities and pass their time chatting, going for a walk and just relaxing. A kind of self-imposed isolation and withdrawal from the external world indicates their disengagement.

5. Unfortunately, the Government Programmes for the Aged Welfare have not reached there. The inmates complain that the pension has been refused to them on the ground that they are being taken care of by the institution.

An analysis of the history of each respondent makes it clear that our senior citizens are having problems ranging from physical handicap to widowhood. Each case is unique. A careful analysis shows that many cultural aspects function at a negative side for the old. Lack of economic facilities of the old people with declining health, makes their plight awful. In order to highlight these aspects a few cases are given below.

CASE NO. 1

Mr. A is 63 years old. He is a widower and has two daughters and a son. When he was 59, he lost his leg in an accident and was incapacitated. All the other members of the family earn just enough for their own daily life. In this situation, he proves to be a burden to them. Frequent conflicts disturbed the peace of the home. Other family members decided to send him off to some institution. He was admitted to this Home. He visits his home once or twice a month, his main worry being to marry off daughters.

CASE NO. 2

Mr. B is 72, he lost his wife at the age of 60. After this he transferred his properties to his only son. Now the son finds it difficult to accommodate his father and has started quarrelling with him. He got the father admitted to this Home. His son and grandchildren of course visit him every month.

CASE NO. 3

Mr. C is 60 years old. He had married at the age of 17 and he lost his wife in just a couple of years and of course has no issue. He has joined the Home on his own as he disliked the idea of living alone.

1. The analysis of the cases above discloses two different and extreme kinds of problems. On one extremity we find the family unit producing problems for the senior citizens owing to their ill-health and economic inability. On the other extremity, old people get themselves admitted to Homes because they have no family at all to care for them. Therefore, two things are clear, one is that old people want some security and prefer to be under the care of an institution and secondly, due to their unsound economic position, the family consider the old as a burden and send them to Homes.

But in all cases we find that cash-nexus has an important role play. Either maintenance of the aged without their economic contribution to the family is a problem, or the property plays a role in separation

of the old from their family. Therefore economic security is a crucial one in the life of aged. But in 75% of the cases they are found to be either visiting their son's home at least once a month or are visited by their relatives occasionally.

2. Except for one respondent all the other inmates are found to withdraw themselves from their social contacts. It is self imposed lethargy leading to a condition of passivity. True, that they require money and good health for social activities, but the respondents are found to be lacking in private activities like reading, hobbies and visiting temples, except one member who shows interest in gardening. The Home is equipped with five handlooms but only five inmates spend their time in weaving where as the others do not take interest in any kind of work.

3. Of the eight respondents only two feel that their health condition is good and being male they are quite reticent to speak out of their physical and financial disadvantages.

OLD AGE HOME – II

The second institution, Old Age Home – II, provides shelter for destitute above the age of sixty. The Home is run by Christian Missionaries and managed by its own finance and committees. The Home has the aim of helping the destitute but it is found that 88% have some close family members, like sons, daughters or sisters living in or around the city. There are 43 inmates, out of which 18 were interviewed. All the inmates belong to lower economic group. They do not have to pay for their stay. The Home has appointed a retired doctor who calls on inmates daily and offers consultation and medicines. A pocket money of Rs.5/- per month is being given to them which is used for expenses of travelling to their relatives' houses. The old age pension given to the elderly people by the State is retained by the Home and not made over to the inmates. From the descriptive point of view, the Home maintains an average standard of hygiene and sanitation with the following facilities.

1. The institution has double-seated rooms with a cot and a mattress.
2. Even though no special attention is taken to provide diet with nutritive value in the regular meals, care is given for the supply of easily digestible food at night.
3. If the elderly people develop any serious complications, they are sent to Grace Kennet Foundation, another Missionary Concern a hospital that has a close connection with the Home and they are admitted as inpatients if it is required.
4. Since the Home is organized by the Christian Missionaries, there is a periodical visit from the Christian Institutions. This is considered to be privilege by the inmates because it enables them to have contact with the outside world. The sermons and the songs refresh a great extent.
5. It has been found that 90% of the inmates, in spite of their infirmity, are physically independent and look after their daily routines.
6. All the 18 persons interviewed, perceive that their health is in a poor state, sixty percent feel it to be bad and 40% as worse.

