



PROBLEMS AND COPING MECHANISMS OF THE ELDERLY: A STUDY OF ALIGARH, U.P

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ABSTRACT

Population ageing, a universal and irrevocable process, is increasingly becoming a challenge for both developed and developing countries. This elderly population increase is due to improving health standards, eradication of deadly diseases and greater awareness of the importance of health. Such rapid changes have improved human longevity and decreased the rate of mortality. In India, the senior population above age of sixty has reached more than 8 per cent of the total population and it is expected to increase by three times accounting for 20 per cent population by 2050. This unprecedented growth has affected various aspects of the Indian social system, and has far reaching social, economic and political implications. The rapidly increasing elderly population, coupled with changing family structure and urbanization, has affected the lives of the elderly significantly. It is, therefore, necessary to examine the implications of these changes on the elderly population so as to create an awareness of the issues associated with ageing and their problems of adjustments within their own families and also within fast changing social environment.

KEY WORDS: *Ageing, Elderly, Changing family structure, Problems, Coping mechanisms*

INTRODUCTION

The biological function of age is generally considered in terms of the number of years people live, and, this is associated with the physical changes the body travels through over a period of time. But to consider age merely as a bio-physiological phenomenon is to view only one side of the coin. The other side of the coin which shapes and develops the mental and psychological aspects of human personality are the social norms and expectations that humans go through during the course of their lives. Apart from these factors, situational aspects such as gender, religion, race, caste, class and other life experiences tend to shape and nurture growth processes from infancy to adulthood and to old age.

Ageing may be viewed differently in different contexts due to its close association with biological, psychological and social processes. As Chadha (1999) puts it, at the individual level, ageing may be understood as a process of growing older which involves multidimensional changes in an individual's life. While biological ageing refers to physical changes in the body with the advancement of age, psychological ageing may be viewed in terms of an individual's adaptive capacities and subjective

reactions. Affective ageing refers to the reduced adaptive capacities of the individual in relation to changed environment, and with social ageing an individual experiences a change and decrease in meaningful social interactions.

Each society views old age in different ways, depending on its cultural attitudes which shape the way in which people look at old age. These attitudes, however, change over time. Portrayal of the elderly and their problems, thus, vary from society to society. Each culture has a separate set of expectations and assumptions about ageing. This, obviously, is a part of the socialization process which again differs from society to society. Negative cultural attitudes towards ageing and the elderly are not unknown. The elderly are also stereotyped and their characterization often seems biased.

Youth are generally glorified and associated with beauty, strength and confidence. On the other hand, the elderly are associated with grumpiness or hostility and, many a times ugliness. Similarly, while the progress of transition to adulthood is viewed with pride, the signs of natural ageing cause shame or embarrassment. The ageing persons themselves feel that with the decline of their physical beauty they will



be shunned by society. They, therefore, try to beautify themselves with cosmetic transformations. While many elderly people believe that ageing has made them feel stronger than what they were when they were young, yet, the socio-cultural situation in which they live may make them feel inconspicuous and worthless. Levy et al. (2002) reported that people are more likely to accept age based stereotypes more readily. Old people with positive self-perception are likely to have higher life expectancy as compared to people with low self-perception. Thus, ageing encompasses a number of physiological, socio-cultural and psychological challenges, and, even though advances in medical technology have lengthened life expectancies, it does not have the power to slow down the ageing process drastically or to prevent death.

Ageing is accompanied by different physiological, psychological and economic challenges and these challenges are aggravated by rapid changes in various aspects of social life. Population ageing is increasingly becoming a problem of both developed and developing countries. In India, the senior population above age of sixty has reached more than 8 per cent of the total population and it is expected to increase by three times accounting for 20 per cent population by 2050 (UNFPA, 2017). This rapid growth has affected various aspects of the Indian social system and have far reaching social, economic and political implications. The rapidly increasing elderly population, coupled with changing family structure and urbanization, has affected the lives of the elderly significantly. The elderly in India are confronted with different type of problems which vary according to their sex, socio-economic background, place of residence and health status (Siva Raju, 2011).

