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BOOK REVIEW

AGEING & SOCIETY : THE INDIAN JOURNAL OF GERONTOLOGY

Editor

Dr. Indrani Chakravarty

Calcutta Metropolitan Institute of Gerontology
E-1, Sopan Kutir, 53B, Dr. S. C. Banerjee Road, Kolkata - 700 010

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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 and free of grammatical, 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 also be provided at the end of the abstract separately.

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NEED FOR INTEGRATED METHODOLOGY IN GERONTOLOGICAL AND GERIATRIC RESEARCH IN INDIA

Supriya K. Ghosh Maulik*

ABSTRACT

As gerontological research is gaining momentum in India, as well as in other parts of the world, it is necessary to develop it as a separate discipline. At present anthropologists, demographers, psychologists and other social scientists adopt their own methods to study the aged people. Biologists and medical scholars have their own approach. Such diverse types of approaches are not conducive to growth of ageing research. Still now the classification of the aged for different types of studies is varied. It will be meaningful to develop an integrated methodology to cater to the need of future researchers. Then only gerontology would shape out as a distinct discipline with biological and social wings.

* Retd. Professor of Anthropology Utkal University

Introduction

In recent years there is an observed spurt in the study of elderly people in the Indian as well as other areas of the world. This is in response to the growing awareness of scientists and the governments. Average life span of people are ever increasing over sixty years even in the developing nations due to improvement in health care delivery system. At the same time, social system is rapidly changing, replacing joint living with nuclear living arrangement. Agro-based joint economy is yielding place to individualistic economy. A change in attitude among people of India (and probably in other developing countries) is observed towards responsibilities of elderly family members and traditional economic pursuit. Children born in the families of agriculturist or artisans are reluctant to adopt the traditional profession and shunning thereby rural-based life, as well as sharing joint family economy. Modern globalized economy has offered many opportunities of career building in industrial and corporate sectors and young generation are ready to accept it, radiating out from their ancestral homestead. This inevitable trend has pushed families with traditional type of living with ethical values, to a transitional situation. Nuclearization of family started about five decades back in India and now has become ubiquitous among people of all communities with varying degree of occurrence. This situation is shaking the traditional value systems. Aged persons are found to live without their family members.

Literateurs have the freedom to depict the condition of the aged in generation change and erosion of family ethics and express rhetorically from impressionistic feeling. As a result, the literature become very attractive but without validity. Scientific inquest is with different objectives, where reliable data are collected through meticulous research design to eliminate bias to the maximum extent. In scientific studies, measurement is an essential part. In social science, this task is very complicated especially when a researcher deals with social psychology. Gerontological research exactly falls in this category with wide ambit. Scholars with various types of academic

orientation have attached importance to the study of aged people in their own points of view. Accordingly, they apply their own methodologies to achieve desired result. Although their methodologies are flawless as per disciplinary approach, crosscultur comparison become difficult in order to arrive at some generalization. In science, generalization is required with some admissible variation.

For example, in case of study of growth, after large scale research all over the world, it has become possible to have generalized knowledge about pattern of growth at different age-group of boys and girls, with ethnic and geographical variation. This has become possible by following some accepted methods of measurements and research design. In case of researches in the field of gerontology and geriatry, such standardization is required which though difficult is possible. In this present paper, I would try to delineate some of the major problems so that scholars would invest their efforts and knowledge to develop an integrated methodology for this multidisciplinary area of research.

Classifying Aged :

In initial phases of studies on human growth, various classifications were made by scholars, defining age categories of children and sub-adults and different methods of measuring them, recording their morphological and other behavioural features. As the age divisions were not uniform, the data on postnatal growth were not comparable. However, later on, such problems were overcome. Same exercise is necessary for study on the elderly people. Across the world, the aged persons are of various physical composition and cultural disposition. It will take a longtime to gather data on the life in old age in different ethnic groups and develop a generalized view. To achieve specific objectives the researchers have to develop and implement some standard methods of approach in consonance with the approved practices in the allied discipline.

First of all one has to decide the cut off age for considering a person aged. If government job retirement age is considered then it will vary for ten years approximately (58 years to 65 years) in various countries.

In India it is 58 years, 60 years, 62 years and now 65 years (in university sectors). Government grants senior citizen facilities for men and women at separate ages. In many studies on American people, 65 years was taken to be accepted as "old". Now mostly 60 years of age taken as cut off year for both the genders. Determining age among non-literate rural people is a problem.

Like classificatory names in case of growth studies, aged people are also variously classified by many researchers as 'young old' (60-69 years), middle-old (70 to 79 years) and 'old old' (80 years and above). For some specific purpose of study, the ten-years age-group is further reduced to five-yearly sub-groups. These classifications are needed for finding progressive age-related changes in biological characters. For behavioural and psychological changes a ten-years age-group may suffice. To detect changes in skeletal structure or organic dysfunctions micro-analysis of five yearly age interval is needed. What is more intriguing is that in the sixth decade of life, the progressive degeneration may be at lesser pace, than in the seventh and eight decade of life. But those elderly persons who live through the ninth decade, reach a special stage of physical and mental existence. They are relatively less accessible to the research workers due to various reasons and even then, commonly used methods are not suitable to get information from them. Each research supervisor, has to design a method of inquiry for these extremely old persons.

In absence of a well accepted classification as per age-groups of the senior citizens, the following division may be considered:

- i) Green Phase : 60 years to 69 years or Green Old
- ii) White Phase : 70 years to 79 years or White Old
- iii) Yellow Phase : 80 years to 89 years or Yellow Old
- iv) Golden Phase : 90 years and above or Golden Old

This nomenclature is simply a communicable literary label to more scientific categories of chronological classification of life span.

This classification of age-groups above sixty years and branding such persons as 'aged' does not satisfy those researchers who want to understand the process of ageing and since when it grips a person. It may be five years or ten years earlier that is in the fifth decade of life. The ageing may show natural biological symptoms or incident induced change or culturally nurtured behavior by some people. Cultural anthropologists often claim that in traditional societies people categorize some persons as 'aged' ('budda', 'buro' or 'burrah') when they become grand parents or senior-status holder in social sense. This terminology is clandestinely applied to head of family or even head of an office, even though the persons are in their early fifties. So if any research worker studies with this type of cultural category approach, the work might be valuable but data remain incomparable.

In behavioural science approach, ageing process is much more difficult to measure. Inter-culture and inter-personal variation is dependent on so many factors that to sort these out is an arduous task. Comparatively, measuring age-related change in physical characters, is less complicated, as these measurements are based on strong somatometric and somatoscopic techniques. A researcher needs to identify the subjects who would be measured as per objective. One can start from samples in their fifties and subsequently go on measuring older persons of different ages. This need for selecting samples from lesser age-groups, arises from the fact that ageing is a continuous process and dependent on personal life style. Longitudinal method of studying progressive age effect may be good, but not feasible. So some workers might opt for half-yearly measurement of each individual for a specified period.

Human biologists argue that constructive growth declines in the third decade of life. Although the anabolic functions become slow, no visible effect is observed in major functions of which reproduction is important. But during the end of fourth decade of life, women lose reproductive capacity as a major expression of hormonal cessation. Changes in important organic functions, trigger a set of behavioural changes which are progressive.

An inquisitive researcher on ageing may like to measure the steady changes in mental and behavioral spheres in chronological sequence. But as per practice, if he/she chooses sixty (60) as cut off year for recognizing an individual as aged, the causative root may remain in earlier age. In fact, environmental factors are so varied that to restrict samples above certain age and measure the cumulative effect is a contentious point, yet it is necessary to have a line of division. Similar problems are faced in the study of adolescence. Aged persons in the western societies and oriental societies, nurture different attitudes on self-behaviour and reciprocal behaviour from the filial generation. As most oriental societies are under-going socio-political and economic changes, particularly among the 'advanced' sections, appropriate modifications in research methodology becomes imminent. For example, a rural-urban difference, mingled with community traditions are observed in India sub-continent. There are so many sections and sub-sections in the population, that unless these are taken as 'cohort' the trend of change in the life-pattern in old-age will remain elusive.

In India (and also elsewhere) there are various regional communities who are yet to be modernized in their social traditions. They are variously classified as 'scheduled castes' and 'scheduled tribe' and similar communities of own social norms. Their society is more researched by the anthropologists. Study on the elderly people of these off-track (secluded) communities are extremely less. Anthropologists have conducted extensive and intensive studies on various aspects of tribal life and culture since end of 19th century, but focus on the aged people did not find place in their research agenda. When such studies were attempted recently, the traditional method of data collection resulted in superficial description or numerical depiction of the aged people and their life condition in the society. Geriatric studies on these tribal and semi-tribal communities mostly inhabiting less accessible areas are almost negligible. But how long such studies can be neglected? With growing awareness about gerontological studies, scholars are becoming interested in covering wider areas and societies with diverse socio-cultural norms that is why development of some standard methodology is highly needed.

Areas of Research

Studies on the elderly people broadly fall in the following categories with overlapping disciplinary areas:

1) Demographic distribution of elderly persons in urban or rural areas in different communities (Indian sub-continent and Afro-Asian countries) of developing countries and their socio-economic information.

Such studies are based on very clear research designs followed in social sciences armed with techniques of population data analysis.

2) Studies on social and cultural systems of defined communities or cross-cultural data on people in different environmental situation and their own method of negotiating old-age. Major studies fall in this category, where different techniques of collection of data and analysis, are applied. These are done either on short term survey or long term studies with in-depth analysis of socio-economic adaptation within the society and with the changing national environment.

Field-work or visiting the subjects in their own habitation and gathering first hand information is a much advocated method of study in anthropological disciplines. Several good books on how to conduct field-work in different situations and how to general reliable data are available. Anthropologists with various objectives of studies have utilized these methods and improved the techniques. A good research method will generate data for qualitative as well as quantitative analysis. National requirements for planning and development give stress on quantification with appropriate statistical treatment when these methods of field-work has to be applied to generate data on socio-cultural and economic parameters focusing the elderly members, these require modification in application.

This may be clarified. Anthropology scholars usually combine interview, schedules with planned guidance and observation. In areas of educated participants, questionnaires are advocated. When they require to study only the elderly segment of a society, they have to

measure various performances and abilities of a section of people who are integrated part of the rest of the society. So the interview items and schedules are to be developed in such way so that data scored by the elderly section can be at same standard of test regarding the other members of the society. Researchers who included behavioural / psychology items, often adopt this type of standardization for reliable comparison. Most social inquiries in geront research include psychological aspect. Hence investigator in social gerontology might need to modify common field- work methods in, the light of behavioural studies.

3) Third category of gerontological research fall in the realm of social psychology and psycho-pathology. This is a very complicated investigation and requires careful field investigation. Elderly people are part of the society and more particularly embedded in families. They once built up their families with best efforts investing all of their material and intellectual possessions. Their filials were brought up in the family traditions and some may try to impose their own dictums in managing families. If an investigator visits families to meet only the aged persons and put question to know various intricate matters like whether he / she is satisfied with the management by the members of filial generation or whether their instructions are totally obeyed or whether he / she receives all the cares as desired, the replies are likely to be all evasive at first instance. The elderlies will not divulge the inner feelings or truth to an outsider. The respondents where the elderly members or junior members will conceal the truth which some anthropologists call 'impression management.'

The nature of impression management differs according to the type of people on whom field work is carried. Tribal or simpler societies usually do not pose much difficulty but as one deals with urban people or those living in hinterland areas respondents are conscious and conceal truth, intelligent fieldworker does not press for true answer so that the respondents are vexed, but take indirect method. In longer stay in the field, investigator discovers the truth from neighbours' report and cross-verification from the respondents under different situations of interview.

There are various methods of field work prescribed by the anthropologists, which singularly or in a tandem are used as per the objectives of study and nature of the respondents. Scholars engaged in development studies follow a method of studying multi dimensional characters. What they named variously as 'rapid assessment' or 'rapid rural appraisal' method. In complex type of gerontological investigation, including social and psychological parameters, these methods may be utilized. It gives advantage by combining, observation (participatory and non-participatory) semi-structured interviews, with multi-disciplinary expertise and team interaction.

4) Some scholars are interested to measure cognitive capacities in old-age. The question when senility grips an aged person and under what circumstances, is addressed by many interested investigators. Shock, trauma in earlier period of life have immense influence in mental situation. Visible signs of ageing appear on morphology and behaviorally also many once-vigorous person becomes withdrawn from worldly affairs. These are multiple determinants of developing senescence, where psycho-social factors act upon biological factors.

Psychological approach differ from socio-cultural method in some subtle ways. They do not simply restrict their inquiries on structured questionnaires and respondents' verbal response. They adopt experimental testing to corroborate of contrast finding on a particular matter.

Experimental psychologists also adopt laboratory tests on long-term (repeated) or short-term basis to understand senility or loss of cognitive function and progressive dementia. The laboratory studies are much more sophisticated and take care of elimination of bias.