The life histories of the inmates reveal that their family background is more pathetic than their health conditions. Three typical cases may be quoted before proceeding to the social aspect of the problem.

CASE NO. 4

Mrs. L had no education and was a house-wife wholly dependent on her husband. After her husband's death, twenty years ago, she was confronted with several problems till and even after the wedding of her only daughter. As the daughter herself facing ill-treatment in the hands of her vagabond husband, she is not willing to stay with her daughter and be an additional burden to her. She says that since she is completely depressed, she is praying God always and eagerly looking forward to her death. Mrs. L is not able to tell her own age (may be, she is 65 years old).

CASE NO. 5

Mrs. M is a widow without children. She does not have any idea about her age and date of birth and has no education. After the death of her parents, who looked after her, she found shelter with her sister. Due to the ill-treatment of her nephews and their wives she sought asylum in the Home. She finds bus travel, a big problem for her as she goes to the hospital on her own and also to her relatives' houses.

CASE NO. 6

Mrs. P is a widow of seventy two years. She is the only woman in the Home with education up to the high school level. She was a teacher. She narrates how she faced humiliation at the hands of her daughter-in-law who drove her out of the house. Mrs. P frequently visits her other relatives and spends a few days during the Christmas time. She puts her whole faith on God and shows her desire for death as early as possible.

CASE NO. 7 AND 8

They are male respondents, 65 years old. They had some marginal property holdings. After the marriage of their sons, they had to bequeath the property to the sons, but later on daughter-in-law started ill-treating them. Therefore they voluntarily left the house and admitted themselves here. One of them has only one son and faces this problem, whereas the other one has three sons and a daughter all of whom have received professional education but living outside Madurai city.

The general features found to be the same as the inmates are having the similarity of their background.

1. Firstly they all belong to lower economic group and have selected this Home because it offers free accommodation and care. They are destitute in the sense that the close relatives have abandoned them. 82% of them do not have even the basics of education.

2. The absence of any recreational activities makes them more depressed. They exhibit general tendency of avoiding any kind of work on the pretext of ill-health or discomfort. But from a private talk with the matron of the Home it transpired that there is a deep-rooted discontent any cynicism among the inmates and this leads to recurrent quarrels and bickering among them. This personal conflict surfaced even when the interview was in process.

3. In this Home 92% of the inmates are widows. The problems have started for them only after the demise of their spouses. This loss of life partners and deception of sons make them find full shelter under religion. Almost every respondent has said that God is there to look after them. A fatalistic attitude of helplessness at this age and a kind of expectation of death is dominant in them. This kind of attitude and open confession and pointing out the mistakes of children are found to be prevalent among the females than the male respondents.

4. The adjustment problem with daughter-in-law has been constantly expressed by both male and female respondents. At Home-I, It was three out of eight, where as in Home-II twelve out of twenty who were confronted with problems relating to daughter-in-law.

5. Incidents related to property matter are not wanting either. Altogether five such incidents of conflicts arising out of very paltry property matter were noticed in these two Homes. It should be specified here that since they belong to the lower class, the value of their property is very small, like ancestor's property of a place of land or a cash of a few thousands.

6. The crucial factor is the economic condition of the families of the inmate that pushes them to an uncared condition at the old age. For men it arises in the form of property complications, for women demanding more attention in terms of finance and care. The desperate economic condition makes them overlook all the inconveniences of the Home and substandard food provided because they may not get even this outside.

OLD AGE HOME – III

The third institution of the study is of entirely a different kind. Here the inmates are required to pay Rs. 500/- per month for their stay. The inmates of this Home belong to middle class and are well educated. They had been either officers or professionals. The pension they receive as well as their savings in the past enable them to pay for their stay. The Home is well planned, fully furnished and neatly maintained. The Home has a calm, pleasant atmosphere with a beautiful garden. Good care is taken to provide maximum comfort to the members. Out of 30 inmates (5 males) 15 were interviewed. Of them three are males and the rest, females. Among the twelve female respondents four are spinsters. Out of twelve females, eight are retired teachers, one was nurse and the rest were not employed. The two men were in Government service as officers.

