

**Problems of the Elderly People and their Care in old Age Home: A
Sociological Study of Lucknow City**

DISSERTATION

Submitted to
**Babasaheb Bhimrao Ambedkar University
(A Central University)**

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DECLARATION

I, **PRIYA DWIVEDI**, declare that the work embodied in the dissertation entitled “**Problems of the Elderly People and their Care in old Age Home : A Sociological Study of Lucknow City**” has been carried out by me, under the supervision of **Prof. B.N DUBEY**, Department of Sociology, Babasaheb Bhimrao Ambedkar University, (A Central University), Lucknow.

The work included in this dissertation has not been submitted for any other degree and unless otherwise stated, is all original. I have duly acknowledged all the sources used by me in the preparation of this Dissertation. I also declare that the M.Phil. Dissertation is essentially free from all kinds of plagiarism.

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CERTIFICATE

This is certify that the M.Phil. Dissertation titled “ **Problems of the Elderly People and their Care in old Age Home: A Sociological Study of Lucknow City**” submitted by **Priya Dwivedi** is an original research work and has not been previously submitted in part of full for the award of any other degree or diploma to this or any other University.

The M. Phil. Dissertation submitted to **Babasaheb Bhimrao Ambedkar University, Lucknow**, satisfies all the requirements as stipulated in the *Master of Philosophy (M.Phil.)/ Doctor of Philosophy (Ph.D.) Regulations amended in 2017* and it is fit for the submission and evaluation for the award of the degree of Master of Philosophy of the University.

Date: 30.12.2020


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LIST OF ABBREVIATIONS AND ACRONYMS

AYUSH	AYURVEDA, YOGA, NATUROPATHY, UNANU, SIDDHA AND HOMEOPATHY
GEN	GENERAL
NGO	NON- GOVERNMENT ORGANIZATION
NOAPS	NATIONAL OLD AGE PENSION SCHEME
NPHCE	NATIONAL PROGRAMME FOR HEALTHCARE OF ELDERLY PEOPLE
NPOP	NATIONAL PROGRAMME FOR ORGANIC PRODUCTION
OBC	OTHER BACKWARD CLASS
ST	SCHEDULE TRIBE
SC	SCHEDULE CASTE
TV	TELEVISION
U.P	UTTAR PRADESH
UNCRPD	UNITED NATION CONVENTION ON THE RIGHT OF PERSON WITH DISABILITY

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Chapter- I

Introduction

INTRODUCTION

1.1 Background of the Study

The problems of elderly people are not something new in our society. These problems existed since time immemorial, and now it's getting more and more common, but what's important now is to know how they are confronting these situations?, and how we youngsters can provide better Environment for them, since we can clearly see that elderly people are being gradually excluded from the society and what steps should be taken to minimize these kinds of happening

The position and status of senior citizen have been seriously undermined by factors such as changing values, growing individualism and rising aspirations for consumer goods as a result of the impact of education, urbanization, westernization and industrialization, lesser number of children due to acceptance of the small family norms hence greater vulnerability in the matter of dependence, migration of younger members to cities for alternative source of livelihood. Elderly people occupy a unique place in society. In earlier times, they had authority in family having decision making powers. But now they face multifaceted problems such as social, economic, and psychological breakdown. Due to the breakdown of joint family system in the society, the elderly suffers from lack of emotional and socio-economic support from their young ones. These system forces the elderly people to go to old age homes, day care centers and religious institutes. Also, the family structure has undergone a drastic change. The agricultural economy has been changing and joint family system is gradually replaced by nuclear family systems. These types of socio-economic changes have a profound impact on the condition of elderly people (**Panda, A.K. 2005**).

The data from Census 2011 revealed that there are 104 million elderly people in India out of which 53 million are females and 51 million males (Census of India, 2011).

Due to old age there are certain physiological and psychological changes that take place in elderly people which are somewhat mixture of pleasant and unpleasant feelings for themselves and for others too. For some elderly people this phase of their life is very pleasant and for someone this is the worst phase of their life based on the treatment they get from younger

generations. As some of them think that they are not capable of doing things their own so they start to feel that they are a burden on others and they are dependent on others, and this is one of the main causes of being abused and bitten by their own families and society as well. To concern more on elderly people, it has been also proposed to set up a Welfare fund for the elderly people by general assembly of UN. **International Day of older people is** celebrated annually on **1st, October**. The Resolution 45/106 was passed by the United Nations General Assembly on **December 14th 1990**.

Dhoop (2019) has discussed about how society isolates older people from day to day activities, and this negative outlook seriously affects their health and well- being, reducing their life span. Consequently, the present day challenge for the society is how we can improve the quality of life as people get older, and enhance their day to day experience. The physical and social environments in which we live greatly influence the process of ageing. The family member of elderly people should understand the problem of ageing as everyone has to face this problem someday.