5) Biological scientists, including anthropologists and medical scholars also take interest in study of the aged people. In fact the biological information and analytical knowledge is based on undisputed footing about ageing in human and related ailments. This branch know as

'geriatrics' in medical parlance, is a specialized knowledge about physiological, anatomical and neural changes in commensurate with age. The data compiled through various case studies of ailments by medical scientists are statistically treated and generalization to be helpful in treatment of aged persons.

Zoologist and a section of psychologists, have experimented with laboratory animals to formulate theories of ageing, which are matched with observation on elderly people living in different environmental conditions. This is mostly attended by the biological anthropologists. With tradition of field work, such scholars are capable of visiting different areas and painstakingly screening elderly people for various symptoms of physical ageing. Such investigations do not depend only on reliable answers from the respondents but their benign cooperation. It has been observed that aged persons respond readily to such inquiries and check ups, because they are happy with some one inquiring their health problem.

Need for Specialized Approach:

As gerontological studies are now taking momentum, it is high time to carve out this science as a separate discipline, as in medical science, 'geriatrics' has emerged out as a speciality sub-discipline like 'pediatrics' or 'gynecology'. Anthropology has taken quite long time to emerge as a distinct subject combining methods and techniques from various disciplines allied to human studies. Now it is time for gerontology to develop into a specialized branch of study. Demography has already adopted different techniques of data collection and analysis to achieve diverse purpose.

Apart from social and economic problems, which elderly persons manage to face, physical disabilities cause immense painful existence. Chronic ailments like diabetes, arthritis, hypertension, cardiac and breathing problems make life miserable both for the elderly and their younger family members. Many trivial matters become cause of family tension. Mental illness like depression, Alzheimer's disease, etc, are detected in higher

frequencies now-a days. As these are the causes of geriatric medicine, social gerontologists leave these apart from their study design. But these ailments are so intricately associated with life in old age that these are inseparable. A holistic approach to study the elderly persons need combined methodology involving specialized scholars.

Bottom line:

Ageing is an inevitable process of human life. The initial phase is known as growth which is constructive, and when developmental stage ends, the ageing process gradually turn to be destructive after some period of stability. Each organ slowly loses vital power and after certain years of life, the decline is rapid. Good physiological exercise or medical intervention can give some respite from suffering. Academic researches are aimed at gathering proper knowledge about physical and mental health of persons in old age and the resultant repercussion in social life. The way of life or life style and economic or professional pursuit, also are determinants. This is a comprehensive task for any researcher. Among various methodologies available for social science and biological science (including medical) research, suitable ones are to be adopted for generating reliable data and subjecting to meaningful analysis.

POVERTY, OLD AGE AND THE STATE: CASCADING EFFECTS ON THE INDIAN ELDERLIES

Prabir K. Das*
Saumitra Basu**

ABSTRACT

Poverty in an underdeveloped country like India does not surprise its academicians and professionals. The aged population of the country will soon be over eighty million people. Sizeable section of this population is below the poverty line. Thus there is a tendency of equating poverty with old age. In the structural pattern of the society senior citizens are identified as a separate homogenous group practically isolated from the mainstream of daily life. This is also reflected in the labour market in the mean tested pension of the country and the ensuing service sector which delivers age benefits and social security. Within this parameter the elderly women are discriminated against more than their male counterparts. The political economy of ageing in this backdrop requires special analysis and the sectors known as formal and informal are to be compared and analyzed in this backdrop.

This paper discusses the differentials of income, asset, liabilities and behaviours that generate out of apathy towards the informal sector. It also focuses on certain policy matters within the broad spectrum of political economy of the country.

Key Words: Poverty, Old age, Gender, State Policy

*Cultural Anthropologist, CMIG

** PostDoctoral Fellow, The Asiatic Society, Kolkata

Introduction

Poverty is a household word in India. The country is a rich man's paradise and a poor man's hell. The population of India is shortly going to cross 1.1 Billion people. Of these, approximately 80 million are over the age of sixty. Seventy two per cent of this population dwells in the rural areas and the remaining twenty eight per cent belongs to the urban areas (Census of India, 2001). In defining poverty we have followed the Copenhagen Declaration of 1995 which observes poverty as "... a condition characterized by severe deprivation of basic human needs, including food, safe drinking water, sanitation facilities, health, shelter, education and information." (UN, 1995). In this regard we may also quote the working paper prepared by the Institute of Public Administration on chronic poverty. "Chronic Poverty among Indian Elderly shows that in the rural areas, 58% of women and 45% of men are entirely economically dependent, whereas in urban areas, these figures are 64% and 46% respectively" (Rajan Irudaya, 2004).

Indian poverty has two faces – the urban and the rural. The typicalities of urban poverty are reflected most in the slums. This is a kind of dwelling consisting of shanties and jhupris arranged haphazardly with close proximity to each other¹. Apart from food shortage, the population in these slums suffers from malnutrition, chronic hunger, poor hygiene, open sewerages and squalor all around. The Indian slums thus are compatible with the definition forwarded by a Group of UN Experts. The operational definition of a slum is an area that combines the following characteristics to various extent: inadequate access to safe water; inadequate access to sanitation and other infrastructure; poor structural quality of housing; overcrowding; and insecure residential status. To these one may add the low socioeconomic status of its residents. According to Census of India 2001, the total slum population

1. The jhupris and the shanties are temporary dwelling places most built with cardboard boxes, plastic sheets and haphazard waste materials collected piecemeal.

of India stands at 40,297,341, comprising of 22.58 per cent of the total urban population. Approximately 7.7 per cent of the total slum population (31,02,895) is aged sixty years or older. In support of the above we cite a case study to show the situation in a micro level stage.

Case Study – I Victims of Urban Poverty

This is the story of an aged couple residing at a make shift shanty. It is situated in the outskirts of a slum in the northern part of the city of Kolkata. The male is about 80 years of age and his spouse is aged about 67 years. They have two children, one son and one daughter. The son does not live in the parental home. He lives with his spouse and children and visits the old couple infrequently. He does not support his parents financially and very rarely donates a small amount of money to the mother. The daughter is also married and occasionally offers some medical assistance to the parents. The male head of the family used to work as a house painter; he fell from the scaffold some 15 years ago which resulted in a permanent disability. Since he was working in an informal sector he neither had any social security nor had any old age pension to support his family. From then onwards he has become a financial burden to his spouse. The wife used to work as a house maid but could not work any more due to old age. As a result she has been working in a nearby hosiery factory and earning very small daily wage. Both husband and wife are dependent on a meager wage to meet their food and daily expenses. The amount is so small that the couple forced eat only once daily throughout the month. For the sustenance the wife has to depend on charity from her neighbours.

On the other hand manifestations of rural poverty can be underscored by perennial hunger, seasonal hunger and joblessness. India being a predominantly agricultural country the rural population is wholly and fully dependent on cultivation and agricultural produce from fisheries, goat and pig rearing, poultry and other food industries. However due to both vagaries of monsoon and drought even this seasonal employment is very uncertain.

About two thirds of India's more than 1 billion people live in rural areas, and almost 170 million of them are poor. Although many rural people are migrating to cities, three out of four of India's poor people live in the vast rural parts of the country. For more than 21 per cent of them, poverty is a chronic condition (International Fund for Agricultural Development, 2007). The following is the case study that describes the nature of rural poverty in an emphatic manner.

Case Study – II Rural Poverty Manifestation

This is the story of a poor rural family consisting of an aged couple, two daughters-in law and three grandchildren. The man has three sons of which two are truant migrant agricultural labourers who during the agricultural season go to work in adjacent districts. Our respondent is over seventy years old and his spouse is in her mid sixties. The family has a very small piece of agricultural land which does not yield food grains for a family of seven. The man himself takes on additional work in the form of knitting fishing nets and other ancillary jobs as and when his health permits. The women of the household also undertake work as far as possible. The children do not go to school. They are entirely dependent on their poor grand parents. The truant sons seldom return to the family and even then do not bring anything substantial for the benefit of the family members. The household suffers from perennial hunger and during the lean season sometimes have to live no food at all. There are no substantial benefits and the primary health centre available to them does provide effective medical assistance. There is a Christian mission who comes to their aid in times of medical contingency. The poor old man laments his poverty not only for himself alone but also for the grand children who have been thrust upon him as dependents.

Both case studies of urban and rural poverty demonstrate how aged people suffer due to poverty. However it is naive to assume that old

age is the outcome of such poverty. Rather in the Indian context, it is just the opposite; poverty may begin much earlier than old age. But the link between poverty and old age in absolute terms is visible all over the country and a prognosis to that effect may not be irrelevant. The following analysis will therefore be an attempt to understand the interconnectivity between poverty and old age if it exists at all in an Indian context. The other important aspect is the 'dependency syndrome' which goes hand in hand with old age. This is an empirical concept that requires exacting analysis particularly at the micro level so as to postulate a hypothesis in the macro level. To do this we shall now discuss data related to income distribution, asset-indebtedness, liability and old age dependency. In short the total economic status of the poor households in two fields of urban and rural nature needs to be analyzed in a transparent manner.

Analytical Discourse

We shall now follow the Foucauldian concept of 'discourse' (Smart, 1985) that helped us to identify the social fields and institutions in which ageing and old age are constructed. For our purpose we have restricted our studies to the two sets of data indicate the status of elderly at the economic level. The data also indicate the status of the elderly population at a corresponding cultural level, providing meaning in which social practices are made possible and are likely to indicate the knowledge of truth (Westerhof & Tulle, 2007).

The functional data have been collected through a longitudinal study during the years 1995-2000 and followed up with recall visits during 2005 – 2007. The area of study was conducted in two different cultural locales to balance the issues in an equivocal manner. Ward No.6 (Chitpur) of Kolkata Municipal Corporation was the urban venue and the corresponding rural venue was Chakdha, situated in the district Nadia of West Bengal, an eastern Indian state of India. (Table 1).

Table 1 : Age gender distribution of the respondents

Age Sex distribution			
Age Group & Gender	Gender		Total
	Male	Female	
Urban			
60-70	30 (50.0)	30 (50.0)	60
71-80	15 (53.6)	13 (46.4)	28
81+	5 (41.6)	7 (58.3)	12
S.T.	50 (50.0)	50 (50.0)	100
Rural			
60-70	24 (46.1)	28 (53.9)	52
71-80	16 (50.0)	16 (50.0)	32
81+	6 (37.5)	10 (62.5)	16
S.T.	46 (46.0)	54 (54.0)	100

This discourse utilized a fundamentally anthropological methodology. The respondents were selected through Stratified Random Sampling (SRS) technique along with semi-structured questionnaire with direct participant observation, case studies and focused group discussion. We sought to discover the financial structural patterns involving these respondents in the realm of income, debts, assets and liabilities and the corresponding conglomeration of behavioural patterns that came out incisively through case studies. We believe this gives us an empirical understanding of the aforementioned link between poverty and old age.

Earning Status

The most important indicator of an elder person's status is reflected in the earnings that gives him or her financial and social security (Smeeding, 1990). In the present study both in urban and rural milieu, this has been amply corroborated. Thus in the both sectors it may be seen that the number of earners is much less than the non-earners. By 'earning' here we mean monthly income from pensions, business, daily wage earning and other ancillary services. The elderly women suffer most from dependency syndrome and high percentages (80-85%) do not earn anything from any source. These women are solely dependent on their sons, relatives and sometimes on charities. This is true for all sections irrespective of caste, creed and community (Table 2).

Table 2 : Earning status of the aged

Area	Gender wise Earning Status			
	Male		Female	
	Earners	Non-earners	Earners	Non-earners
Urban (m-50/ f-50)	38.0	62.0	20.0	80.0
Rural (m-46/f-54)	34.8	65.2	14.8	85.2

The monthly income patterns of the elderly earners vary between Rs.300/- to Rs.500/- in general and in exceptional cases reach up to Rs.1000 and above.

Case Study –III Earning and Chronic Poverty

The respondent is a retired person of roughly seventy three years of age. He used to work in a Private Firm. After retirement he received a lump sum retirement benefit which he invested in company shares, certificates etc. from which he used to earn round about Rs. 1100/per month. He has now a family of five; his ailing spouse, an unmarried son, an estranged married daughter and two grand children. With some of his retirement benefit his unmarried son opened a small grocery shop; but the son squandered away the earnings on alcohol and gambling. The elderly gentle man struggles to meet the daily expenses of the family. He suffers from chronic poverty and doesn't know what will happen to the family once he passes away.

The case study above is an example of a general trend for the other respondents under study. The accumulation of poverty has been stigmatized even though its prevalence is not necessarily due to old age.

Assets

Through the life course of a senior citizen regardless of the urban or in rural sector, there is variety of goods that are accumulated, as well as properties not always considered valuable and various instruments of operation that are typically Indian in nature (brush / copper/silver utensils). The elderly consider these goods to be their life time wealth. Assets, movable or immovable, and however insignificant, are resources that can always be converted into money income in times of emergency (Schultz, 1988).