THE CHANGING FAMILY STRUCTURE IN INDIA

The family in general and the joint family in particular has been an integral part of the Indian social organization. It has been the most preferred form of family in India as a regular source of security and support to all its members particularly elderly (Nasreen, 2010, Siva Raju, 2011). The role and status of the elderly was of prime importance. The oldest male member occupied and enjoyed the most privileged and powerful position in the joint family, while his wife was head of the younger women in the family (Bhat and Dhruvarajan, 2009). The elderly people were valued as reservoir of wisdom and their role in maintaining family values and intergenerational solidarity was highly acknowledged. There was a strong cultural emphasis on respect and care for the elderly and the authoritative position of the elderly was enhanced

and promoted by the social, economic and political values.

However, with the transition of Indian society from traditional to a more modern industrial society, the elderly population began to be dislodged from their previous position and became vulnerable to ageing process (Chadha, 1999, Vijaya Kumar, 1999, Nasreen, 2010, Mohapatra, 2011, Mane, 2016). With the onset of globalization, major transformations have taken place in social institutions and value system of Indian society. Specifically, the institution of family has undergone significant changes in its structure and functions. With high rates of urbanization and migration, the joint family system began to lose its traditional characteristics, especially because of greater job opportunities in urban areas. This led to the migration of youth from the villages to a different life in towns and cities and changed the nature of dependence of parents on their children as a long lasting support system during their old age (Bali, 1999, Bhat and Dhruvarajan, 2009, Ahmed-Ghosh, 2009, Shetter, 2013, Chakroborty and Bansod, 2014). The Joint family began to face a form of disintegration. But some of the collective values continued to prevail, and, as such, on many occasions, the young men and their families would return to their villages on festive and other important family occasions. By and large though, pressure of time and money and, sometimes, distances hindered the travel plans and physical distances, notwithstanding, led to emotional distances as well.

Life in urban areas brought in its own materialistic and individualistic values, and travel to foreign lands for studies and job opportunities also increased. These changes greatly affected not only the intergenerational relationships, but also the coping capacities of the younger and the older generations within the family.

Consequently, while some children decide to leave their old parents in the villages, others find it harder to shoulder the responsibility of providing regular support and care to their old parents living with them. High cost of living and health care made it more difficult to shoulder the responsibilities of parents both in rural and urban areas (Shetter, 2013). Emergence of dual career families has also affected status of the elderly. Involvement of women in outdoor activities is increasingly becoming problem for the elderly, particularly those elderly who need care due to their poor health. (Bhat and Dhruvarajan, 2009). However, elderly living in rural areas are in a better position than elderly living in urban areas (Mane, 2016).

Mohapatra (2011) observes that the dependency of the older parents on their children is quite prevalent in India but the pattern of communication and relationship are undergoing



significant changes. Such changes may be observed both in joint and nuclear families. The values and practices which helped the elderly to cope with the difficulties of ageing and ensured them security and care in their old age are vanishing at a faster rate specially in urban India. Weakening of intergenerational bonds and widening generation gap has resulted in increasing neglect and varied problems for the elderly. As indicated by studies like those of Siva Raju (2002) and Srivastava et al (2013), a significant number of elderly are subject to neglect and maltreatment, both physically and verbally, by their family members. Due to lack of time, younger generation finds it difficult to take care of elderly parents and fulfil their expectations which results in intergenerational conflict, abuse and neglect of elderly (Sebastian, 2010). A survey on elder abuse conducted by Help Age (2015) India indicates that almost half of the elderly in India suffer some form of abuse. The number of crimes against elderly is much higher in urban than rural areas. Female elderly are more vulnerable as more crimes are committed against elderly females than males. Surprisingly, about one-fourth of the crimes were committed by their family members (Patel, 2010).

Vasantha Devi and Premakumar (2000) while highlighting different problems associated with the elderly, pointed out that rural elderly face more health related problems than those residing in urban areas, due to illiteracy and low socio economic status. Similarly, elderly women also face more problems than men mainly for the same reasons. Ramchandran (2016) highlights the findings of a study conducted by Agewell Foundation on 15000 older persons in Delhi which revealed that most of the elderly experience loneliness in their lives due to little or lack of interaction with family members or within their immediate community. They most commonly feel marginalized and insecure due to lack of safety, health care and work opportunities, economic problems and restricted mobility. Psychologically too, they suffer utter desperation and seclusion. The study also reported that two-thirds of the older persons did not receive the respect and proper treatment they expected from their family members and society. The study, contrary to several other studies, noted that human right violation of older men was higher as compared to older women. (<http://www.thehindu.com/news/cities/Delhi/delhi-ignoring-its-elderly-reveals-study/article4090022.ece>)

It is apparent from the above, that the challenges and issues concerning elderly persons have recently emerged as an area of concern and interest for social scientists. Given this background of the changing relation between the elderly and their families and resultant challenges, it seems pertinent

to further understand the nature of problems associated with the elderly in another part of the Indian sub-continent in order to take concrete measures for security and welfare of the elderly people at large.