The effort of the institution to take care of the health of the inmates is appreciable when compared to the other two institutions.

1. Separate rooms with toilet facilities are provided and the surroundings are comfortable. The Home provides a very hygienic condition and a serene atmosphere.
2. A doctor visits a week and there is a residential nurse to attend to the needs of the old and sick. The Home has a van to meet the transport necessities of the inmates. At times of emergency, required medical care is provided at the earliest opportunity as telephone and transport facilities are always there.
3. Necessary attention is given to provide proper diet to the sick members. Items are cooked according to the needs of the inmates suffering from different types of diseases.
4. As the Home has close links with Christian Institutions, inmates are entertained frequently with cultural or musical programmes which breaks the monotony of total institution. The elders of the

Home express their desire to meet people from outside which will refresh them from the boredom and illness.

The background of the inmates to a great extent influence the way they accept and adapt to their life in old-age homes.

1. As all the inmates of this Institution are well educated and were pursuing some occupation of professional and managerial level, they involve themselves in some hobby and pastimes including music, singing, sewing, scripture reading, letter writing and gardening. Two respondents who are retired teachers visit Balwadis and nearby schools to help the children in their studies.

2. The common feeling shared by all the inmates is that they do not want themselves to be a burden on others. In fact, except the three spinsters, the rest have their sons and daughters in good position. Even for the spinsters, the nephews and nieces are willing to extend support. But the elderly ones refuse. The reasons for not staying with relatives vary from self withdrawal from relatives to spatial problems and servant and water scarcity. Whatever may be the reasons, the elders admit that it is their wish to stay alone in spite of their children's desire to have them with themselves. Moreover the senior citizens of the Home had been leading financially independent life and they themselves felt that adjustment with other family members can be made only with great strain on both sides. Their children and other close relatives come and meet them once a month. The elders feel that they are happier and safer in an institution than at home because the institution provides them all comforts and good diet served at the right time which they may not be able to enjoy in their children's house due to the apartment system of living and servant problems.

3. Migration of children to different places is said to be an important reason for the stay of the old people in the Home. The elders admit that having lived in a particular place and atmosphere for a long time, they are not able to adjust themselves to the new climate and social

conditions of the places where their children migrate. In one case, the only daughter of an inmate is living in Australia and has taken this lady twice with her but the lady refuses to accompany her daughter, because she thinks that Indian conditions, even if she is alone, is more suitable to her and hence is staying in the Home.

4. Retirement from a job is a turning point in the life of the elders. The acceptance of retirement differs from person to person depending on their personality. Three out of the ten said that they are able to look after their health only after retirement. Two of them consider retirement as an unexpected event in the life. Because they were mentally unprepared for it and had been busily engaged in family responsibilities. Three admit that it was only after retirement that they are very happy because they can spare full time to pursue their hobbies and interests which was not feasible for them during their job. (The rest two were housewives and not employed).

An example of few typical cases will disclose bearing of educational and occupational background on the life of senior citizens.

CASE NO. 9

Miss X is spinster of 70 years. She was a headmistress in a school at Madurai. She told that she was suffering from pulmonary diseases but never had time to spare for her own health care. After retirement only she is able to take proper rest. Now she has no school problems to worry about, instead, now the question of how to spend her time arises. She utilizes her time in Balwadi, listening to radio. Because of cataract, she is not able to watch programmes in the television available at the Home. Her nephews want her to stay with them but she does not want to be a burden on them and also agrees, that in spite of their good economic position, she may not enjoy as much comfort and privacy as she enjoys in this Home. (Another case of a teacher (a spinster) who worked under Miss X is also residing in the Home, and she came out with the same kind of feelings and problems, except that she suffers from blood pressure and sleeplessness.)