If we look at the urban picture in this regard we may see that the major assets are the primary home, company papers, jewellery and household utility goods of copper and silver ware. Even in this meager reflection there is gender disparity, and elderly men seem to own a greater number of these type of assets than their female counterparts. However it may be seen that the number of these asset holders is quite small.

In the rural areas, the pattern is the same, excepting a variation in the nature and entitlement of such assets. Land is the central issue in

rural India and Chakdha is no exception to that. Land owning in this area is the symbol of status for the aged, includes items such as ponds, cash crop trees, poultries and small amount of bank deposit. However few senior citizens own land. Similarly few elderly women are land owners. Such women rarely possess goats, poultry, household utensils of bronze and copper and a negligible amount of jewellery. (Table 3)

Table 3 : Assets of the Aged

Area & Gender	Nature of Assets						
	House	Land	Cash	Jewellery	Insurance	Utensils	NoAssets
Urban							
Male(n=50)	13(26.0)	3(6.0)	7(14.0)	--	9(18.0)	--	18(36.0)
Female(n=50)	2(4.0)	1(2.0)	1(2.0)	7(14.0)	--	5(10.0)	34(68.0)
Rural							
Male(n=46)	17(36.9)	9(19.6)	--	--	2(4.3)	5(10.8)	13(28.4)
Female(n=50)	3(5.6)	5(9.2)	--	4(7.4)	1(1.8)	11(20.4)	30(55.6)

Indebtedness and Liability

Just like misfortune indebtedness never comes alone. In fact, indebtedness is a legacy that senior citizens are forced to endure through out their life courses irrespective of gender. Fortune may be linked with assets and income but where these are paltry and meager indebtedness still occurs due to certain domestic and incidental reasons. Thus an elderly person has to incur expenses for the maintenance of family and unfinished domestic duties such as, education of offspring, daughter's marriage, a dependent sister's marriage and the medical expenses to be incurred for his/her spouse. These are mostly inevitable expenses that the aged must undertake irrespective of whether he or she can afford them (Table 4).

Table 4 : Indebtedness of the Aged

Area	Gender wise Indebtedness			
	Male		Female	
	In debt	No debt	In debt	No debt
Urban (m-50/f-50)	30.0	70.0	20.0	80.0
Rural (m-46/f-54)	17.4	82.6	16.6	83.4

In the present study it has already been shown that the assets owned by a senior citizen in urban and rural areas are too insignificant to meet the expenditures detailed above. Thus most of the respondents in both locales have to borrow or sell their assets to meet these kinds of family expenses. For this reason many of the households became poorer, yet this change was wholly unrelated to old age. In fact, if one looks back at the life stories of the old people it will be seen that debt and misfortune have propelled towards lives of poverty through no fault of their own.

Liability is the counterpart of indebtedness. Traditionally the Indian families tend to look after their relatives and sometimes even their neighbours. Often an elderly man or woman will sell their land, jewellery and even spent savings in order to conduct the marriage of their dependent offspring and younger relatives. This kind of liability is almost a universal feature in the cultural tradition of the Indian families.

In both the locales under study, liability is thus a feature that is thrust upon elderly citizens, which has the unfortunate consequence of rendering them extremely poor. However this process of pauperization begins quite early and is carried forward until the respondents arrive at old age. Both the rural and urban section of this population suffers

from such liability frequently in spite of their own volition and unwillingness. Due to the possession of very few assets, these liabilities increase the level of poverty suffered by the elderly population. This picture is identical in both the urban and the rural areas of the present study (Table 5).

Table 5 : Liability of the Aged

Area	Gender wise Liability			
	Male		Female	
	Liability	No liability	Liability	No liability
Urban (m-50 / f-50)	49.2	50.8	23.1	76.9
Rural (m-46/f-54)	55.6	44.4	40.0	60.0

Old Age Dependency

Old age dependency including economic dependency is a factor that determines the status of the aged within a family ambience irrespective of gender. It is also an indicator of the level of poverty that an individual or the family is engrossed in. The enclosed table shows the state of economic dependence both in urban and rural areas (Table 6) (NSSO, 1995-96). In this connection it has also been argued that seventy percent of the aged must depend on others for their day-to-day maintenance and this situation is worse for the elderly women of whom eighty five to eighty seven percent are either partially or fully economically dependent on their families. The old age dependency ratio across India level is 12.19 of which 12.16 are elderly men and 12.23 are elderly women (Census of India, 1991).

Table 6 : Per 1000 distribution of Aged by State of Economic Dependence

Sex & Area	State of Economic Dependence			Total
	Not dependent	Partial Dependent	Full Dependent	
Urban				
Male	515(457)	169(169)	297(374)	1000
Female	115(48)	110(91)	757(861)	1000
Person	311(289)	139(137)	532(574)	1000
Rural				
Male	485(511)	180(162)	313(327)	1000
Female	121(88)	146(137)	706(775)	1000
Person	301(340)	163(152)	511(508)	1000

Note : Figures in parentheses give the corresponding estimates obtained from National Sample Survey Data 1986-87.

As a marker of poverty the macro level data at national level is an eye opener. It shows the vulnerability of the situation where poverty in the old age brings in financial deprivation along with obligations that are not necessarily created by the aged people themselves. Thus the notion of poverty and old age becoming synonymous is a kind of postulations that is not backed up by the empirical data presented earlier. It is a questionable postulation and perhaps beyond the scope of this paper. It requires more exploration to establish such a relationship between poverty and old age in a greater national detail. But a glimpse at our micro level data will help us to argue in favour or in opposition to the hypothesis of poverty and old age link. The micro level data overwhelmingly show that the old age dependency is larger by dimension and number in the rural areas and the vulnerability of the elderly women in this regard is totally compatible with the macro level all India data (Table 7).

Table 7 : State of Economic Dependence of the Aged

Area & Gender	State of Economic Dependence		
	Not dependent	Partial Dependent	Full Dependent
Urban			
Male (n=50)	24.0	14.0	62.0
Female(n=50)	-	20.0	80.0
Rural			
Male(n=46)	21.8	10.8	67.4
Female(n=45)	-	14.8	85.2

More than ninety percent of elderly women in the rural area (Chakdha) are dependent on others, and in the urban area the figure is almost seventy two percent. Aged men in both areas are cumulatively in a better position than women and the dependency syndrome in the urban area is roughly fifty to fifty five percent. However aged men who experience a better situation than their female counterparts are mainly from the service sector. Overall the micro and the macro data in this regard are quite compatible and one may argue that dependency therefore is direct fallout of poverty. But other factors such as social attitude and cultural behaviour ought to be taken into consideration before one can come to a conclusive statement.

Social Attitudes towards Ageing

It is universally accepted that from childhood onwards people are concerned about ageing and are taught to understand old age according to their own socio cultural perspective (Hepworth, 2000). Thus broader cultural contexts influence the attitudes and behaviours that individuals have towards older people (Westerhof and Tulle, 2007). Although it is a typically western concept, it is similarly applicable to contemporary Indian society. This society is as age-segregated as the western one.

If we look at the Indian traditional society it will be found that the extended family pattern was visible till up to the mid 70's. Thereafter the family unit gradually became more nuclear. The nuclearization is quite visible to current scholars (Dasgupta & Lal, 2007). Elderly people are still revered both in the poor and the rich families. But their authority and status in the family had weakened. The process of marginalization occurred and they were considered burdens by the younger members of the family. This situation worsened sharply with the liberal policies adopted by the Indian Government beginning from early 90's. The portent of globalization is now hanging like a *Damocles' Sword* over the heads of the elderly Indian population. The concept of disengagement, role loss, marginalization and isolation has thus been completed by the end of the 20th century. However holding negative attitudes towards ageing and old age can be distinguished from the practical consequences of these attitudes affecting various behaviours towards elderly population in daily life (Westerhof and Tulle, 2007).

Case Study –IV : Negative Stereotype

The aged lady under study is a widow, aged about 79 and hails from an affluent family. She has her own residence in South Calcutta and her unmarried daughter resides with her. The daughter is about 45 years old and busy with her employment. Therefore widow has to live on her own and the only contact she has with the external world is with the servants who undertake the household chores. She also has two sons, both married and living abroad. She has very little contact with these two sons and their children. She lives whole day all alone and feels depressed and dishearten. She expresses her depression in no uncertain terms. She is constantly in fear of death but doesn't seem to make contacts with the younger generation of the locality.

The above is a classic example of deep rooted isolation building up on all kinds of ego defenses (Greenberg et al, 2002). This is also an example of isolation despite the respondent's considerable resources. Poverty has got nothing to do with such isolation and the respondent's

marginalization and the orbit of old age in this case is a reflection of social attitude.

The rural scenario is similar to the urban picture and the following case study proves our point admirably.

Case Study –V : Old age and Marginalization

The respondent is a seventy three year old male and at the time of this study he was completely bedridden due to a stroke. He is a resident of rural Chakdha, in the Nadia, district West Bengal. He is paralytic and is unable to attain to his personal health, hygiene and needs. His main dependence predominantly on his spouse who is in her sixties. The couple has one son and one daughter both of whom are married and living elsewhere in the city. They visit their parents and do not in any way shoulder the responsibility of looking after their father and mother. Curiously enough the gentleman has enough resources by way of landed property, orchards etc. and the children only visit him to collect their share of money whenever they in need of financial assistance. The spouse is unable to look after her husband property in spite of having enough resources. As she is illiterate she falls back on outside help for informal care, medication and other daily based necessities. Both partners are scared of dying and are concerned about what will happen when one of them passes away.

The two case studies cited above have amply demonstrated that poverty and old age are not logically linked and one cannot presuppose the other. In both cases the ecological adjustment between the generations does not exist at all though such adjustment is a function of culture (Pechioni et al, 2004).

Functional Role of State

We may now discuss the functional role of the state to understand transparently the relationship between poverty and old age. We begin with three noteworthy points postulated by Prof. Alan Walker in describing the relationship between poverty, old age and state intervention. These points were raised to describe poverty and old age in Great Britain, however its application extends to our case studies.

Poverty is a function of low economic and social status and is not determined by chronological age.

Social policies (enacted by the state) have failed to tackle the serious and persistent problem of poverty in old age.

The state has accepted poverty as a 'natural' result of old age.... and elderlies have been characterized as a burden (on the society) (Walker, 1981).

Even though Prof. Walker was reflecting upon poverty in the United Kingdom, his words are relevant for a discourse on poverty in India. India is a democratic welfare state and its institutions such as parliament or the legislative assemblies are supposed to enact laws for the welfare of its citizens. By definition a 'democratic welfare state' is an attempt at solving the serious challenge to social integration that necessarily results from the central role of markets in the organization of modern society, where some people are deprived of the very means of survival and the possibility of maintaining their well-being and dignity due to poverty which causes undeserved exile from society (Moon, 1988).

The above leads us to a discussion and genesis of the welfare measures adopted by the Indian government in the post Independence era. We begin with Directive Principles of State Policy of the Indian Constitution which state that the State shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement. Article 41 of the Constitution enjoins on the state to make effective provisions within the limits of its economic capacity in this regard (Bali, 2001). However, the genesis of Indian Planning in the post Independence era does not show much concern with regard to old age until the beginning of the Seventh Five Year Plan. There was grant-in-aid for voluntary organizations for carrying out welfare programmes aimed at helping the elderly in the Sixth Five Year Plan which was continued

in the Seventh Five Year Plan. It is noteworthy that for the first time the elderlies citizens were recognized as a vulnerable group requiring state assistance. As a corollary to this both the Seventh and Eighth Finance Commissions granted Old Age Pensions (OAP) for those citizens aged 65 years. The amount was Rs. 50/ per month and later raised to Rs. 75/ per month. This old age pension though was paltry in nature and was granted only to 50% of the elderly citizens who were Below Poverty Line (BPL). It is generally accepted that NOAPs (National Old Age Pension Schemes) is a programme that provides assistance in the right direction although the critics have pointed out too many loopholes in the scheme.

'Considering that the floor level of minimum wage suggested to the state governments for adoption by the Central Government is Rs 45 per day catering to three consumption units, the amount required for bare subsistence would be Rs 15 per person per day. By this reckoning the minimum amount required for subsistence would be Rs 450 per month per person. Granting that the amount of pension is usually limited to 50 % of the last wage drawn, the amount of minimum pension cannot be less than Rs 225 per month. The rate of pension payable under the NOAPS is therefore totally inadequate for the subsistence of the pensioners' needs (Subrahmanya, 2002).

In supra-contrast to this we furnish a pension table dating up to 2004 (Table 8).