Therefore, the present study is aimed at understanding the nature of problems and challenges that the elderly people are facing and their plight as they themselves see it. In so doing, it is also attempted to analyze and understand the various coping mechanisms that the elderly use to deal with the challenges of ageing.

AREA AND METHODS OF STUDY

This study was conducted in Aligarh city of Uttar Pradesh. Aligarh is a city known for its Lock industry and the Aligarh Muslim University, which is the oldest University in the city. Aligarh is the seat of higher learning, not only because of the Aligarh Muslim University but also because of the other institutions of higher learning such as colleges affiliated to Agra University and innumerable schools and colleges administered by the City and private educational institutions. The trend-set for education has spread so widely that private primary schools have mushroomed in almost all nooks and corners of the city. Such opportunities for education, and the subsequent lure for prospective job opportunities have brought about significant changes in the lives of people of Aligarh. This seems to have added fuel to the ongoing process of urbanization. The population of the city has also grown over the years and reached to 874408 in 2011 (Census of India, 2011). Aligarh is a city of multiple identities encompassing within it people from different religious, regional, linguistic and social class/caste categories. This diversified population lives in close proximity to each other. Added to this growing assorted population, the elderly population, has brought about new challenges which need to be identified and studied at the micro level.

Due to paucity of time and resources, it was not possible to select a large cohort. A convenience sample of 100 people above 60 years of age was selected through personal contacts. Although it is believed that a convenience sample does not represent the entire population, in this particular study, this was the only way in which participants could be found. Due to non-availability of a formal data bank on the elderly population in Aligarh, this appeared to be the most appropriate method that could be used as it is expected to provide some direction to the study, and, to enable collection of certain facts that are so far not available on the elderly population of Aligarh. Data for the study was collected through personal interviews using Interview guide and closed observation. The respondents were



encouraged to share their views and feelings freely so as to obtain qualitative information.

status, Educational status, Occupational status, Sources of income, Living arrangements, Decision Making and participation in family affairs, satisfaction with children, health, economic and psychological problems and finally the ways and means by which they deal with ageing.

RESULTS AND DISCUSSION

The data collected for the study was classified in terms of attributes like Age and Sex, Marital

Table 1: Age and Sex

Age Group	Male	Female	Total
60-70	37(37%)	30 (30%)	67 (67%)
71-80	10 (10%)	13(13%)	23 (23%)
80+	04 (04%)	06 (06%)	10 (10%)
Total	51 (51%)	49 (49%)	100 (100%)

The table shows that a majority (67%) of, both male and female, respondents ranged between the ages of 60-70 years. The percentage of the elderly between the ages of 71-80 is smaller (23%).

It is noted that as the range of age moves upward, the proportion of respondents who are 80+ decreases as only 10% of the respondents are above 80 years of age. Though this is comparatively a much smaller percentage, yet, the age-wise distribution of data shows a trend towards increasing longevity. Like men, the proportion of women in higher age range declines but there are more women than men who are above 80 years of age. These findings are

congruent with the statistics released by The Ministry of Health and Family Welfare regarding rising life expectancy from 62.3% (men) and 63.9% (women) in 2001-2005 period, to 67.3% (men) to 69.6% (women) in the 2011-2015 period. The World Health Organization data (2018) shows 67.4 and 70.3 life expectancy for male and female respectively and points higher life expectancy of women than men. (http://timesofindia.indiatimes.com/articleshow/29513964.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst, <https://www.worldlifeexpectancy.com/india-life-expectancy>)

Table 2 : Marital Status

Marital status	Male	Female	Total
Married	43 (43%)	29 (29%)	72 (72%)
Divorcee	02 (02%)	02 (02%)	04 (04%)
Widows /Widowers	06 (06%)	18 (18%)	24 (24%)
Total	51 (51%)	49 (49%)	100 (100%)

Table 2 shows that the percentage of married respondents was higher while the proportion of divorcees was found to be quite negligible. It is interesting to observe the fact that widows outnumber the widowers. This reiterates the figures given in the Census Reports that women have higher longevity than men. This difference, however, may also be attributed to certain cultural practices where age at marriage for husbands is generally higher than those of their wives. Moreover, the patriarchal values allow and encourage men to remarry, after the death of their wives, for the sake of nurturing the children. At the same time, society does not generally expect or allow women to remarry. More often than not, women are criticized and ostracized, if they remarry. Thus, women prefer to stay single who are then forced to live as dependents with their children or to be forsaken.