CASE NO. 10

Mrs Y was a teacher and she lost her husband when she was thirty five. The whole family responsibility fell on her shoulder. Her two daughters and two sons are married and settled elsewhere. Mrs Y says that even though her children want her to stay with them, she is not able to fulfil their wish because she is unable to adjust with the new climatic and social conditions. She feels very sorry for her retirement and ill-health and remembers the past days. She is mentally prepared to face death and possesses strong belief in God. She engages herself in letter writing, prayers and reading the Bible.

This Home furnishes two cases of men with 73 and 74 years of age, whose wives are still living and stay with children separately (for one, the family is in Madurai and for the other at Madras). These cases might have had serious adjustment problems with family members and therefore have chosen the Home.

The needs, the problems and the health behaviour differ among the old according to the place in which they stay. Institutionalized senior citizens are just one group among the old populations in India. There is another picture of old living outside the institutions. The second half of this study analyses the social condition of the aged living in rural areas. The data has been collected from Krishnapuram, a village in Madurai district. Ten selected cases were studied. All the respondents belong to the lower economic group of land labourers. In rural areas the problems is different from the urban centres.

1. In rural areas, against the common belief of strong joint family living, 80% of the elderly respondents are found to be living separately. Joint living may be convenient for the rich agricultural families. Whereas, in the lower income group, the sons, a few years after marriage, construct separate huts and start living there. Therefore, the rural elders cannot take care of their health till they are bed-ridden. The children themselves have somehow to eke out their own living and therefore are not in a position to take care of their parents. Hence there is a compulsion for the parents to accept their lot. They

regret and accept that their sons had to toil in the field from morning till night and it is their own fate to remain all alone uncared. 30% of the respondents including women do some work and earn their livelihood.

2. The living condition of the aged is so pathetic that they long for at least one full meal a day and two sets of clean and un-torn cloths to wear. All the respondents came with the feeling that they wish to enjoy good food and take proper medicine but it is beyond their reach.

3. In case children neglect their parents neighbours attend to them by giving them food at least once a day. The Governments programmes for the old has not reached the rural poor.

4. The average age of the respondents being 85 years attending to hospitals is a problem for them. They regret that even if they consult the doctors, their economic dependency would not permit them to buy the required medicine and the diet advised. The scope of improving their health is thus very feeble and tenuous.

5. The rural old refuse to go and stay with their daughters which may affect their own prestige as well as of their daughters in the family of orientation.

CASE NO. 11

Mrs. S is an 85 years old widow, has two sons and two daughters. Sons working as labourers are just unable to look after her. Also sometimes she may not see them for days together. Starving is her lot as she gets only one meal a day. Sometimes neighbours give her food. One of her daughters pays very infrequent visit to her. All that she wants is just enough food and clothing.

CASE NO. 12

Mr. T lives with his wife. As he is having some disability, his wife goes to work and also looks after him. Their three sons and daughters do

not care for them. Their need is just square meal a day and some clothing. Owing to economic distress they cannot expect to get the treatment or take rest. The wife whose health condition is better than her husband, earns by selling betel leaves.

Discussion of the role social and economic dimensions on the problems of the aged :

The social life of the traditional societies is seasoned with old cultural beliefs and behaviours. When social transformation takes place, the new institutional patterns and social phenomena like retirement and migration come as a shock to the present older generation. With modernization, the social values and human capacity for adjustment undergo a drastic change. Emphasis on individualism, self-expression and egoistic tendencies tend to belittle the old values and therefore the old people. It is the responsibility of the society to spot out the problems of the aged and find some solutions. What befalls the present generation should not be the fate of the future old citizens. Efforts should be taken to alleviate the problems of the present elderly citizens and ensure a better life for the future senior citizens.