Table 8 : Old Age Pension Schemes of States and Union Territories

State/UTs	Year of Introduction	Amount of Monthly Pension (Rs.)	Stipulated for Eligibility
Andhrapradesh	1960	75	65
Arunachal Pradesh	1988	150	60
Assam	1983	75	65(M), 60(F)
Bihar	1970	100	60
Delhi	1968	200	60
Goa	1983	75	60
Gujrat	1978	200	60
Haryana	1969	100	65
Himachal Pradesh	1968	150	65
Jammu & Kashmir	1976	125	55
Karnataka	1965	100	65(M), 60(F)
Kerala	1960	110	65
Madhyapradesh	1970	150	60
Maharashtra	1980	100	65(M), 60(F)
Manipur	1981	75	65(M), 60(F)
Meghalaya	1980	75	65(M), 60(F)
Mizoram	1975	100	65(M), 60(F)
Nagaland	1979	100	70
Orissa	1975	100	70
Punjab	1968	200	65(M), 60(F)
Rajasthan	1964	200	58(M), 55(F)
Sikim	1981	75	74(M), 65(F)
Tamilnadu	1962	150	65
Tripura	1978	75	70
Uttarpradesh	1957	125	65
West Bengal	1964	300	60

Andaman & Nicobar	1981	75	60
Chandigarh	1969	200	65
Dadra Nagar Haveli	1974	75	65
Daman & Diu	1983	75	60
Lakshadweep	1975	100	60
Pondichery	1987	100	60
India	1995	75	65

Source: Rajan, Irudaya, 2004 : 64-65

AreaOne may see the congruity and imbalances reflected in the table which is inescapable. Some changes exist in states like West Bengal and Himachal Pradesh which bear an insignificant proximity to reality. But then again there are other critics who have pointed out the anomalies in distribution of pensions, the procedural wrangles while identifying one self as an eligible elderly and last but not the least the vested political interventions. We cite some of the problems faced by the elderlies as quoted in the ADB (Asian Development Bank) Report (2004).

Despite highlighting the many advantages of NOAPS, the ADB study did take note of some of the problems especially in areas where the scheme has been implemented. The report asserts:

- The implementation problems of NOAPS are primarily bureaucratic.
- The nodal disbursement agency is Ministry of Rural Development. However, with the Ministry, being a central agency, the disbursement strategy requires cooperation of the State and the DRDAs (District Rural Development Agencies) under them. Lack of coordination in this regard hampers the delivery system and in many instances the elderly population suffers.

- Age proof and identity are difficult proposition because such certificates are not easily available and involves too many different epicenters of power.
- The certificate of destitution is equally difficult to obtain and such elderlies need to move from pillar to post to acquire it.
- Additionally the potential beneficiary incurs a sizeable transit cost to get an application form to declare oneself a destitute. This cost is generally beyond the financial means of those claiming the benefits.

These are small criticisms in spite of which the NOAPS present an appropriate State policy to aid these elderly destitute citizens whom the State normally treats with indifference. The current status in this regard shows that the number of recipients of NOAPS stands at 3.5 million or roughly 7 percent of the total aged population above 65 years and belonging to below poverty line (The Hindu, 2007). Two things starkly come out of it. One, the number of recipients is still very small because of the fact that the total money available is too small with regard to the potential large demand. Secondly, we believe the minimum age is too high (65 years) for the Indian aged population, many of whom are suffering from life long poverty and at the threshold of 60 years most of them have become paupers. However, the age limit since then has been lowered to 60 years which is a positive step.

In our micro level data, there are only 8.9% of the NOAPS recipients out of 200 respondents under survey. Of these recipients, there are 11 women and only 6 men somewhat offsetting a kind of gender imbalance. We now cite further a case study that will show how difficult it is to become a NOAPS beneficiary.

Case Study VI : Dialectics of Old Age Pension

Respondent under study is a seventy years old widow. Her husband used to work as a house painter and died seven years ago. The lady had a son who also died prematurely. Even before the death of her husband our respondent used to work as a housemaid in different houses of the locality. They had a very small shanty in a north Kolkata slum where they used to

reside. After the demise of her husband she was driven out of this small shanty and was forced to live on the pavements near a large temple. With the onset of age she was unable to continue her work and became fully dependent on the charitable donations and foods distributed by the temple. Through one household she came to know the NOAPS scheme. Encouraged by them she approached the local councillor to become a beneficiary of NOAPS. For this purpose she began to walk everyday a couple of miles to the councillor's office and beseeched the local councillor everyday without any result whatsoever. Meanwhile she also became acquainted with another local elderly woman who was applying for such benefit. The second lady had enough political connections and manage to elicit the benefits through them. The second lady came from a more agreeable family situation with working children and a resident of proper house. Our protagonist cited this example to the councillor but for her the pot is too small to provide her with benefits and she strongly believed she had become a victim of bureaucratic bungling.

However, this is one case in an urban locale, and we believe that the rural scenario is much more vicious and alarming. The problem appears to be not the policy itself, but the distribution and the delivery system that do not show any compassion to the elderlies. Poverty for these people is thereby accentuated which enhances the assumption that poverty is related to old age.

The policy statement regarding the senior citizen is a national policy for the older persons (NPOP) adopted by the Indian Government in 1999 (Ref). This policy statement envisages certain programmes with regard to financial security, health, shelter, education, welfare and maintenance and care of older persons. The ideals are no doubt lofty but the nature of implementation does not reflect the ground realities. Since our objective is to show that the dimension of poverty and old age are two separate issues, we refrain from discussing the NPOP in detail and shall dwell upon the issues that are relevant both to poverty and to old age. According to the experts the problems facing elderly people are related to health, medical and social services, the family, work and retirement and financial resources (Bali, 2001). It can therefore be safely assumed that the state intervention in all these segments

are vitally necessary if one has to alleviate poverty and provide opportunities for elderly people to enjoy a life full of happiness and peace. The NPOP ideally speaking has framed policy statements touching all these issues though for implementation they are unable to allocate definite resources both in the form of budgetary provisions and create a pool of social and human capital that can look into this matter more positively.

We may now look at the health and medical services and see also the nature of structure of implementation. Primary health care sectors are given top priority for the benefit of those elderly citizens suffering from various medical ailments and immobility. All the Indian states have been asked to strengthen the network of primary health centers; however in reality very few states have thought it prudent due to lack of resources. Government hospitals all over the country are supposed to take an interest in geriatric medicines, and many have followed suit but surprisingly very few hospitals in the country have a functional geriatric out patient department. This being so the government has allowed private capital to enter into the health care and medical services. It has been pointed out in the NPOP that there will be a rise in the number of retired and senior citizens who will have better financial liquidity; therefore it is presumed this section will be able to buy health and medical assistance even at an exorbitant price. The entry of private capital in the health and medical services has proved this point admirably although this process of biomedicalization and intrusion of the medical industrial complex (MIC) does not bode well for the rest of the population (more than 89% of the total population). In this regard an observation by two eminent experts in the field is noteworthy. They observe ...

..... In both medical and long term care, major social process of critical gerontological study include the successful comodification of ageing through the biomedicalization of old age, and the process of privatization competition, rationalization through care (cost) management and devolution of federal responsibility to ever lower levels of government and to the individual as well (Estes, Biggs & Phillipson,2003).

In fact this has widened the gap between the haves and have-nots, and senior citizens both in urban and rural areas have suffered the most. In this regard, shelter is another issue which is of prime importance for the elderlies to alleviate poverty, improving their health status and enabling them to acquire social security. The NPOP has mentioned Indira Awas Yojana² (Government of India, 2004) which primarily is meant for the population below poverty line and does not give any special emphasis for the elderly citizens in urban and rural areas. Granting even this limitation, there appears to be poor progress particularly in the rural areas.

From Rabindranath Tagore to Mahatma Gandhi all our political thinkers and philosophers have stressed education as a major tool for eradication of poverty. Education particularly of women is still very insignificant in India. This is more so in the rural areas in comparison to the urban cities. However NPOP does not have any specific programmes for the education of the elderly citizens be it formally or informally. NPOP envisages a future generation that will be trained through suitable programmes for adjustment with the senior citizen and that will support them as and when required. These courses (eg. Geriatric animator course and other age care training programmes) could be much more fruitful if they were framed in accordance with the needs of the elderly citizens at grass root levels. In effect such trained geriatric animators are yet to reach the door steps of the general population of elderly citizens and their services are awaiting to be recognized by the society at large. More surprising is the fact that the poverty stricken elders know nothing about these programmes and when this information is made available to them, the paucity of resources prevents them using these service. In our micro level survey- we did not find a single respondent who was aware of these services. This lack of awareness is due to the fact that low education level of

2. Indira Awaas Yojana is primarily to help construction of dwelling units by members of Scheduled Castes/ Schedule Tribes, freed bonded labourers and also non- SC/ST rural poor below the poverty line by providing them with grant-in-aid.

these citizens does not permit them to understand the meaning of these services neither or the inherent importance of such training. In this sense the NPOP is yet to achieve its full potential and the resources spent on these trainings are often wasted. The data used in micro level with regard to education are appended for transparency (Table 9).

Table 9 : Level of Education of the Respondents

Gender	Level of Education							Total
	Not Literate	Can Sign Only	Primary	Upper Primary	Secondary	Higher Sec.	Graduate & Above	
Urban								
Male	1(2.0)	8(16.0)	15(30.0)	19(38.0)	3(6.0)	2(4.0)	2(4.0)	50
Female	6(12.0)	14(28.0)	27(54.0)	3(6.0)	--	--	--	50
Rural								
Male	4(8.6)	14(30.5)	24(52.3)	--	4(8.6)	--	--	46
Female	14(25.9)	22(40.7)	16(33.4)	--	--	--	--	54

One of the major target areas of welfare measure is poverty alleviation and improved social security of the elderly (Bali, 2001). The NPOP has identified the vulnerable aged groups (poor, the disabled, the infirm, the chronically sick and those without family support) in a lucid manner, but unfortunately measures for eradicating poverty has not been specified and therefore these vulnerable groups are neither supported by the regional states nor by the central government in a positive manner. What has been suggested in the NPOP is a kind of amelioration through the civil society organizations, the NGOs and the community groups where ever they are formed by the senior citizens themselves. In effect the voluntary organizations have begun to dole out services through various grants-in-aid and assistance from the central authorities. This is a piece meal way out with the main problem

of poverty remaining untouched. In fact by seeking cooperation from civil society organizations including NGOs, the policy makers of NPOP are rather avoiding their responsibilities and there by violating the main principles of welfare state economy.

Discussion and Conclusion

From the very outset of this discussion we have endeavoured to depict the meaning of poverty in India and assert that the relationship between poverty and old age lacks validity. Old age therefore cannot be deemed to be the primary cause of poverty. To prove our point we have exhibited two sets of micro level data belonging both to urban and rural areas. The data clearly show that poverty is not necessarily a precursor of old age, rather in a nation like India poverty is a life long experience that requires positive state intervention. The two policies namely NOAPS and NPOP do not reflect such positive intervention. In essence these two policies reflect the passivity and negligence by the government which we believe to be a form of state negligence. Prof. Alan Walker described (1981) this apathy on the part of the state in the following manner:

More importantly this neglect stems in part from and in turn reinforces a forbearance of poverty in old age on the part of the state. Approaches to age and ageing based on the implicit assumption that the elderly can be treated as a distinct social group, in isolation from the rest of the social structure, have provided a totally inadequate basis for an explanation of the persistence of poverty in old age, and continue to obstruct to formation and application of social policies aimed at solving this problem.

Though stated in terms of poverty in Great Britain, policies adopted by the Indian state have too many similarities to be overlooked in this regard. That poverty is accepted in this country as a way of life is a truism from which we cannot escape. But in framing policies for India's elderly citizens perhaps this bitter truth is ought not to be accepted at all. There should be positive measures with regard to health, medical and social services, the family, work and retirement and financial measures. Whatever policies have been taken in this regard mostly

relate to the organized sector and the affluent middle class. From the slogan *Ganbi hataoto* (drive away poverty) to the structural adjustment policies of the liberalization era the main thrust is amelioration and not emancipation from poverty. Two other notable points in this regard is the role of state in labour market intervention and measures for proper functioning of such labour market (Bali, 2001). In fact the starting point for the policy makers should have been an incisive understanding of social relationship between age and labour market (Walker, 1981). But in case of the Indian policy makers this observation does not appear to be taken seriously. For eradication of poverty neither the failure of the labour market is taken into consideration nor the highly uneven distributions of income, wealth or assets are addressed. It is due to this distortion that old age is by and large considered to be a condition arising out of poverty. Both the policies of NOAPs and NPOP are yet to reach their inherent potentials. Mere platitudes or eulogizing the elderlies as assets of the society do not include or change their socio-economic situations as it stands today. Thus policy making in this regard should be more practical in addressing the needs of the elderly citizens and by considering them to be an integral part of the mainstream society. It may be harsh to observe that looking at the present official approach we may say that poverty in old age has been accepted as a fate *accompli* and therefore elderlies need to 'adjust' with whatever crumbs they get (Walker, *ibid*).