Table 3 : Place of Birth

Place of birth	Male	Female	Total
Urban	35 (35%)	27 (27%)	62 (62%)
Rural	16 (16%)	22 (22%)	38 (38%)
Total	51 (51%)	49 (49%)	100(100%)

The table shows that a small percentage of the respondents hailed from rural areas in

comparison to those who belonged to urban areas.

**Table 4: Educational Status**

Educational status	Male	Female	Total
Illiterate	03 (03%)	05 (05%)	08 (08%)
Primary	04 (04%)	08 (08%)	12 (12%)
Secondary	11(11%)	09(09%)	20 (20%)
Higher Secondary	13(13%)	10 (10%)	23 (23%)
Graduation	12(12%)	10 (10%)	22 (22%)
Post-Graduation or above	08 (08%)	07 (07%)	15 (15%)
Total	51 (51%)	49 (49%)	100 (100%)

Majority of the respondents had formal education. This may be due to the fact that, as residents of Aligarh, they had easier access to educational opportunities. Following the general trend, more men than women were educated. The

representation of elderly females at secondary and higher level is also comparatively low which could indicate the influence of socio-cultural milieu which, generally, is against providing educational opportunities to women.

Table 5: Occupational Status

Occupation	Male	Female	Total
Retired Government/Private sector employees	28 (28%)	12 (12%)	40 (40%)
Self-employed	16 (16%)	08 (08%)	24 (24%)
Unemployed	07 (07%)	29 (29%)	36 (36%)
Total	51 (51%)	49 (49%)	100 (100%)

Most of the elderly are former government employees or were employees in the private sector. Some of them were self-employed. Among retired and self-employed elderly, the number of males is higher than females. Most of the elderly women help

and assist young women in their families with household chores. A few male elderly assist their sons in running their business or get assisted by their sons in running their family business.

Table 6: Sources of Income

Sources of Income	Male	Female	Total
Pension	18 (18%)	24 (24%)	42 (42%)
Self-employment	16 (16%)	08 (08%)	24 (24%)
Interest from Bank	08 (08%)	02 (02%)	10 (10%)
Share from agricultural land	16 (16%)	04(04%)	20 (20%)
Rent from shops in villages	10 (10%)	02 (02%)	12 (12%)

Multiple responses

Majority of the respondents were reluctant to share information about their monthly income. Therefore, they were requested to provide information about their source of income. The information received through their multiple responses revealed that a large number of retired employees and widows depended on pension, which, apparently was

not their only source of income. Some received a share of their agricultural products or certain monetary benefits from their relatives taking care of agricultural activities in their ancestral villages. Others seemed to receive interest on their investments in Banks and/or rent payment of shops located at their ancestral place of residence.

Table 7: Living Arrangements

Living Arrangements	Male	Female	Total
Living with married sons	23 (23%)	29 (29%)	52 (52%)
Living with spouse	18 (18%)	14 (14%)	32 (32%)
Living with unmarried daughters	04 (04%)	02 (02%)	06 (06%)
Living alone	06 (06%)	04 (04%)	10 (10%)
Total	51 (51%)	49 (49%)	100 (100%)



The largest percentage (52%) of the elderly lived with their married sons, daughters -in -law and grandchildren. The second largest percentage (32%) of the elderly lived with their spouses. The percentage of those living with their unmarried daughters or living alone was quite low. Despite their pressing need of old-age-care, some of them were not welcomed in their sons' homes. However, it was interesting to note that this much needed care could be readily provided by their married daughters. These old parents, however, did not wish to live with their married daughters because of the taboo associated with the cultural values that after marriage daughters were no longer members of their paternal family but rather belonged to their husbands' family. As these elderly parents did not want to live with their daughters' husbands' families, therefore, they opted to live alone rather than with their married daughters' families, even though their daughters were willing to take them in.