Arora and Kandu (2018) have examined the Atal Pension Yojana which is for informal sector markets. Where elders pay monthly installments, the scheme enables reduction in government expenditure on health of the elderly besides improving their quality of life. This is guaranteed by the government through the provision of assured rates of interest during the accumulation and distribution period.

Mohapatra and Narayan (2009) have studied the role of the NGO's in the socio-economic development and preservation of health of elderly in Orissa. Through the study they found that majority of the elderly are satisfied with the quality of care services provided by NGO's. The study suggests that NGO's should be encouraged to invest more in creating institutions for elderly such as old age homes and day care centers.

Gupta(2013) He studied the National Old-Age Pension Scheme in two districts of Jharkhand and Chhattisgarh . The findings of this study are that the major lacuna in the NOAPS is in the delivery of the pensions – particular difficulties in accessing the banking system and pervasive delays.

Singh et al. (2015) has discussed about Universal Pension Scheme for the elderly and found out that it'll be successful for every elder person of the country. This scheme will enhance welfare of both the present and future .if initiated; it will ensure to an extent that the elderly will live a good quality of life in their ageing years.

Gopal (2006) has focused on state's withdrawal from the social sectors, he focused that there is increasing need to ensure social security for older people, especially focuses on women. He focuses on some problems in implementing social security legislation, locating elderly women – including widows. The manner of implementation of the schemes is in context of the vulnerability of older women in India.

Mohanty (2001) has discussed about the methods to spent leisure time by the elders after retirement and those who belong to unorganized sectors. A number of elder men who are retired from formal institutions and are settled in their native villages after retirement finds happiness at various places like village tea stalls, meetings at pandals, in playing cards, etc. But majority of the aged women spend their leisure time in playing cards. They also feel lonelier as compared to others; like their spouse and family pension holder and the aged male non pensioners and those who have not served any organization. However irrespective of any category of age, majority of aged men spend their leisure time mostly in gossiping with their counterparts, with whom they can share their sorrow, grief and happiness and category of a good number of aged men as well as aged women who simply sit at home and spend their time alone.

Elderly who are retirees and have some health problems or the other, tend to spend most of their times in the house itself and, thereby, the facilities in the house in terms of toilet, bathroom and living space, play an important role in determining their life conditions. It is generally expected in the middle and upper class that an independent provision of these facilities should be available for the elderly for their comfort. The occupational background of the elderly people explains to a great extent, the reason for their health conditions and their extent of health care facilities available to them and utilized by them. Those who are engaged in unorganized sectors were not the beneficiaries of pension and other post- retirement benefits. In the absence of any financial support during their old age, they face many problems and are compelled to continue working even at an advanced age.

Seth and Chadha (2005) have discussed about social relationships in later adulthood. Their view that relationship with friends becomes more important than family relationship in old age. It was found that relationship with friends was more strongly related to morale building than the relationships with family members. Once the elderly persons need care, family members again become more important. At this stage, care is usually given first by spouse and then by adult children, with the possibility of formal support from agencies when the care becomes too difficult for family members.

According to **Chadha et al. (2006)**, the types of physical activities of the elderly during their leisure time have been a pivotal concern for many gerontologists. The elderly usually spend their time by reading, watching T.V., listening to music, domestic chores, looking after grandchildren or by simply relaxing. It was also found that a decline with the age in overall activity level, especially sports, exercise and outdoor recreations, as compared to the family, social and home based activities. Lack of useful leisure time activities increases the mental morbidity of the elderly population. It was also found that choice of leisure time activities is influenced not only by age, but also by individual difference in health, education, economic resources, personality and attitude.

Bhatia (2008) has discussed about the rights of elderly people in national policy. National policy proposed a number of measures including financial security, health care, shelter and welfare, special focus on older women, protection against abuse and exploitation and special attention to rural areas. The promise to provide old age pension for all older persons below the poverty line was a part of the national policy. Some suggestions to improve the policy are the right to maintenance, care and protection of older persons would have a better chance of being protected and respected if the national policy is backed up with resources and implementation mechanism that make every concerned ministry and department, the civil society groups and other community leader's equal partners.

Gunasekaran and Muthukrishnaveni (2008) have studied the living condition and health status of elderly in old age homes. The aim of the study was to access the adequacy of care and support available to elderly in old age homes and to study the living conditions and health status of elderly population living in old age homes and suggestions to improve them. According to the study, most of the elderly (88.3% of males and 94.3% of females) were reported to have

adequate support in the old age homes. It was also found that most of the elderly were satisfied with the quality of care and support available in old age homes. In all, it was found that most of the elderly were forced to stay in old age homes, as there was no one to care for them at home, the major health problems are same both in male as well as female, as reported by the elderly was poor vision / cataract/other impairment (80.9%) followed by the arthritis/rheumatic joint pain, (35.1%) back pain/ slipped disc (28.7%) neurological and mental problems (24.5%) and high blood pressure (23.4%). The village health nurses who visit the villages regularly should extend their services to the residents of old age homes, which would give them some relief from their health problems. The government should extend support to voluntary organization and philanthropic bodies to set up more number of old age homes to provide care and support to vulnerable elderly, particularly in rural areas.