The striking feature of the analysis of the three Homes (the difference in the building, care and diet offered and the other comforts provided evince the wide disparity in economic status of different groups in the society and the comforts it can fetch from womb to tomb. The third Home provided enough comforts to the inmates because they pay for their stay, whereas in the other two Homes the inmates are completely under the mercy of the Homes as they do not pay for their stay. More cases with anxiety and despair were found in the Homes I and II. The educational background along with the occupational status provides the inmates of the Home III a decent living which is totally absent in the other two institutions. At the same time the economic background of the Homes I and II uncover the fact that the inmates may not even get this much if they stay out. No recreational facilities can be extended to the inmates of the Home I and Home II because of the financial crunches. As a result of dependence

on the institution and separation from the world, there is a “de-individualisation” (a reduced capacity of thought and action) among the inmates of Home I and II. They are not even able to remember their age. The inmates of the Home III are free from all because the institution offers them enough chances to go out and feel in their minds with social exchanges at picnics and parties.

The Government is playing an insufficient role in providing shelter to the senior citizens. In countries like U.S.A. apart from the special Departments and Programmes of the Government, there are Homes run on business basis where the old can find their shelter. “In United States more than anywhere else, but also in France, there are greatly increasing numbers of nursing-homes, rest-houses, residences, villages and even towns where elderly people who have the means are made to pay as much as possible for an often inadequate comfort and care”. In socialist countries the responsibility lies on the part of the Government to make necessary arrangement. But in India, the programmes are very few and not specific. We have so many Welfare schemes for women and children, the destitute and the handicapped. But there has been no concerted effort to provide Welfare services exclusively for the aged except for some pension schemes. No specific amount is set aside for them in budget allotments. According to the State Social Welfare Board, hardly 10 percent of Rs.6.20 lakhs can be delivered towards scheme for the aged and this too should be routed through old age homes. The Government should start more programmes specifically for the aged to suit their requirements like different programmes for the aged based on their health, activeness and dependency, where they will feel secure.

Moreover the analysis shows that no wife leaves the home when the husband is alive. The inmates of the Homes are either widows or spinsters, whereas the male inmates have willingly opted for their stay in the Home leaving the wife with children. There are two such cases in the I Home and two in the III Home. This shows that adjustment of the aged males after retirement with the family members becomes difficult. In rural areas also the old widows and widowers

undergo a tough and neglected life period, but if both the partners are alive they manage the situation together helping each other.

In spite of the fact that the grip of the family over its members is weakening, conclusions like family disintegration cannot be arrived at hastily. The three Old Age Homes possess only 89 inmates totally which means that in most instances the old population live in their own homes separately or with children. Several other studies in India reveal that family in India retains its position. "However the data from these studies show that there has not been any significant abandonment of the family responsibility towards the old". The family is accommodative and the strains are less if, (i) the economic condition of the family is manageable (ii) both the spouses are alive. Even if the children do not live with them they are happy to look after the health of each other (iii) a little adjustment can be made by the elders with the new members of the home.

The study also shows that the institutionalized elders visit their children and kith and kin frequently return back to the Home after a few days.

The Indian culture makes for four stages in a man's life. They are Bhrahmacharya, Grahastha, Vanaprastha and Sanyasa, in which the last two stages socialize a man for old age. It cannot be said that these stages are strictly followed as distinct stages in one's life. But in many cases we find a sense of renunciation in old age. A few examples like voluntarily giving the property and leaving the home or not disturbing the family life of sons and daughters, by seeking admission in Homes reveal such attitude which may be a natural quality at this age. A recent study of ageing and disengagement of Hindus reveal that "The existence of a normative prescription for a form of withdrawal from material power enables older people to give up gracefully to younger people and avoid direct inter-generational conflict." 6 In 85% of the cases, responses like "almighty will look after me" and "God will be with me" have been received. They say that it is good for them if they die. The old people with low economic

capacity staying in the Homes I and II are satisfied to be there. They blame the fate and accept passively the life at institutions without interest to engage in any activity.

The retirement age in India is between 58 to 60 for different professions and this has affected the mental health of the elders. Retirement occurs in three different ways:

Firstly, retirement affects the social health of the people by isolating them from work situation. They are cut off from social contacts. There are two cases of heart attack after retirement because retirement was a shock to them. They were not mentally prepared for it. Secondly, five respondents in the Home III stated that they are able to take care of their health only after retirement because while in service they were busy and hard-pressed.