A few of the elderly lived with their unmarried daughters, as they felt more comfortable and less embarrassed than living in the homes of their married daughters' families. It should be pointed out that the unmarried daughters were employed women of above forty years of age, whose life circumstances had forced them to remain unmarried. Their financial independence and lack of family responsibilities enabled them to take care of their elderly parents, whose patronage they enjoyed. The respondents admitted that they felt more comfortable and well-

adjusted living with their unmarried daughters, rather than with their married sons.

During the course of interview, some of the widows/widowers admitted that they lived alone because of incompatible relations with their sons' families. Some others admitted they had no choice but to live alone by themselves as their children were well settled abroad. In many cases, the parents did not want to disrupt or interfere with their children's lives.

By and large, the educated and retired elderly were in a better economic position as they could manage themselves financially as they had done before their retirement. Despite their sound economic situation, these elderly, seemed to suffer from mental stress. One elderly shared his feelings by stating *that his bank balance was of no use, as he could not enjoy the company, love and care of his children. He felt that his children did not want to give up their comfortable lives in foreign lands where they lived, even though they too missed their parents. He said he felt lonely and frustrated but had to suffer quietly.*

Another gentleman, in his late sixties, regretfully said that he felt as if he was only the "caretaker" of a big house that he had lovingly built for his family. *Since he had high aspirations for his children and encouraged them to seek higher education. After completing their studies, they were able to get jobs abroad and left the country to settle there. As a result, he was left alone in this big house to suffer loneliness and sickness. He felt that he was at the mercy and care of a maid servant.*

Table 8: Participation in Decision Making regarding Family Matters

Participation in Decision making	Male	Female	Total
Always	20 (20%)	11 (11%)	31 (31%)
Often	16 (16%)	13 (13%)	29 (29%)
Not willing to participate	07 (07%)	15 (15%)	22 (22%)
Not allowed to participate	04 (04%)	08 (08%)	12 (12%)
No response	04 (04%)	02 (02%)	06 (06%)
Total	51 (51%)	49 (49%)	100 (100%)

Decision making is an important aspect in the lives of the elderly because as people get older, they wish to continue to feel important and satisfy their ego. Sometimes, with age, the elderly may lose their ability to make decisions and sometimes younger family members may not consider the senior family members to be mentally fit to take decisions. Results of the present study show that majority of elderly always participated in important family decisions. Some (22%), however, were not willing to participate in family discussions, as some of them felt that their ability to think was greatly reduced. Some others did not want to interfere in their children's lives. On the

other hand, some of them (12%) wanted to be consulted in important family decisions, but their children did not seek their advice because they felt that their parents' views were either outdated and/or irrelevant.

It was observed that the number of males involved in the affairs of families is higher as compared to women who are traditionally considered incapable of taking important decisions. Discussions and interviews revealed that views of educated and employed women were given due respect by their family members. A close probe into the issue brought out the fact that views of those elderly, mostly males,



were given greater importance who contributed and supplemented family income, rather than being financially dependent on their children. Some of these elderly males still enjoyed the status of the head

of the family not only because of their knowledge and experience, but also because of their financial inputs to support their sons.

Table 9: Level of Satisfaction with Children

Level of Satisfaction	Male	Female	Total
Satisfied	20 (20%)	32 (32%)	52 (52%)
Partially satisfied	20 (20%)	10 (10%)	30 (30%)
Not satisfied	11 (11%)	07 (07%)	18 (18%)
Total	51 (51%)	49 (49%)	100 (100%)

The breakup in the table shows that quite a large number of elderly were satisfied with the behavior of their children. This was followed by a smaller percentage of those who were partially satisfied. However, a close interaction revealed that some of them did not enjoy cordial relationships with their sons' families but they were trying to hide the truth because they felt that it would hurt their family prestige. Elderly living with their unmarried daughters were quite satisfied with the care and support provided by them. Dissatisfaction with the behavior of their sons and their families was reported by 18% elderly. Compared to men, the prevalence of satisfaction among elderly women was higher. This was so perhaps because they expected less from their children. They seemed to find solace within their families rather than worry about interacting with family members. They showed more supportive attitude towards their family members and less concern about their own feelings.

It was observed that those elderly who have migrated from villages and were forced to live in urban areas appeared less satisfied and faced more adjustment problems with their family members than those who were born and brought up in urban areas. They seemed upset and hurt due to non-fulfillment of

their expectations and the treatment meted by their children. Some of them shared that in village life, they had treated their ageing parents with respect and provided necessary care. One respondent recalled:

It was very difficult for us to have direct eye contact with our elders particularly fathers. We mostly communicated with them through our mothers. The decision of our parents was final and we all were bound to follow it. The young people of today cannot even think of the kind of respect and importance we had given to our parents.