This discourse is not meant to be a way out of poverty which is a condition beyond the control of India's senior citizens. Similarly old age is an inevitable course of life and not an outcome of chronological age beyond sixty. State policy vis-a-vis political economy of old age needs to consider this aspect in a more thoughtful manner. We do not deny the fact that poverty in old age is a major problem in the Indian context. It is also true that the social security measures hitherto taken could not solve the problem of poverty in old age in a radical manner. Therefore to deal with the problem of poverty and old age one needs to look critically at all the policies that are now put forward by the Indian policy makers. It is not only the loopholes in the policy that are hurting the elderly people but it is also the perception of old age that requires

a fresh outlook. The emancipatory knowledge in this regard should aim at making the aged people manage their own affairs and break the chain of dependency which is at the core of such emancipatory knowledge (Moody, 1988). The perception of equating poverty and old age is quite arbitrary. We need to dissociate these two as separate entities. Only then can we intervene in a positive manner and may look forward to policies that will not depend on dole and charities. Professor Alan Walker has suggested:

..... major social changes are necessary to lift the yokes of poverty and dependency from the elderly. These are 'facts' of ageing which elderly people have accepted for too long" (Walker, 1981).

The observation is self-explanatory and we need not elaborate further. In this regard two other points may be added to conclude this discourse. These are the distribution and the delivery system and corruption. Both need stringent state control if the Indian state hopes to implement these policies without any radical change.

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A COMPARATIVE PSYCHOSOCIAL PROFILE OF MARRIED OLD AGED MALE AND FEMALE INDIVIDUALS

Sraboni Chatterjee*
Sudhansu Shekar Datta**

ABSTRACT

A sample of 60 aged individuals (30 males and 30 females) were selected to determine their psychosocial profiles. The variables selected for this study were anxiety and personality dimensions.

The results obtained revealed that the two groups of aged individuals differed significantly with respect to trait anxiety, personality dimensions of neuroticism, extraversion and lie score.

* Lecturer, Muralidhar girls' College.

** Lecturer, Law College Durgapur.

INTRODUCTION :

The current world scenario is embracing a significant population of aged individuals within its fold. Such a population is spreading its impact on several socio-cultural as well as psychological dimensions of our social life. The focus of medical science is not to mend the health when it is broken but to initiate health condition much earlier so that diseases can be prevented and overall sense of well-being prevails. Not only do we have our concern towards people of this age group owing to their inabilities of various kind, we do have our concern regarding their positive effect of generativity that leaves its mark on the younger members of the society. The basic intentions of gerontologist is to open the vistas of different dimensions of aged life with the intention of bringing out alterations in its several aspects to make them more happy and adjusted in advanced years of life so that we also enjoy the presence of them in our life situations. But life is not that colorful and positive all the time, life shows lack of tolerance, regarding so many things including considering the aged as burdens on us because the negative conditions and situations that the population creates. To erase the odd effects from the situation the current scientific attitude is directed at the fulfillment of a need to unravel the psychological profiles of aged people so those strategies can be adopted to make their presence more fruitful in life for them as well as for others.

Aging is the closing period of life span. It can be defined as a time of fulfillment or a time of marginalization. The aging population is an obvious consequence of the process of demographic transition. The position of elderly person in a society is a measuring rod of civilization. Because with advancing age, most people suffer from increasing social loss or social disengagement (Chen, 1998).

Old age has different implications for men and women. For male, his role as a major in the family is critical, is likely to suffer in self-esteem if he sees himself as dependent. On the other hand, most women perceive themselves as 'old' by the time they are 50 years old. The perception of self as old is based on the presence of grandchildren status (Prakash, 1997). Effect of the family cycle is more traumatic for women because deeper involvement of female roles in the domestic sphere (Butler et.al. 1978).

Marriage has different implications for old age. Studies of marital satisfaction may be a measuring criteria of individual adjustment, individuals may be reporting more satisfaction with marriage because they were more satisfied with the life involvement. The most rewarding aspects, according to older people, are usually companionship and being able to express their true feelings to each other (Zube, 1982).

Aging is related to many variables, among them anxiety is one of the prominent factor of elderly. Researchers suggest that 70% of old people were found suffering from anxiety because of their ill health, economic dependence, strained social relations and contradictory life values (Patel, 1998).

Literature ascribes many personality changes to the last period of life. Morgan (1938) analyzed the comforts and worries of age and found, among the former: family relationships, friends, material comforts, religion, own home, good health, work and reading in that declining order of frequency of reference. Worries in diminishing order were fear dependence, concern for wife or family, poor health, inability to work, defective family relationships and death.

Considering the above contradictory findings anxiety and personality are selected for fulfilling the aim of the present experiment.

The selected variables are conceptually defined as :

Anxiety : Anxiety is a defuse, highly unpleasant often vague feeling of apprehension, accompanied by one or more bodily sensations-for

example., an empty feeling in the pit of the stomach, tightness in the chest, headache etc (Hurlock, 1997).

Personality Dimensions : Psychologists define personality qualities within a person, characteristics of a person's behavior or both. Mischel (1976) mentioned both inner processes and behavior but emphasized behavior.

Objectives of the present study :

The present venture has launched a programme of verifying the profiles of these variables in a comparative context of male and female aged individuals with the following objectives at hand :

Do these two sets of sample share an unique pattern of anxiety and personality dispositions or else, they significantly differ in terms of these selected psychosocial variables ?

METHOD :

Sample and its characteristics

A total number of 60 aged individuals are selected. The subjects are selected on the basis of certain criteria :

Inclusion Criteria :

Sex – Male and Female

Age – 60 years

Educational Level – Higher secondary to Graduation

Occupation – Female: House -wife, Male: Retired

Religion- Hinduism

Mother Tongue- Bengali

Socio-economic status – Middle class

Exclusion Criteria :

Marital Status – Widow/widower, divorcee and bachelor or spinsters are excluded.

Occupational Status – Candidates who are still working are excluded.

Psychopathology – Candidates who possess psychiatric morbidity are excluded.

Selected Tools :

1. Information Blank.

2. General Health Questionnaire (GHQ) was developed by Goldberg and Hiller (1979), is used for eliciting psychopathology within individuals.

3. State-Trait Anxiety Inventory (STAI) was developed by Spielberger et.al. (1970).

4. Eysenck Personality Questionnaire (EPQ) was developed by Eysenck and Eysenck (1975).

Procedure :

The individuals were selected according to the inclusion criteria, already mentioned. Rapport was established with the subjects and they were told that information would be kept absolutely confidential. Data were collected according to the following predetermined sequence of presentation of tools.

1. Information Blank.
2. General Health Questionnaire (GHQ).
3. State-Trait Anxiety Inventory (STAI).
4. Eysenck Personality Questionnaire (EPQ).

Statistical Analysis :

1. Mean and standard deviations were computed for all the variables.
2. Significant difference between the variables-anxiety, personality dimensions were verified with appropriate statistical tests (t-test).

RESULT :**Table I :** Comparison between married aged male and female on the basis of state anxiety.

	Male	Female
Mean	37.8	32.4
Standard Deviation	21.46	5.88
t-test	1.33	

* Significant at 0.05 level

** Significant at 0.01 level

Table I describes the mean, standard deviation and t-values of married aged male and female individuals. It is seen that there is no significant difference among the two groups in terms of state anxiety pattern.

Table II : Comparison between married aged male and female on the basis of trait anxiety.

	Male	Female
Mean	45.47	56.1
Standard Deviation	17.06	6.64
t-test	3.18**	

* Significant at 0.05 level

** Significant at 0.01 level

Table II describes the mean, standard deviation and t-values of married aged male and female individuals. It is seen that there is a significant difference among the two groups in terms of their trait anxiety pattern.

Table III : Comparison between married aged male and female individuals on the basis of psychoticism of personality questionnaire.

	Male	Female
Mean	2.77	3.8
Standard Deviation	1.71	4.90
t-test	1.06	

* Significant at 0.05 level

** Significant at 0.01 level

Table III describes the mean, standard deviation and t-values of married aged male and female individuals. It is seen that there is no significant difference among the two groups with respect to psychoticism.

Table IV : Comparison between married aged male and female individuals on the basis of neuroticism of personality questionnaire.

	Male	Female
Mean	4.9	9.53
Standard Deviation	1.65	1.31
t-test	12.18**	

* Significant at 0.05 level

** Significant at 0.01 level

Table IV describes the mean, standard deviation and t-values of married aged male and female individuals. It is seen that there is a

significant difference among the two groups in terms of neuroticism of personality questionnaire.

Table V : Comparison between married aged male and female individuals on the basis of extraversion of personality questionnaire.

	Male	Female
Mean	9.6	12.83
Standard Deviation	2.22	3.21
t-test	4.61**	

* Significant at 0.05 level

** Significant at 0.01 level

Table V describes the mean, standard deviation and t-values of married aged male and female individuals. It is seen that there is a significant difference among the two groups in terms of extraversion.

Table VI : Comparison between married aged male and female individuals on the basis of lie score of personality questionnaire.

	Male	Female
Mean	3.5	6.4
Standard Deviation	1.94	1.93
t-test	5.8**	

* Significant at 0.05 level

** Significant at 0.01 level

Table VI describes the mean, standard deviation and t-values of married aged male and female individuals. It is seen that there is a significant difference among the two groups in terms of lie score of personality questionnaire.

DISCUSSION :

Difference located among the two groups of married aged males and females in terms of ratio :

The total sets of data were analyzed in terms of finding out the descriptive statistics of mean and standard deviation of all related groups of samples. The significant differences in many instances of selected variables of the study satisfied theoretical conditions that "aging as developmental phase" is expected to have more loadings of problems and more specifically in women population of our country (Patel, 1997; Jamuna, 1998).

In the present study significant t-ratio were found to exist between two selected groups (married aged male and female) in terms of variables like anxiety and personality dimensions.

The findings are in line with other earlier supportive study (Patel, 1998; Kanner et al. 1981). The possible reasons or probable contradictory differences may be offered in the following fashion.

Anxiety :

The results shown on the table I (state anxiety) revealed that mean magnitude of married aged male (37.8) is higher than the mean magnitude of married aged female (32.4). On the other hand results shown on table II (trait anxiety) revealed that the mean magnitude of female aged is higher (56.1) than the mean magnitude of male aged (45.47).

From the above findings it is clear that from the point of anxiety proneness, female possess much higher score than males. It can be said that economic dependence, strained social relations and contradictory life values are the sources that creates anxiety within female aged population (Schneider, 1996). Not only that at this age women feels that they become impotent and are useless. On the other hand, economic independence, less interpersonal conflict with

members of family established older male at the low point of trait anxiety dimension (Patel, 1998).

From the perspective of state anxiety reverse findings is found out. It can be commented that loss of previous status illuminated their daily lives with lots of hazards as a result of which they are not be able to adjust with sudden changes and suffers from anxiety than rather female counterparts.

In general, research findings also suggests that anxiety is also the prominent feature of elderly people. The common factor of anxiety of elderly people is feeling "empty-nest" (Hurlock, 1997).

Personality Dimensions :

Psychoticism :

The results shown on table-III revealed that female aged possess higher mean magnitude (3.8) than male aged individuals (2.77).

The t-ratio shown on the same table revealed no significant difference between two groups. Psychoticism dimension, if it is evident in anyone of them, can be considered as individual pathology and empathetic, caring and co-operative attitudes characterize basically their personalities that go against being psychotic in character pattern.

Neuroticism :

The results shown on table IV revealed that the female aged situated at higher position (9.53) than male aged (4.9) on neuroticism dimension.

As significant difference is found between the two groups which indicate that decreased social support and increased unmet needs are associated with more neuroticism (Maiden, Peterson, Caya, Myrah and Hayslip, 2003) in case of female aged individuals. It also characterize them as anxious, moody, frequently depressed individual. They are very much emotional and acts too strongly to all sorts of stimuli and finds it difficult to get back stress free state after each

emotionally aroused situation. As a result of strong emotional reactions it is not possible for themselves to make proper adjustment in social status.

Married aged male on the different side tend to be neither too anxious, worrying individuals nor too moody depressed individuals as a whole, and designated as most well adjusted than their female counterparts (Eysenck and Eysenck, 1975).

Extraversion :

The results shown on table-V revealed higher mean magnitude for female individuals (12.87) and lower mean, magnitude for male individuals (9.6) in terms of extraversion status.

Due to less hazardous life style married aged female become more sociable, like parties, have many friends, takes chances, acts on the spur of the moment and generally regarded as impulsive individuals. They are carefree, easy going, optimistic, like to laugh and be merry (Eysenck and Eysenck, 1975). On the other hand, due to excessive external pressure, married aged male become the easy victims of interpersonal conflict and as a result of which they become pessimistic and place a great value on ethical standards.

Lie Score :

The result shown on table-VI revealed that mean magnitude of married aged female is higher (6.4) than married aged male (3.5).

The above findings suggest that possibility of being socially over conscious and hence little manipulative in socially accepted interaction pattern are character pattern of female aged. On the other hand, due to lack of awareness about social world male aged are not able to understand the social spectrum properly and become less manipulative than their counterparts.

CONCLUDING COMMENTS :**Highlighting points of the study :****Married male aged have**

Less anxiety proneness, more enjoyment of conjugal life.

Less psychotic, less manipulative in adjustment context.

Less neurotic, manifested pessimistic behavior pattern.

Married female aged have

More anxiety proneness, low frustration tolerance.

More psychotic, more manipulative in social context.