Thirdly, two cases of normal health admit that retirement brings more happiness for them because now they are able to utilize their time for the pursuit of their hobbies like handwork, music and reading.

At the retirement age, 50% of the aged are found to be in a manageable health condition and therefore an arrangement for some useful activities would revitalize them. But in this respect the society should come forward to the old voluntarily and offer simple jobs instead of the old people themselves running after jobs. Those senior citizens who like to be re-engaged should be given an opportunity to do it. This would enhance the economic sufficiency, role contribution and mental diversions. The need for companionship has been repeatedly mentioned by the aged irrespective of their institutional status and re-engagement will break the monotony of their life. In the case of the rural people there is no disengagement of retirement and therefore no question of re-engagement.

A peculiar problem of the traditional societies is the problem arising out of property acquisition. There is one case in each Home narrating property problem leading to desertion of the children or voluntary

withdrawal of the parents. The right of the sons to claim the property of the father provokes problems for the aged. Such kind of social expectation to divide the property at one period creates critical situation for the elders with a property of a marginal level where they cannot retain a share for themselves. Incidents like this are reported in Sherpa society by ethnographic studies, which argue that "parent-child conflict in Solu-Sherpa society occurs because sons marry and take away shares of the parental property and that eventually, when all the sons marry, they leave the parents virtually property less". This condition is found mostly in lower middle economic group where the parents have a very little property to be shared. In lower economic group there is no question of property conflicts as they do not possess any. In the case of the upper class parents have plenty to be retained a share for themselves.

Indians are usually said to be very much attached to the soil or place of birth. The analysis has shown that migration of the children puts the old in a dilemma. Sometimes, the children leave the old parents alone in their native place with an excuse of migration to far off places. There is another kind where the old themselves are quite unwilling to quit their native place. In certain other cases migration plays a role negatively because the old parents move with their children but are not able to adjust to the climate and social environment of the new places.

Mention has been made by the respondents about the transport problem. They find it very difficult to get into the regular city buses because of the crowd and their own ill health. Proper steps to ensure secured transport facilities by running special buses, would enable the senior citizens for mobility to certain extent and their contacts with the external world.

In transitional India, the society itself is a 'Prismatic Trap' and the condition of the old is still more vacillating because neither the family is fully supportive as in the traditional past, nor do the Government extend programmes of full protection to the old. The study suggests

that the family should remain as a supportive part of the healthcare system. Highly industrialized societies where plenty of care systems are available for the old, now realized the need for an emotional support for the aged. While realizing the need for social integration of the older persons, the study points out their essential integration into family groups and into political and social life. In addition there are also many ways in which family members and physicians may help them to achieve a high level of mental and physical health and life satisfaction. Therefore, instead of selecting the wrong road to a designation as it happened in the West and again resorting to the traditional pattern, we can strengthen the family integration now itself.

Moreover, Indian family should remain a closely-knit unit. The children have the obligation towards their parents till their death because (i) the children have been depending on their parents for their education, (ii) and life after it, till they stand on their own feet irrespective of their age, (iii) and the children claim right over the property of their parents. The trend of thinking among the present middle age group has changed and they have started considering the need for Old Age Home as an inevitable evil of a modern society. This feeling itself rings an alarm that in future the family ties are likely to break down and the responsibility of caring the older generation might be shifted to the institutions. Proper socialization of the young, as well as the older generation for old life may patch up the emotional rifts in the family. And the Government should step in and render a helping hand through welfare schemes, wherever there is an economic crisis that throws the old out of the family. Family should remain a predominant support for the older generation. New institutions can be organized where the old can visit and have social contacts. The study discloses that the problems of the aged are not of uniform pattern. The factors like sex, rural-urban living, economic capacity and spinsterhood influence one's life at the old age and such be the condition it is the family that can cater the needs of the older people and provide a better living to them than Old Age Homes.