On the other hand, apparently, the elderly who did not care much about their elderly family members due to their busy city life, did not expect much from their young family members. Interestingly, few of them who, while enjoying their young lives ignored their old parents, expect care and support from their children. They regretfully explained:

"Kabhi laga hi nahi, ke ek din hum bhi boodhe honge" (During our young age, we never realized that we will also become old at the end of the day. (meaning thereby that when people are young, they keep themselves busy in their own lives and do not care about their elderly parents...Little do they realize that one day, they too will be old and will need the help of their children)

Table 10 : Participation in Household Work

Nature of Household work	Male	Female	Total
Kitchen related work	06 (06%)	16 (16%)	22 (22%)
Shopping and other outdoor activities	30 (30%)	08 (08%)	38 (38%)
Supervision of domestic helpers	12 (12%)	18 (18%)	30 (30%)
Care of grand children	26 (26%)	24 (24%)	50 (50%)

Multiple responses

Table 10 shows that an overwhelming majority of elderly helped their children by engaging themselves in different household chores and outdoor activities. The division of labor within the household followed traditional norms. While elderly women helped with household chores like kitchen work, care of grandchildren and supervision of maids who cooked and cleaned the house, the elderly men helped

with outdoor chores like shopping or taking care of grand children when they played outside the house. A few elderly men, particularly living with their unmarried daughters, did enjoy doing kitchen related work. Both male and female grandparents enjoyed taking care of their grandchildren except those who were in poor health. The elderly living alone had to either get all the housework done by themselves or with the help of domestic helpers.



Table 11: Health Problems

Disease	Male	Female	Total
Hypertension	18 (18%)	17 (17%)	35 (35%)
Diabetes	16 (16%)	14 (14%)	30 (30%)
Arthritis	16 (16%)	23 (23%)	39 (39%)
Respiratory problems	08 (08%)	06 (06%)	14 (14%)
Digestive system disorders	18 (18%)	16 (16%)	34 (34%)
Urinary problems	18 (18%)	15 (15%)	33 (33%)
Vision and hearing problems	08 (08%)	07 (07%)	15 (15%)

Multiple responses

One of the most nagging realities of ageing is that it is accompanied by health problems leading to physical and, sometimes, mental weakness. The present sample of the elderly exhibited physiological health problems such as, hypertension, diabetes, visual and hearing impairment, urinary and digestive disorders etc. There were no specific gender differences in aspects related to health. Some of the elderly showed signs of very poor health as they were suffering from multiple health problems. Comparatively, however, more female elderly than males suffered from joint pains. This may be due to

their being homebound and lack of outdoor activities and exercise. During the course of close interaction with the respondents, it was observed that a few respondents, regardless of gender, held an optimistic attitude about their health. These elderly wanted to be treated as though they were still young and active rather than being treated as useless old people. So, to achieve this goal and to avoid suffering from psychological setbacks, they tried to keep themselves busy and active by visiting friends or relatives and by helping their children in indoor and outdoor household activities.

Table 12: Economic and Psychological Problems

Problems	Male	Female	Total
Lack of regular income	07 (07%)	10 (10%)	17 (17%)
Financial dependence on children	12 (12%)	16 (16%)	28 (28%)
Lack of control over own income	05 (05%)	15 (15%)	20 (20%)
Inadequate money for healthcare	08 (08%)	12 (12%)	20 (20%)
Loneliness arising out of reduced social interaction	16 (16%)	17 (17%)	33 (33%)
Lack of emotional stability	06 (06%)	13 (13%)	19 (19%)
Feeling of worthlessness	13 (13%)	08 (08%)	(21%)
Feeling of incompetency	12 (12%)	07 (07%)	(19%)
Non-satisfaction with children's mechanistic life	16 (16%)	18 (18%)	(34%)

Multiple responses

On analyzing the economic problems of the elderly, the results show that one of the important problems of some of the elderly is lack of regular source of income particularly for those who are living alone. Financial dependence on their children was another major problem specially for elderly women. Some of the elderly depended on agricultural land as source of income. This income, however, was sporadic. So, some of the elderly men tried to find work but were not able to work due to their poor health, so they left themselves financially dependent on their children. Such financial dependence was perceived as a major economic as well as psychological problem especially for those who earlier exercised authority and enjoyed privileges due to their earning capacity. With the loss of their income they became financially dependent on their

children and began to feel the pressure of declining authority and respect within their families.