More neurotic, prefer to interact with others.

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AGING AND EVOLVING INSTITUTIONS IN INDIA

Krishnadas Chattopadhyay*

ABSTRACT

Elder-care is a burning issue today. Traditionally family and kinsmen were the principal agents of elder care. On the heels of the adoption of welfare state policy our national and state governments extended some support - services for the aged in the form of some financial allowances and concessions. Nowadays in the wake of liberal economic policy the government is backtracking pushing the burden upon the family and kinsmen anew. This entails a grim lot for the aged belonging to indigent families. This paper seeks to highlight this aspect in Indian context.

* Reader, Department of Sociology, Maharani Kasiswari College
Kolkata - 700003

Although initially aging was taken to be a problem of the developed countries, in a quick turn of time it turned out to be a cause of concern in the developing countries like India, Bangladesh, Sri Lanka, Pakistan and China. It is projected that together China and India will account for 38% of the world's elderly population (60+) by the year 2025 (Liebig & Rajan : 2005). As per the latest census of India (2001) 7.39% of its population (102.7 crores) are aged (60+). In exact figure, 75.93 million people here belong to elderly strata of whom 38.22 million are male and 37.71 million are female. The figure has slightly increased in the meantime. According to a report of Help Age India - an NGO for the care of the aged - India has 81 million senior citizens (The Telegraph dt. 07-10-07). The situation is reinforced by the fact that the average life expectancy of our people has increased from 62.86 in 2000 to 68.59 in 2007. This added span of life is not so heartening in view of the fact that 51 million of the above mentioned elderly people live below the poverty line (Help Age India): Inadequate means of livelihood has become their grim lot. The inevitable consequence is increased dependency. Here it may be mentioned that the 52nd NSS report indicated that 70% of our aged population were dependent.

Traditionally the joint family used to provide sustenance and care of this elderly members. The obligation of 'filial piety' motivated the offsprings to look after their aged parents (Nayar : 1999) But changing forces like industrialization, modernization, urbanization etc. have posed a challenge to the functioning of the joint family system particularly in the sphere of care giving of the elderly persons. An orientational dilemma has cropped up regarding whether primacy will be given to their own aspirations like care and attention of their children or to the care of the older persons. This situation has been documented in Para II of our National Policy on Older Persons. Here it is stated that "industrialization urbanization, education and exposure to lifestyles in developed countries are bringing changes in values and life styles. Much higher costs of bringing up and educating children and pressures for gratification of their desires affects transfer of share of income for the care of parents. As a result, family-care for the aged seems to be not so secure.

However, some study reports yet reveal the continuity of traditional roles and obligations of the family members. According to KD. Gangrade (1968) unlike western societies there is still greater bondage of customs and moral values in Indian family setup. D. Punia & M.L. Sharma (1987) reported that in 50% cases sons were the most sincere care-givers in five villages of Haryana. A Mahajan (1986) also reported that the family and the kin still played an important role in providing economic and social support to the aged. NSS 52nd round survey revealed that about 74% of the aged depended on their children. In my own study of the aged people in a suburb of Howrah, West Bengal (2006) it is found that 64.33% aged people depend on their sons.

But it must have to be pointed out that care-giving by the family members seems to be unbearable and inadequate in cases where financial affordability is not viable. Here 2004-05 NSS report may be mentioned which shows that 28.6% people in the rural area and nearly 24.7% in the urban area live below the poverty line. Family care-giving is seen to be a great question mark here. In this respect Rajagopal Dhar Chakraborty (2004) observes that the poor are specially vulnerable since their main source of income during old age, their children are likely to be poor and thus unable to provide more than limited support. There are, then reasons to believe that family support system will come under increasing strain in indigent families. Here the state is expected to be the facilitator of care-giving within the family.

But here is a dilemma on the part of the state in general, to strike an appropriate balance between assuming too many responsibilities and thus run the risk of weakening family ties, and offering too little help causing thereby the family to collapse under the unrelieved burden of providing care. The state usually follows two ways in influencing care of the aged. One is providing support for family care in the form of tax benefit to the care-givers, home service of the aged (day care centre) etc. or providing financial help to the aged person directly. It is labelled as care-in-community of the aged. The second way is by enforcing coercive measures (enactment & administration of laws) for compelling

care-giving by the members (sons, daughter, grandsons, granddaughters etc.) of the family. Under the impact of neo-liberal state policy the states are generally following the second way in treating age-care as the private sphere of the family-familism / familialism-and thereby keeping public exchequer free of this liability.

Let us discuss the role of the state in India in the sphere of elder care. Except for the role of NGO's like Rotary International Clubs, Age Care India, Help Age India and the like, community care of the elderly is not so manifest here. In fact, old age care in India revolves mainly on family and minimally on the state. Under Art. 41 of our constitution the state is enjoined to make effective provisions for securing public assistance to old age. Following this obligation the state has enacted the Employee's Provident Fund Act, 1952, The Payment of Gratuity Act, 1972 meant for securing welfare of workers after retirement. Under the Income Tax Act, 1961, also some additional tax benefit is given to the old people in increasing the limit of tax exemption. These are all for the service holders in government or industrial sector. For others, there is the National Old age Pension Scheme, 1995 to provide pension to the destitute elderly people (65+) At present this Scheme has been recast dedicating it in the name of late Indira Gandhi. The amount of Pension has been fixed at Rs. 400/- p.m. to all elderly persons-destitute or not-but they must be below poverty line. The Centre and the states are to bear the burden equally. The matter of elder care falling in the concurrent list the provincial government, also follow some pension scheme e.g., farmer's pension, widow pension in West Bengal. Here it is to be noted that the coverage of pension beneficiaries is limited & quota-based and the amount is also meagre. NSS 52nd Round data showed that 79% in rural areas and 35% in urban areas were not benefited. The most noticeable point is that our national government, after an effort of nearly two decades has announced in 1999 National Policy of Older Persons (NPOP) pointing out goals, strategies etc for securing welfare of the elderly people. As a result, in the 1999-2000 period 298 old age homes, 425 Day-care centres were opened and run on financial grants from the central

government, and 58 mobile clinics were opened providing medical services to the elderly (INDIA - 2001). But these services appear to be too meager to meet the actual needs of the aged.

Today the government of India is veering towards the family as the natural resort of elder-care. It is viewed to be the bounden duty of the members of the family to look after their aged members. The newly promulgated legal provisions Maintenance and Welfare of Parents and Senior Citizens Act, 2007 is a case in point. As for existing legal provisions there are section 20(3) of the Hindu Adoption and Maintenance Act 1956, and section 125 of the Criminal Procedure Code, 1973, enjoining upon the sons and daughters having sufficient means to provide maintenance to their aged parents to the extent they are not able to maintain themselves. Here the process of availing maintenance being "time consuming and expensive" the new law has been enacted. It seeks to provide "simple inexpensive and speedy provision to claim maintenance" for the aged members. For this purpose a new institutional mechanism i.e. tribunal is going to be set up in each district. It will consist of a sub-divisional officer as the president and a welfare officer. No lawyer will be required here. The affected parent can himself / herself approach the tribunal or may depute some one for the purpose. The petition will have to be dispensed with within a month. Along with sons and daughters, adopted and foster sons and daughters have been made liable for providing maintenance. Even the persons endowed with the property of the elderly are made liable to provide maintenance in default of which the property would revert back to the elderly persons. Thus the network of care-givers has been widened here. Besides, penal measures like 3 month's imprisonment and/or fine up to the extent of Rs. 5000/- have been stipulated in case of neglect of maintenance.

Such laws are also found in countries like Singapore and China. Singapore has enacted such law in 1982. In its penal code 1980 China has made provisions for imprisonment in case of neglect of parents. Here it requires to be mentioned that coercive measures have rarely succeeded in the field of elder care. Thus, the experience of English

Poor Law administration has shown that the most obvious needs of the elderly people can hardly call forth sufficient support despite coercive measures. In this respect Alan Walker (1992) observes that if informal care is unwillingly given it loses its special qualities - particularly the intrinsic benefits such as emotional warmth, affection and interest. On the contrary, it generates resentment and guilt in both care-giver and receiver of the same. Anderson (1977) holds that the legal obligation to assist is often a source of tension between parents and children, worsening the quality of relationship.

If family is reckoned to be the last or natural resort of elder-care what is needed is providing state support for family care-giving, particularly for the indigent families. It was found in the U.K. that carers who received practical help in the form of home help, day care, community nursing services, invalid care allowance were less likely to suffer stress and more likely to have the dependent persons at home than people who did not receive such support. In the USA 5% of the older people are given care in nursing home meant for them. In Australia there are 2.3 million family care givers. They are eligible for caregiver income support (Gall :2003).

Although in the National Policy on Older Persons (1999) adopted by the Government of India there is mention of expansion of social and community services for older persons, support service mechanisms for family care giving of the aged have not been incorporated in the Maintenance and Welfare of Parents and Senior Citizens Act, 2007. Only there is a proposal for setting up old-age home one in each district "for providing maintenance to indigent older persons". When a sizeable section of elderly people in India live below the poverty line, what portion of them will be accommodated in the proposed old age homes is a matter of concern. Besides, there is mention of better medical facilities but with no reference to the institutional mechanisms for the purpose. No provisions for geriatric clinics/wards are mentioned.

Therefore, in the changing space of elder-care in India though family is spotted as the natural resort, institutional mechanisms are not

adequately evolving to meet the demands of care giving within the family setup. Here is found an institutional lag. Realistic as also humanistic dynamism is required of the society in general and government in particular to create suitable support systems for elder care within family in India.

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ELDER ABUSE IN ORISSA: AN EMPIRICAL STUDY IN BHUBANESWAR AND CUTTACK

Tanuja Mohapatra*

ABSTRACT

Elder abuse and neglect is a serious and prevalent problem that has set the alarm bells ringing. In India, neglect of the elderly is assumed to be much more prevalent than active abuse. Described as "granny bashing" in U.K. and as "parent battering" in the USA, elder abuse is yet to be clearly conceptualised in India. Data were gathered from a quota sample of 140 elderly subjected to abuse and/or neglect by their family members. The respondents included both men and women living in Cuttack and Bhubaneswar, popularly known as Twin-city of Odisha. The patterns of abuse of the elderly were measured using a modified form of the conflict Tactics scale (Straus, 1979). The results indicate that the most likely victims of elder abuse are widowed women, elderly with poor economic background and the dependent. As regards to the forms of abuse, verbal abuse of the elderly was reported more frequently followed by material abuse and Neglect. Some of the respondents have also reported physical abuse. It was also found that abuse has negative implications like social, psychological and behavioural for the elderly. Further, the data indicated that the son, the daughter-in-law and the spouse are the frequently reported abusers. It is also suggested that the senior citizen Act 2007 is very much helpful for the elderly to reduce their overall problems including abuse and neglect.

Key words : Verbal abuse, physical abuse, material abuse, Neglect.

*Reader, P. G. Department of Sociology, Ravenshaw University,
Cuttack, Odisha.

INTRODUCTION

People are now living into advanced old age due to increase in better medical facilities and care. This has created a burden on the families as middle aged children are now expected to take care of the old people for longer period. The resultant burden causes stress, leading in most cases to abuse of the elderly. The consequences of elderly could be serious or diverse. According to Star (1987), besides physical injuries, elder abuse may result in psychological problems for the elderly such as depression, fear, helplessness, low self-esteem and problems relating to eating and sleeping.

REVIEW OF RELEVANT WORK

The various dimensions of elder abuse are : physical abuse, verbal assault, physical neglect, neglect of environment, violation of rights, sexual abuse and material abuse. It means that elder abuse may involve any act of omission or an act that can endanger the life of an elderly person. Studies have consistently indicated that the most likely victim of elder abuse is a female of very advanced age, widowed, roleless, functionally impaired and living at home with some one (Block and Sinnott, 1979; Lau and Kosberg, 1979, Steur and Austin, 1980). The dependency of elderly individuals as a major cause of abuse is widely held in the literature developed from the gerontological research on families caring for the elderly. The dependency of the elderly, with physical or mental impairments, on the caregivers in performing daily activities of living may result in stress to the care giver, in turn living to abuse of the elderly unless sufficient resources are available (Block and Sinnot, 1979; Rathborne-McCuan, 1980). Contrary to these observations, financial dependency of the care taker on the elderly was also found to be a significant factor in elder abuse.

Studies have shown that abusers are most likely to be middle aged and usually the offspring (daughter) of the abused (Gelles, 1987). Most of the literature on elder abuse has focussed on the abuse of the parents by adult children. It has been found that a significant proportion of elder abuse consists of spouse abuse (Pillemer and Finkelhor,

1988). Social isolation is found to be another characteristic of the families of abused elderly and the abused elderly are more likely to be isolated (Philips, 1983; Pillemer, 1990).

A Number of Indian Studies have also given strong indication as to the existence of mal-treatment of the elderly in the family context (Vijay Kumar, 1991).