Sl. No.	Institutions	Physical Wellbeing	Mental Wellbeing	Social Wellbeing	Spiritual Wellbeing
1.	Old Age Home I Lower Economic Group (Males) N = 8 50% of the total inmates	Deafness, General Weakness Independently do their daily routine. Their evaluation of their own health is 'good'.	Self imposed isolation, Nobody to care for them, Nobody to share love and affection	No role to play either in society or in family Almost non-persons. More family problems because of no contribution to it. No liking to re-engage. (No recreation)	Fatalistic, less religious belief Found to be happy as they are now doing no work. Passively. No fear of death but no mentioning of it.
2.	Old Age Home II Lower Economic Group (Females) N = 18 42% of the total inmates	Cataract, deafness, sore leg, blood pressure, ulcer, arthritis and chest pain	Forced isolation, Self pitying No care and love. Discontented, irritable cynic, talkative and quarrelsome. De-individualization	No role to play either in society or in or in family. Almost non-persons. More family problems because of no contribution to it. No liking to re-arrange. No good relationship between inmates. Rare recreation (Thrice a year)	More fatalistic More reference to death. Strong belief in God. Discounted with life. Sense of hopelessness. Frequent mention of death
3.	Old Age Home III Middle Class Retired (Both Male & Female) N = 15 50% of the total inmates	Cataract, Cardio-vascular problems, arthritis, nervous weakness, Blood pressure, sleeplessness, deafness	Self-pitying absent Engage in some revitalizing activities which helps in forgetting health problems. Less worries because of economic independence Introspective	Engage themselves social activities with the help of their previous contacts. Visit children and close relatives frequently and for long duration. Attend home functions.	Self-contentment. Satisfied with what they were and what they are now. Belief in God and religion. Adaptable to the environment. No fear of death but mentioning of it

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PLIGHT OF ELDERS IN THE CONTEXT OF CHANGING FAMILY PATTERNS IN HARYANA

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Abstract

The study was conducted on three hundred working women with whom elders have been residing. Main aim of the study was to know the pattern of care of elders by working women and to delineate the problems faced by working women in caring elders, problems of elders in changing scenario were analysed. Study highlighted various socio-psychological problems of working women in caring the elders on the one hand and contribution of elders in the family and their problems in adjustment on the other hand. Study also suggested many ways to overcome these problems.

One striking fact of the 20th century has been the worldwide growth of elderly. In India the rise from the present six to projected 13% in 2025 will quadruple the population of the old. China and India will be two rank holders (China first) in 2025 in having the world's largest number of old persons in their population. Decrease in birth and death rate and improvement in health status are the main factors for increase in longevity. As these factors are likely to persist we can expect that the growth trend will continue into the next decades also.

There are 60 million elderly in India; about 20% of them are disabled in varying extent with longevity on the increase. In India where joint family system persists, care of elders have not been the problem but decrease in education, modernization, industrialization and other forces of change have altered the structure of joint families, children

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have started going outside the home towards other towns and cities for getting higher education or better remunerative jobs. These types of change have disintegrated the joint families and affected the elderly adversely. Employment of women outside the house has further aggravated the problem of care of elders which needs thorough attention. These changes have left the elderly people uncared and unattended and given rise to multiple problems of ageing. The stern and strain arising from these situations have made the position of aged increasingly vulnerable. Hence the present study has been undertaken know the pattern of care of elders by working couple and secondly to delineate the problems faced by working couple in caring the elders and the problems of elders in the changing situations.

Present study has been conducted in Hisar city of Haryana, on 300 working women with whom elders were residing.

Half of the working women were in the age group of in between 30-40 years, educated up to graduation level followed by 25% even up-to post graduation level also. Overwhelming majority of women were in service working as school teachers (55%) and lecturers (10%) , in clerical jobs (20%) and in other, low paid jobs (15%). Majority of them hailed from middle income group families. With majority respondents (60%) maximum of two elders were living followed by 20% with whom even three elders were living. Forty five percent of respondents had 4-7 family members followed by 35% who had 7-9 and rest 20% had even above 9 members in the family.

PROBLEMS OF WORKING WOMEN

Employment of women outside the house has altered the family chores and affected the child and older care system. Due to paucity of time women cannot attend or care the elders and children as housewives can do. Changing situation has resulted into isolation and loneliness or problem of alienation among elders and increased the stress and strain among working women.