Some of the elderly women, on the other hand, did not experience much change in their lives as they have always been dependent on their families. However, some of them also considered financial dependence as an economic problem particularly those for whom the amount of pension is too less to fulfill their need. These elderly women were found in a more vulnerable position than men because not only did they lack a regular source of income, but a few of them were not allowed to control whatever income they received from various sources. Some of the uneducated widows who received pension as their source of income continued to be dependent on their sons who emotionally blackmailed them to control their income. Their hapless feminine emotions were exploited at a time when they needed their children's



support the most. The sons felt that since mothers were residing within their households, they should be compensated by contributing towards household expenses.

Another problem that the elderly faced was the financial crunch for health care. Some of them are unable to make use of government hospitals because of long queues and long waiting hours. They, thus, seek healthcare help at private hospitals which are too expensive and unaffordable. Their children, too, feel the burden of providing healthcare because of the high expenses and extra time devoted to their health care. As quite large number of these elderly are suffering from multiple health problems, spending on their health care is a major economic issue and stress for their families.

One of the respondents stated:

“Our forefathers never complained of variety of diseases we are suffering from. Whatever minor health problems arose, they were cured mostly by Hakeems (traditional physicians) or by home remedies. They always led very healthy and active lives and demanded very little care from us. They were not supposed to take medicines as their diet, q as we do.”

Loneliness and feeling of isolation are other problems which the elderly face. Though most elderly live with their spouses and children, and prefer such living arrangement because they want to enjoy the company and care of their family members. However, despite living with family, they feel isolated and lonely within their homes.

One of them shared :

“We have been given a space to live in the house and that’s all! Our children interact with us just for fulfilling our needs of food or medicines.

Otherwise, they do not have time to intermingle and rarely interact with us. It is as though they do not want us to involve ourselves in their family affairs. So, we live like strangers with our own family members under one roof.”

Apparent from the results is the fact that with ageing, certain psychological problems, such as feeling of incompetency and lack of emotional stability affect the lives of the elderly people. Being estranged from important family matters and from the decision-making roles, made them feel worthless. They complained that the younger generation no longer sought their advice. Basically, they were ignored because the young felt that, in this fast-changing world, the wisdom which once the elderly had has not kept pace with the changes that had taken place. If unsolicited advice was given, it was ignored by their children. Living day to day under such situations made them feel worthless and unwanted.

Some of the elderly were not satisfied, and, worried about “mechanistic” lives of their children. By mechanistic lives they meant their children’s preoccupation with work at the cost of relaxation and enjoyment. Elderly persons living with their unmarried daughters appeared more satisfied than others. They felt that their daughters not only spent sufficient time with them but also gave top priority to their health and emotional problems. It appeared that those elderly persons who had a positive outlook towards ageing and were always ready to lend helping hand for their family members, they commanded the respect of family members. On the other hand, those who were possessive and domineering did not enjoy the same recognition by their families.

Table 13: Ageing and Coping Mechanisms

Coping mechanisms	Male	Female	Total
Religious activities	22 (22%)	20 (20%)	42 (42%)
Watching Television	18 (18%)	12 (12%)	30 (30%)
Narrating stories and past experiences to children	17 (17%)	15 (15%)	32 (32%)
Meeting friends and relatives	12 (12%)	08 (08%)	20 (20%)
Reading newspapers and magazines	21 (21%)	10 (10%)	31 (31%)
Helping family members in household chores	13 (13%)	16 (16%)	29 (29%)

Multiple responses

Since loneliness appears to be an important issue in the lives of the elderly, it was important to examine what activities kept them occupied and active and helped them to cope and manage themselves. Interviews and discussions revealed that most of the elderly tried to cope with problems related to ageing by spending time in religious activities like offering prayers, attending religious gatherings and reading religious books. They found peace by participating in religious activities. With increasing age, they realized the importance of

religious activities not only for leading a peaceful and complacent life but also for preparing themselves for the life after death. They believed that with advancing age, they were moving towards their end and were apprehensive of their situation in the “hereafter” reward or punishment which would depend on their piety and submission to the will of the Almighty. Having spent most of their lives in materialistic and mundane activities, it was time to devote themselves to the sacred activities to appease and gain favor with the Almighty.