Mahajan (1987) studied 749 destitute elderly from all districts of Haryana State, of which 369 were men over 60 years of age and 380 were women above the age of 55 years. He reported that the majority of them 530 (70.7 per cent) were abandoned or had no kinspeople to depend on. The remaining 219 (29.5 per cent) had some support from their kinspeople. When further probed, 68 per cent of these 219 dependent elderly reported that they were humiliated and maltreated. Another 18 per cent did not give either a positive or a negative response. This reluctance for disclosure suggests that they may have experienced some abuse, but for a number of reasons chose not to be explicit about it. Mahajan States that the elderly family member's inability to work, economic dependency and deteriorating physical health were the main instigators of maltreatment and abuse by their kinfolk.

Sriram and Mukherjee, (2000) studied that the family and the social situation play an important role in determining violent behaviours, but also ways of its expression or control.

Devi Prasad (2000) reported an increase in abuse in India too as the number of elderly increased.

Mishra Saraswati (1989) found out the situational and behavioural correlates of good adjustment in old age. She examined the applicability and desirability of two opposite theories of successful aging, i.e., activity and disengagement theories established by Western gerontologists have also been tested among the retired government employees living in Chandigarh and Jabalpur.

Saxena (2006) seeks to analyse the bio-psycho, socio-economic and cultural aspects of aging problems in India.

In India, China and Japan, the grandparents were not unwanted and in these countries increasing age has, until recently been accompanied by increasing prestige (Chakravarty, 1997).

There are various problems of the aged residing in urban fringes (around Bhubaneswar city) after their retirement from government and private salaried jobs (Behura and Mohanty, 2005).

Mohanty (1989) also studied on the problems of socio-psychological adjustment of retired Govt. servants as a theoretical base-line information. He has also pointed out the problems associated for utilising leisure time.

Ghosh Mallick and Mohanty (2004) studied on the aged men and women from Santal (tribal) community and Odia Hindu peasants (non-tribal) of Mayurbhanj (Betanati Block) and undivided Cuttack district (Tirtol Block) of Orissa. Being 'Old' is a psychic perception while being labelled 'old' is a social ascription. (Ghosh Mallick and Mohanty, 2004).

Increased poverty and economic stress in rural Orissa is likely to erode the traditional family care and support for the elderly in general and for the elderly women in particular. The existing patriarchal family system in Orissa permits limited access for elderly women to property rights, which further compounds their difficulty in obtaining enough income for survival. Therefore, there is a need for the government to provide social security to the elderly women, especially those who are living alone (Panda 1998). The problem of elder abuse can seriously undermine the quality of life of the elderly and may have a profound effect on the society.

PURPOSE OF THE STUDY:

The problem of elder abuse is going to be more and more serious in future. However, there are certain studies and research carried on

ageing, but it is confined to socio-economic profiles, problems of the aged, interpersonal relationships and so on. As a result, certain areas relating to elderly such as elder abuse is unexplored and suffered selective in-attention. Therefore, there is a need for empirical studies on elder abuse in India to provide information about the problem of abuse and neglect of the elderly.

Keeping these aspects in view, the present empirical study was undertaken to explore the patterns of abuse and neglect of the elderly in families.

OBJECTIVES OF THE STUDY:

The specific objectives of the study were to:-

- 1) Find out the socio-demographic profile of the abused and neglected elderly.
- 2) Study the nature and patterns of abuse and neglect of the elderly in families.
- 3) Identify the factors associated with the abuse and neglect of the elderly.
- 4) Assess the social and psychological implications of abuse and neglect of the elderly.
- 5) Study the Governmental measures taken for the elderly.

METHOD:

The present study was taken up in Cuttack (old capital) and Bhubaneswar (New capital), popularly known as "Twin-city" of Odisha. According to 2001 census, the city of Cuttack has a population of 5,34,654 and in 2008 census (Provisional) the population is 7,50,000.

In 2001 census, the population of Bhubaneswar was 8,00,000 and in 2008 census (Provisional) it has a population of 10,00,000.

OPERATIONAL DEFINITIONS:

An abused elderly for the purpose of study was defined as a person aged 60 years and above, living in a family context and having a history of abuse and/or neglect by his/her family members.

Major forms of elder abuse were identified as verbal abuse, physical abuse, material abuse and neglect.

Verbal Abuse: defined as acts of insult, swear words or threats perpetrated against the elderly person at least two or more times in the preceding year.

Physical Abuse: defined as perpetrating at least one act of physical violence against the respondents since the respondent had turned 60 years of age.

Material Abuse: was seen as theft or misuse of money or exploitation of the financial resources of the elderly by any of his or her family members at least once the respondent had turned 60 years.

Neglect: defined as the deprivation of assistance that the elderly needed for important activities of daily living. If this had occurred two or more times in the preceding year for the respondent, then he or she was placed in the neglect category.

SAMPLE:

This present study is a recent one. The results reported in this paper are based on the responses of 140 elderly collected during the period from September 2008 to February 2009. Data have been collected from various sources like hospitals, geriatric Health Centres, many informal groups of elderly like Walker's Club, Yoga Centres, Community Centres, Old Age Homes and so on. A quota sample of 140 elderly

(both men and women) was selected for the study. A preliminary survey was conducted to draw a fairly mixed sample of elderly from different socio-economic backgrounds with a history of abuse.

DATA COLLECTION INSTRUMENT:

An Interview Schedule was used to collect data from the sample elderly. It covered certain major aspects like profiles of the abused and the abuser, health condition of the elderly, psychological well-being of the elderly, issues leading to abuse and neglect of the elderly and the details of material abuse.

Conflict Tactics Scale (CTS):

The conflict tactics scales have been created in 1979 by Murray A. Strauss.

The CTS have been used to evaluate violence within families and intimate relationships. The CTS have been recognized as the standard survey tool for assessing domestic violence. The CTS meet the practical needs of family therapists, social workers and other mental health professional and can be added to standard intake procedures.

The Conflict Tactics Scales have been used to measure verbal and physical abuse in my analysis. The CTS consists of a list of 19 items, which a family member adopts while confronting a conflict situation with another family member. The items in the scale start with those acts, which are less coercive, and gradually moves to more coercive and more aggressive forms of tactics towards the end of the list. So accordingly the items are grouped under 3 sub-scales - use of rational

discussion, verbal aggression and physical violence. Each item asks if the mode was employed ever since the respondent had turned 60 years of age. It also asks for the number of times each action occurred during the past year, which may range from never to 10 or more times. Frequencies were calculated from these data.

FINDINGS:

The Abused:

Of the total sample 52.9 per cent were women and 47.1 per cent were men. The majority of the sample respondents falling in the age range of 60-67 years. About 86.4 per cent were Hindus. 53.5 per cent belong to backward classes, 34.3 per cent are from other castes, 11 per cent from scheduled castes. As regards to marital status, around 85 per cent of women were widows in contrast to majority of the men (71.2 per cent) who had a living spouse. About 16.7 per cent were graduates and above. However as compared to men (16.7 per cent) a majority of the women were illiterate (75.6 per cent). A sizable number of respondents came from high income families, that is, Rs.20,000/- and above; though the majority were from low income families (56.4 per cent). Of the dependent with no income, women were more (44.6 per cent) as compared to men (12.1 per cent) (Table-1).

Table-1. Background Characteristics of the Sample Elderly by Sex.

Characteristic	Men (n=66)	Women (n=74)	Total Per cent
Age (in years)			
60-63	31.8	54.0	43.6
64-67	22.7	28.4	25.7
68-71	15.2	13.5	14.3
72-75	19.7	2.7	10.7
76 and above.	10.6	1.4	5.7
Religion			
Hindu	97.0	77.0	86.4
Christian	3.0	20.3	12.2
Muslim	-	2.7	1.4
Caste			
Other Castes	51.5	18.9	34.3
Backward Classes	43.9	62.0	53.6
Scheduled Caste	4.6	16.2	10.7
Others (include Muslim respondents)	-	2.7	1.4
Marital Status			
Married	71.2	10.8	39.3
Widowed	28.8	85.0	58.6
Separated or divorced	-	4.1	2.1
Education			
Illiterate	16.7	75.6	47.9
Primary	16.7	18.9	17.9
Secondary	22.7	1.4	11.4
Intermediate	10.6	2.7	6.4
Technical	1.5	-	0.7
Graduate & above	31.8	1.4	15.7

Family Income			
(In Rs. Per month)			
Below 5,000/-	9.2	43.3	27.1
5,001/- - 10,000/-	24.2	33.8	29.3
10,001/- - 15,000/-	28.8	17.5	22.8
15,001/- - 20,000/-	15.1	2.7	8.6
20,001/- and above.	22.7	2.7	12.2
Respondents' Income			
(In Rs. Per month)			
No income	12.1	44.6	29.3
Below 2,000/-	4.6	25.7	15.7
2001/- - 10,000/-	24.2	24.3	24.3
10,001/- - 20,000/-	34.9	4.1	18.6
20,001 and above.	24.2	1.4	12.1

THE ABUSER:

The respondents were asked to mention the person most difficult to get along within their family and his/her relationship with them. The respondents both men and women (37.9 per cent and 33.33 per cent respectively) said, "the son is the most frequent abuser". As against men (13.7 per cent) more women (36.5 per cent) reported that their daughter-in-law was the most abusive family member. It was the husband who often reported being abused by the wife (33.3 per cent) whereas the reverse was reported to be as less as only five per cent. (Table-2.)

Table-2. Types of Abuser (Most Frequent Abusers)

Abuser Types	Men (N-66)		Women (N-74)		Total	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Son	25	(37.9)	24	(33.3)	49	35
Daughter-in-law	9	(13.7)	27	(36.5)	36	25.8
Husband	-	-	24	(33.3)	24	17.1
Wife	3	(4.5)	-	-	3	2.1
Other categories	19	(28.78)	9	(12.16)	28	20.0

From Table-3 (Socio-demographic profile of the Abuser), it is found that the middle aged person (mean age=37 years) appears to be frequently the abuser. The abusers were from a variety of occupations and included housewives and unemployed who comprised 38.6 per cent and 11.4 per cent respectively. However, almost half of them 48.6 per cent did not have an income of their own. Some of the abusers were financially very sound (17.9 per cent). Abusers having monthly income of Rs.10,000/- and more were considered as financially very sound.(Table - 3)

Table-3. Socio-Demographic Profile of the Abuser. (N=140)

Characteristic	f.	Percentage
Sex		
Men	71	50.7
Women	69	49.3
Age (in years)		
Below 20	7	5.0
21-30	31	22.1
31-40	61	43.6
41-50	22	15.7
51 and above	19	13.6
Marital Status		
Married	114	81.4
Unmarried	19	13.6
Widow/widower	4	2.9
Separated	3	2.1
Education		
No Education	46	32.8
Primary Education	26	18.6
Secondary Education	26	18.6
College Education	42	30.0
Occupation		
Govt. Service	11	7.9
Professional	8	5.7
Small Business	9	6.4
Skilled labour	10	7.2
Unskilled Labour	20	14.3
Housewife	54	38.6
Unemployed	16	11.4
Others (includes teachers,	12	18.5

Clarks, retired persons and business.)		
Income (in Rs. Per month)		
No Income	68	48.6
Below 5,000/-	30	21.4
5,001/- - 10,000/-	17	12.1
10,001/- - 20,000/-	13	9.4
20,001/- and above	12	8.5

PATTERNS OF ABUSE:

In the present study there are four patterns of abuse studied: physical abuse, verbal abuse, neglect and material abuse. Verbal abuse is the most frequently reported form of abuse followed by material abuse and neglect. (Table-4).

Table-4. Distribution of Sample elderly by patterns of Abuse. (N=140)

Type of Abuse	f.	Percentage
Verbal Abuse	113	80.7
Physical Abuse	32	22.9
Neglect	74	52.9
Material Abuse	52	37.1

Physical Abuse:

Table-5 shows the details of physical abuse.

Table-5 Details of Physical abuse. (N=140)

Sl. No.	Abusive Behaviour	Frequency of occurrence in the past year				Frequency of occurrence since the elderly turned 60 years
		Once	2-10 times	More than 10 times	Total	
1	Threw something at elderly	2.6	1.4	3.6	7.1	8.6
2	Tried to slap and hit elderly	2.8	4.3	3.6	10.7	12.9
3	Pushed, grabbed or shoved elderly	5.7	6.4	2.8	14.9	17.0
4	Slapped elderly	1.4	1.4	2.1	4.9	6.4
5	Kicked, bit or hit with fist.	1.4	5.0	1.4	7.8	8.6
6	Hit or tried to hit with something	2.1	5.7	1.4	7.8	8.6
7	Beat up	1.4	2.1	1.4	4.9	6.4
8	Threatened elderly with a knife or a sharp instrument	-	-	0.7	0.7	1.4
9	Locked the elderly in some place	1.4	1.4	0.7	4.2	4.2
10	Tied elderly to chair or bed	0.7	-	0.7	1.4	1.4

Verbal Abuse, Neglect and Material Abuse.