Working women were probed about the problems they feel due to elderly living with them. Analysis revealed that majority of women (60%) felt that because of their employment outside the house, they cannot look after their children and elders properly. About children they felt that they cannot give proper attention to their study, personal care, and diet. About the elders they felt that they cannot give them company because lack of time, cannot provide diet according to their state of health and unable to give proper personal health care. Study further revealed that an overwhelming majority of elders were not satisfied with the treatment they get from working women. Alternate arrangement for household chores and for elder care, also irritate them a lot as they are not habituated to the same.

Working women were further probed if they felt any harm in their official work due elderly living with them. Half (50%) of the working women opined positively and rest negatively. Majority of working women (65%) felt mental tension due to conflict with elders, followed by 20% who had tension due to neglect of children & rest had other family problems.

In the traditional joint family only male folk used to go outside the house for work and females either daughter-in-law or daughters used to look after the house and family members. In the changing scenario the daughter-in-law remains absent from house for a long time, and unmarried daughters if in job will also be away and if getting education will definitely attend the school/ college. Under such circumstances elders have to live in the house alone, where no one is to look after them. Situation becomes more miserable for ailing elders. At such a vulnerable age, where someone is needed to look after them. Instead, they have to take care of the house and the younger children in the house, supervise the work of servants or otherwise have to share the burden of household chores. Such a situation results in tension, feeling of neglect and dishonour, alienation and depression among elders. Hence, it is a vicious circle. Unhappiness on the part of elders leads to tension among working women and vice-versa.

PROBLEMS OF ELDERS AND THEIR CONTRIBUTION IN THE HOUSE

In the present changing situation, when the couple remain away from the house, elders contribute a lot in the family in spite of many ageing problems.

Majority of elders were ailing with multiple health problems. Analysis envisages that main health problem among elders were arthritis (60%), followed by indigestion (50%), low vision (40%), hearing defects (30%) some were also ailing with heart problem, diabetes, asthma.

Because of presence of multiple diseases elder at this stage require special diet and health care. Thereafter respondents were probed about the same. Analysis revealed only 10% of the elders got special diet separate from other family members, rest were getting the same diet irrespective of their state of health.

In spite of elder's ill health, they contribute a lot in the house. Analysis revealed that elderly male members help in the education of children, bring groceries, ration or titbits from the market and in making decision on important matters. On the other hand elderly female members care for the children, help in daily household chores, supervise the servants etc. bPresence of either male elderly or female elderly provide security to the house when the couple is on duty.

In Haryana after the marriage of the son, when mother gains the status of mother-in-law, she withdraws herself from all household chores and gives the charge to daughter-in-law. Consequently, elders feel powerless, neglected. But the present changing situation demands their never-ending cooperation and help in the family. These changing situations definitely in future will increase the respect of elders in the family and elders will also feel themselves wanted in the family. Daughter-in-law's lure of nuclear family will also

reduce to a great extent, as now she needs her elders to look after the house and children.

It is true that in the context of changing situations, we need to help of elders, but the pertinent question here is, what we are giving them in return.....? Loneliness, half hearted care!

Conflict between elders and working couple has social and psychological reasons but it can be overcome with a little tolerance on the both sides. Elders should understand the problems of working women in a changing stressful situation. Working women too should try to understand an older person's feeling of insecurity and the consequent defensive hostility.

With a little effort working women can make the elders happy. They only want to feel that they are not neglected, and are part of the family, and most-important that the family cares for them. Hence working women should develop amicable relationship with the elders.

Lack of tolerance and proper understanding from both side results in maladjustment. For harmonious adjustment both should understand each other & recognize the help and work of each other. They should develop some compromising & sacrificing attitude.

For the proper care, socialization of children or for providing security to house, working couple should recognize the contribution of elders and should respect and honour them for mutual benefit.

NOTES FOR CONTRIBUTORS

All Contributions and correspondence should be sent to Dr. Indrani Chakravarty, Calcutta Metropolitan Institute of Gerontology, E-1, Sopan 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.

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(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.