Jhonson (2009) has studied about the employment opportunities at older age. The age at which people choose to stop working will also affect their earnings, social security benefits, account balance and the other savings and will help determine how long those savings need to last. In addition, retirement decisions may affect people's emotional well-being and perhaps even their physical health. There are several indications that they wanted to work longer. Health improvements and the declining prevalence of physically demanding jobs have made work at older ages more feasible for many people. Cutbacks in social security benefits and the trend away from traditional pensions and employer- provided retiree health insurance have made early retirement less affordable and increased the returns from additional year of work. The outcome may somewhat result from age discrimination, which appears to persist in the labor market despite the efforts of government to curtail it. Self-employment is a viable option for some older workers, but most of the time it requires substantial financial capital, ruling out this alternative for others. The relatively limited employment opportunities available at older ages in the face of rising normal retirement

Sidhu (2009) has studied the demographic and socio-economic background of older people residing in the old age homes. The main objectives of the study was to know the reasons for shifting to old age homes, and the facilities provided by the old age homes run either by government or non-government organization , and the problems faced by the elderly in the institution and suggestions offered by them to tackle such problems. The data comprised the

resident's old age home of Chandigarh. Study showed the demographic and socio- economic profile of those residing in old age home. Most of the residents living in the institution were young elderly i.e. (60- 69years) and a very small number were senile (80+). There were 13 residents in government old age home and 24 in non- government. Majority of them were males. In government old age home, most of the residents were from rural background and had low educational and economic status. On the other hand, in non- government old age home residents hailed from urban background and had better educational and economic status. In the old age homes, majority (60%) of residents were married and or those who have lost their partners while (40%) were unmarried. The most commonly stated reason for shifting to an old age home were economic (i.e. poverty, lack of food, and having no shelter) and social factors (nobody to look after, problem with married sons, security purpose and have no sons, or those who didn't want to live with their married daughters). It has been found that in government old age homes, majority of the residents faced problems regarding room sharing, cleanliness, inadequate food, medical facility etc. as compared to non-government old age homes. One of the major problems faced by them in government and non-government old age home was lack of transportation facility. As compare to non- government old age home, staff of government old age home was rude and authoritarian and sometimes used harsh and abusive language with residents.

Morgan (1982) has described a complimentary, health-care career which emphasizes the individual progress through the set of alternatives, taking an older person away from social independence and towards a medically determined way of life. He focuses on health care career of the elderly, after the entrance to a partially medicalized environment, but before senility.

Kulkarni et al. (2019) has found that as disability is rising among the elderly in India. The increase in life expectancy has not translated into healthier life, as prevalence of disabilities, their severity and their association with non- communicable diseases has risen. With increasing age, several psychological changes occur and the risk rises. By the age of 60, the major burdens of disability and death stem from age – related losses in hearing, seeing and moving.

Dandekar (1993) in his study in Maharashtra, found that loneliness is the major problem of the old age which makes them feel helpless. In India also, men who are alone both in rural and urban areas experience the same.

Dubey et al. (2011) in his study found that most of the elderly people felt the attitude of the younger generation is unsatisfactory towards them especially those who were in old age homes in terms of getting respect, love affection from the family members instead they were considered as burden for others.

Mishra K. Aswini in his article “**Social Security for the Elderly : Issues and evidences**”, has discussed about old age, vulnerability and growing insecurities being faced by the aged in Odisha, which is one of the poorest states of the country. The concentration of aged in terms of its share to total population is significantly higher in Odisha as compare to other state of India .this article is largely based on two different macro survey of National Sample Survey Organization. One finding is from 1998 and another finding is from 2007, the author highlights the health risks being the biggest challenge for the elderly as well as their families, causing them serious economic losses. This article examines the inadequacy of social assistance in the state, and also a critical evaluation of the National Social Assistance Programme and its partial implementation all over the country.

Raghani and singhi in their paper: “**A survey of the problems of Retired Persons**”. The paper focuses on loneliness of the elderly people, the behavior of the family members towards the aged, problems after retirement, attitudes towards the age of retirement.

Ushasree and Basha (1999): In their paper “**Domestic abuse among the elderly**” they have discussed the phenomenon of elder abuse and according to the study the elderly had been neglected of many things such as proper medical care, they did not get proper care attention by the families. The member of the family used to abuse the elderly one in many forms, sometimes they even beated them and did not give them respect and make them feel isolated.