A majority of the sample population reported that their abusers had said something to spite them (80 per cent) and insulted or sworn at

them (36.4 per cent) during the past one year. They were also threatened physically (7.2 per cent) which lead to their humiliation.

About 37 per cent of the sample reported that they were neglected by their family members. (49.1 per cent) reported that they were frequently neglected that is two to six times and 7 to 10 times (45.5 per cent) during the past one year.

52.9 per cent reported to having been subjected to material abuse at least once since they turned 60 years of age. 73 per cent reported that their abusers had tried to convince them to give money, 45 per cent persuaded them to let the abuser handle their finances.

FACTORS ASSOCIATED WITH ELDER ABUSE.

Factors associated with elder abuse are sex, marital status, dependency of the abused and so on.

Table-6 shows the distribution of Respondents by sex and types of abuse suffered.

Table-6: Distribution of Respondents by Sex and Types of Abuse suffered.

Type of Abuse	Men (n=66)	Women (n=74)	Total percentage
Verbal Abuse	77.3	83.8	80.7
Physical Abuse	10.6	33.8	22.9
Neglect	31.8	41.9	37.1
Material Abuse	61.2	39.2	52.9

Table-7 shows the details of abuse by marital status and sex.

Table-7: Details of Abuse by marital status and sex.

Type of Abuse	Marital Status					
	Married			Widowed		
	Men (n=47)	Women (n=8)	Total (n=55)	Men (n=19)	Women (N=63)	Total (N=82)
Verbal Abuse	74.5	75.0	74.5	84.2	84.1	84.1
Physical Abuse	6.4	37.5	10.9	21.0	33.3	30.4
Neglect	25.5	50.0	29.1	47.3	47.3	43.9
Material Abuse	66.0	37.5	61.8	7.4	7.4	64.5

Table-7 shows that the widowed are more frequently subjected to all forms of abuse, particularly to physical abuse and neglect (30.4 per cent and 43.9 per cent) respectively.

Table-8: Shows the dependency of elderly in their activities of daily living by types of Abuse.

Table-8: Dependency of Elderly in their Activities of Daily living by Types of Abuse.

Type of Abuse	Dependency					
	Dependent			Independent		
	Men (n=63)	Women (n=54)	Total (n=117)	Men (n=3)	Women (N=20)	Total (N=23)
Verbal Abuse	79.4	85.2	82.0	33.3	80.0	73.9
Physical Abuse	9.5	38.8	23.1	33.3	20.0	21.7
Neglect	33.3	57.4	44.4	-	-	-
Material Abuse	66.6	38.8	53.8	100.0	40.0	47.8

It is found from the Table-8 that those elderly who were dependent on their family members for performing their activities related to daily living were at the risk of abuse and neglect. This was more in case of women. Women were more at risk of verbal abuse (80 per cent) and material abuse (40 per cent). As regards neglect of the elderly, more dependent women (57.4 per cent) were found to be at risk as compared to dependent men (33.3 per cent). Both men and women who were independent were free from neglect.

DISCUSSION AND CONCLUSION:

The results of the present study indicate that age of the respondent and economic circumstances in the family have no bearing on the risk of being abused. As regards educational background, though a large number of the respondents are illiterate, there are a few who are graduates or have higher qualifications.

The son, the daughter-in-law and the spouse were frequently reported to be the abusers. In India, traditionally the elderly prefer to live with married son. In this case, the daughters-in-law take care of the elderly. This might be the reason for the son and daughter-in-law being frequently reported as abusers.

Verbal abuse was the most frequently reported form of abuse followed by material abuse. Shouting at the elderly and insulting them were often observed. The elderly were physically abused by way of pushing, grabbing shoving and so on. Neglect was reported, as a form of abuse in a significant number of cases (25 per cent). Neglect as well as material abuse of the elderly though not life threatening may deprive the elderly from fulfilling their basic needs.

Today, rapid urbanization and compulsions of modern working conditions have led to a breakdown of the traditional joint family system resulting in the growth of nuclear families. Better medical facilities have led to increased longevity. The number of senior citizens in the country has been steadily growing. In percentage terms, their population is projected to rise about 12.4 per cent in 2026, doubling from 76.6 million in 2006 to 173.1 million in 2026.

The frailty of old age combined with health problems, insufficient income, abuse, neglect by the family members has left them with a feeling of rising insecurity. Strong measures were needed to alleviate the pains of this vulnerable section, which comprises a sizable chunk of the population.

With this in mind, the Government enacted the Senior Citizen Act, 2007 as an answer to the insecurities faced by older persons of the country. An initiative of the Ministry of Social Justice and Empowerment, this Act accords prime responsibility for the maintenance of parents on their children, grand children or relatives who may possibly inherit the property of a senior citizen. It also calls upon the State to provide facilities for poor and destitute older persons. Currently 11 States have notified this Act. They are Nagaland, Karnataka, Jharkhand, Andhra Pradesh, Rajasthan, Assam, Kerala, Tripura, Madhya Pradesh, Delhi and Odisha. Other States are in the process of framing appropriate rules for this Act.

It is the duty of the younger generation to create awareness among the elderly regarding the steps they can take through different provisions of this Senior Citizen Act, 2007.

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This book has been written against global scenario of a population segment labelled "elderly" or "old age" population internationally identified as of age 60 years or above. Using secondary data the author, Prafulla Chakrabarti, has described how this segment has gradually grown in size both within and outside India as a consequence of decreasing birth rate and increasing life expectancy caused by implementation of recent advances in measures to improve quality of health of the people. In India, its percentage to total population has already peaked to around 10% (estimated by interpolating data quoted in the beginning of the book).

Principal focus of the book is not, however, the demographic swelling of the elderly population. This will continue to happen automatically out of the natural ageing process. The discourse in this book is, rather, immersed in societal nuances of this demographic process. How from this process surfaces a dividing line partitioning the society into

BOOK REVIEW

"SUNSET YEARS OF LIFE

**A Multidimensional
Study of
Rural Elderly"**

Author

**Prafulla Chakrabarti
(2009), Urbee
Prakashan,
Kolkata**

two population categories, elderly and non-elderly. The study of characteristics and problems of the former has added to sociological research a new promising field of gerontological studies. This area has already drawn attention of social scientists, particularly the social psychologists and medical anthropologists. The book begins with an overall critique of the studies. The author succinctly argued to point out that these studies so far have been overloaded mostly with the elderly population of urban areas focusing upon demographic and psychological facets of ageing. Moreover, the author finds that these studies were conducted without any theoretical premise. The format of the present preview has been structured according to these three stipulations.

The book is a positive response to the first two of them. It examines life and living of the rural old age population in West Bengal and Jharkhand. It has

added anthropological and socio-economic dimensions to usual demographic and psychological.

Besides, in order to put the rural findings in a proper perspective the book has also provided data on some selected characteristics for comparison of rural elderly with the urban. That way the book gives us some provoking issues for further deep investigation. Incidents of dementia is found to be much less in the urban sample. (dementia none = 41.7%) compared to the rural (dementia none = 21.4%). Incidence of feeling of "moderate" and "severe" loneliness is, contrastingly quite high among the urban elderlies than among the rural.

Chakrabarti has made a reasonable effort to go beyond eco-environmental observation and explain rural factors. Greater social interaction, more involvement in domestic activities as well as in gainful employment, etc have led to sharply lower the severity of loneliness among the rural elderly, while perhaps due to lack of sufficient health and medicare facilities they have

become relatively more demented besides the researchers have also indicated other societal factors associated with loneliness and dementia. Specially noteworthy are more prevalence of the feeling of loneliness in nuclear families; female elderlies are more demented than the males; and so on. But that way which one is to be, our main explanation becomes a moot question.

In fact, here lies the crux of the problem in author's discourse. The author has not ventured to explore if there is any factor, given which others become redundant in explaining the characteristics under considerations. The author has stopped after analysing univariate relationships - perhaps with the idea of establishing preliminary associations as hypothesis to design investigations in future in order to obtain data on multiple characteristics (sufficient in number for an appropriate multivariate statistical analysis by cross classification of data).

We have digressed from the point we are going to make. Large number of papers concerning life

and living of rural elderly has been compiled in this book. A social science researcher, specially in gerontology will find this volume no doubt, immensely useful. However, the papers were prepared, it seems under various compulsions of different academic agenda. Subsequently, they have been published together classified under dimensions. As stated just now a reader will be amazed to note author's painstaking endeavour to gather amply such data. But since the papers appear to have been prepared ad hoc and presented jointly there are serious inconsistencies which become puzzling for a reader.

In one of the chapters it is stated that "a majority of the rural elderly did not feel happy with their relationships with the members of the family" (p. 108) That this is not just a matter of mental emotion or psychological state is repeated later in another chapter while describing a finding of RRA gathered in course of a group interview:

An elderly would refuse to be admitted in a hospital for medical care due to "apprehension of

being discarded or thrown out by the family" (P-127). But the data tabulated on "Quality of relationship with family members contradict the qualitative assertion just stated (P-III) Without any doubt about the authenticity of these views one still needs to ponder whether this is a matter of situational difference; or, of different kind of methods and if so why? In a revised edition of the book with answers to such queries need to be taken up.

The moot question does not concern inconsistencies as above. Rather, it lies elsewhere: What contribution to theory building either in the field of Gerontology or Sociology in general has come out of this extensively collected empirical data? At least what knowledge about the elderly population has been generated out of the papers compiled in this book is missing. This gap has drawn our attention specially because this is point of critique of the main stream studies made by the author. Lack of theory building has devalued the rich potential of the study.

We note that the empirical

findings considering both quantitative and qualitative together, provide strong indications that macro as well as micro level sociological theory mesh together in them and can be discerned. We cannot restrain ourselves from endeavour to disentangle some potential interlinked theoretical premises as follows.

---Demographic age line acts as if a macro-societal divider. It stratifies the population into two asymmetrically related strata, "Elderly" (60 years or above in age) tilted towards the "Non elderly" (age below 60 years). That this is a natural ongoing process distinguishes it from other attributes of social stratification. The relation of dependency arises due to inequality of resources.

--- At micro level of individuals as such or the societal units in which they are situated such as family, households etc., the resources mean "support" necessary for existence. The support required can be of various kinds for subsistence as well as psychological, emotional, physical or material and so on.

The former stratum is dependent on the latter. The situation becomes that of generalised social exchanges

who needs what and who gives that to whom? why? who does not give that and why not? Personalised traditional culture and value orientation networks of social relations and unequal access to resources shape the pattern of interface of exchange between need and supply. Cumulatively tension and conflict may brew gradually over the conditions of exchange.

--- Before we conclude we make a few methodological observations. We note author's laudable, logistics to combine quantitative and qualitative methodological strategies while gathering empirical data for the study. Structured questionnaires have been canvassed in sample survey to collect data on general qualitative, demographic and socio economic attributes. On the other hands, qualitative case studies, group interviews and life histories have been pursued focusing upon sensitive areas of investigation where survey interviews based on structure

questionnaires are not likely to provide reliable data, rather the respondent may even turn "Unwilling" or "Hostile". Further more, in the venture to grasp the inner nuances of the complexities of why do the old age persons pursue a religious spiritual practice though it is physically quite strenuous the author has added as a participant observer performing the very practice itself. Combination of statistical sample surveys with anthropological field methods has acted a new dimension and enrich gerontological research.

There are however, few observations in design of research and statistical analysis. Some of the important ones are as follows:

--- In this kind of studies, the need for "control" as such remains tricky, but necessary for a reliable interpretation of the findings. The nature of control is different from that of usual survey research. Control means to promote in order to find out if the currently observed psychological state, self evaluated status, quality of relationship with others in and outside the family etc. of an old age person was not substantively different from these

were earlier life.

--- Since a large number of concepts used in the field investigations are subjective and self evaluative the data have to be standardised in order to ensure that they carry the same meaning before being aggregated. Consider the terms like "loneliness, well being, satisfactory relationship" etc.

A few comments on statistical analysis : In case of most of the results of analysis probability level of significance has been indicated wrongly i.e. where it should be ($P <$) has been shown as ($P >$). Furthermore, how it has been summarised that there is no significant interaction between age and gender without doing ANOVA. Stress data show there is significant stress difference by gender in (60-63) age group which disappear later. Lastly, how to resolve the percentage (obtained from the same sample) of response related to the items used to measure psychological stress such as : 86.21 % report "Feeling same as before", 70.69% "Feeling that this period is best in life" and 65.52% "Feeling that I am always with

others" against 69.83% "Getting nothing in life", 63.79% "Feeling meaningless in life" and 49.14% "Feeling alone". The two kinds of response indicate two kinds of perception. Item wise distribution of the responses over the sample space could have provided more meaningful direction to further statistical analysis than just applying a biserial correlation test.

On the whole, the reviewer thinks that the book will be an important addition in an academic library as well as personal collection to graduate student and post - graduate researchers. It provides thought provoking grey areas for further investigation and examination.

Reviewer :

Dr. Suraj Bandopadhyay,

**Retired Professor of
Sociology, Indian Statistical
Institute, Kolkata**

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