While, a number of the elderly spent time watching Television, they were more inclined to watch religious programs and tried to keep themselves abreast with news bulletins rather than “wasting “ time on movies or musical entertainment. A few elderly, however, enjoy watching musical programmes and movies on television. These elderlies believe that since *life is God’s precious gift, they must enjoy it to the fullest no matter how old they are. Since nobody can predict the future, it is best that life should be enjoyed to its fullest. No matter how old they are they may enjoy musical programmes on TV.*

Apart from occupying themselves with religious activities and spending time watching different programs on TV sets, the elderly enjoy sharing their past experiences of their lives with grandchildren. Recollecting their past seems to re-energize them and makes them feel enthusiastic about their present life. Most of the elderly want to spend time with family and friends but due to the busy schedules of the latter, they are denied this privilege. Some of them, like to spend time with their neighbors regularly but their children feel that such interactions are uncalled for, and, considered as disturbance and interference in private lives of the neighbors. Their children dissuade such frequent interaction by convincing the elderly parents that occasional meetings are the norms of urban social life, and they must try to adjust themselves in the community according to the code prescribed. Such restrictions are another cause for creating and continuing a lacuna in their already isolated life.

Most of the educated and economically self-sufficient elderly subscribe to various newspapers and magazines and occupy their time in reading. This practice is most common among males. Some of them who cannot afford this luxury, generally borrowed this reading material to engage themselves or to enhance their knowledge.

Other male members kept themselves engaged in household and outdoor activities for the benefit of their family members. Such involvement made them feel wanted and respected by their family members as productive members of their families. Among the various coping mechanisms, it was observed that those elderly persons who were well adjusted within their families were in a better position to cope with ageing, while coping mechanisms were less effective for those living with conflicting relationships. Likewise, psychological satisfaction was achieved when they viewed life optimistically and felt as though they were as fit and active as the young members of their families.

CONCLUSION AND SUGGESTIONS

The present study focused on trying to understand the experiences of a sample of one hundred elderly persons living in Aligarh city. It was expected that by examining various situations and experiences that affect the lives of the elderly, one would understand the physical, psychological and economic problems of the elderly and other age-specific concerns such as their adjustment to newer life experiences which would help the community, social worker organizers and service providers to try to resolve problems of the elderly. Given the multidimensional nature of the problems of the elderly, there is an urgent need to understand and address the issues related to ageing.

The concern for the elderly is clearly visible in the form of various schemes and programs being implemented by the government particularly by The Ministry of Social Justice and Empowerment, Ministry of Finance and Ministry of Health and Family Welfare. However, the elderly need more social and economic security. This can be done by an increase in the amount of pension in the existing pension amount as the present pension is not sufficient particularly for those who live alone and are completely dependent on pension for their livelihood. Special schemes for those poor elderly who live alone are urgently needed.

Health is another issue that must be looked into by various government agencies and NGOs. The problems related to health-care of the elderly must be remedied through establishment of a Geriatric Care Facility in Government Hospitals, to ensure affordable and specialized health-care (both physiological and psychological) of elderly. Since the ailments of the elderly are quite different from those of the younger population, provision of subsidized ambulances, wheel chair facilities and comfortable waiting areas are necessary in addition to Multi-specialty clinics for geriatric care.

Quite significant number of the elderly in the studied sample suffer from lack of attention and care by their children. While the government cannot provide substitutes for this social malady, it can ease the pain of loneliness and neglect by providing special funds for trained domestic helpers to take care of such elderly people and by establishing Recreation centers like Elderly Clubs with library and games facilities.

Apart from this, there is a need to develop strategies at family and community level by which the talent and experience of the elderly population could be fruitfully utilized. To this end, provisions should be made for formal counselling and training for the elderly to get them prepared for active and positive roles. Their involvement in self-fulfilling and



socially useful activities may prove helpful in coping with different problems arising out of ageing.

The role of the families is of prime importance not only in providing proper care and support to the elderly people but also in the transmission of values promoting respect and care of the elderly. Such values must also be transmitted to the younger generation through schools as well as media. Through the School System and media, the government must promote awareness of the existence and problems of the elderly people in order to ensure them dignified place in society.

Though this study has certain limitations, the study reveals some of the pressing problems and issues affecting the very being of the elderly persons. In view of the growing elderly population, it is suggested that more such studies be conducted with a larger sample to further understand and provide insights into other issues that the elderly are facing in India.

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