Alam and Karan: In their chapter “**Health Status of Elderly in India: Trends and Differentials:**” this study focuses on health and disability among elderly people. This chapter revisits the definition of disability and inclusion of immoral and ADL disabled older persons. Basically it examines three issues that are as follows: firstly, temporal changes in the magnitude of poor old age health and disabilities cross classified by social groups and consumption quality. Secondly, socio-economic correlates of later life health, and lastly, issues in planning for geriatric health in the country, including data limitation for evidence base planning.

Ageing is not something new; it is the advent of humanity. The problem has become very serious because of urbanization and modernization, and stress on material comforts taking priority over everything else. The concept ageing is the part of human life. It can be pleasant if we are concern about health issues. We cannot differentiate the old age from human. We only can do is to eliminate the problems of old age home. **(H. R .Uma 2005).**

In Indian society, children have usually been considered as source of livelihood, security and financial support to their parents in old age. The problem of aged people arises only when their daily needs are not met by social groups to which they belong, particularly their families and above all their own children. The concept of ageing as a social process is influenced by social, political, and economic change within a given culture or sub culture. **(D. Barry, Me. Pherson, 1988).**

Further the term, ageing has different dimensions which are namely biological, physiological, social, psychological ageing. Biological ageing refers to the physical changes in the body like, declination of vision, loss of hearing, wrinkles and a decline of muscle mass and response of body to one's own will, Psychological ageing is much less settled than physical effects. Even though such things as memory, learning, intelligence, skills and motivation to learn are widely assumed to gradually fade with age, researching on the psychological effects of ageing needs a much more complicated process. Social ageing consists of the norms, values and roles that are culturally associated with a particular chronological age. **(S. Kart, C.S., & Kinny, J. M. 2001).**

The status of the elderly female has additionally been affected due to lack of importance associated to socio-religious ceremonies in which her knowledge and advice of old age security, rituals, separate residences; so that they will not be burdened with problems, complexities of modern life and living with people who discount the value of the traditional systems and this places a lateral transmission of knowledge in contrast to vertical transmission from the older generation, thereby devaluing what were valued before and lesser use of their knowledge and experience in looking after children due to greater reliance on modern medicines, technology and information. Modernity has undermined the status, care and protection of the older people that was given by the joint family.

In Indian context, the degree of dependence varies according to the economic situation of the elderly people; but in general, it is characterized by a loss of productivity and limited participation in decision making in social, economic and cultural parts of activities involving families. And elderly people will not be able to do anything about their situation as they know they have to suffer as they cannot avoid these situations.

Still the fact does not change that the rising of modernization and urbanization are changing the society way beyond that can be recognized. With the breaking down of the joint family system and the uprising of nuclear family system, every person has become more concerned about their own separate family which includes their wives and children.

Nevertheless, social surveys which are related to life of the elderly and the care given by the old age homes have shown that elderly people have common social, economic and emotional problems. To mention a few, the elders usually suffer from loneliness, boredom and depression which are largely the outcome of absence of fruitful and satisfying activity and missing of their loved ones.

The situation gets even worse if they have to live their life alone by themselves and if one of them is suffering from a chronic disease then it becomes more problematic for them. This sort of situation happens with many of them who are isolated by their own family members for the sake of their occupations. **(Ramamurthy, 2004).**

Gap of Knowledge: The above reviews of literature shows that there are many studies on the elderly population based on problems of elderly people, the research focuses on the problems of elderly people and what they have to face in old age homes which provide them care and provides them their daily needs. But there is a need to concentrate on the socio-economic problems which are faced by the elderly population with their daily chores. As the elderly population of India is growing with passing time, thus there is a need to address the problem at the very early stage before it becomes chaotic in near future. The elderly population is increasing and is expected to burst out by 2050. The implementation of policies is less in comparison to population, many of the policies are just on paper and the profit of policies and schemes are not benefitted by the needy elderly people and many amendments which are to be done are still pending.

Problems of the elderly people

The elderly people face many problems in society like social, socio-psychological and emotional, economic, and health problems, and most of them are unavoidable. The problems of elderly people are not new it's something which is and will always exist in our society as long as human race exists. The only thing which we can do is to provide them better facility and to help them ease their problems which they are facing in their mundane life. Being uneducated or less educated makes them more vulnerable and people can take their advantage and the elderly people are soft target of society. We have to aware elderly people about their problems in old age especially in reference to health and for that we have to provide an easy access to promotional, preventing, curative and rehabilitative service to elderly through community based primary health care approaches which are run by Government and NGO's.

Psycho-Social Problems- The psycho-social losses are the result of unwillingly converting from an independent self-supporting individual to dependent helpless individual. The individual suffers loss of status i.e. from a productive one to the neglected one in the family and society. Also, changes in the economic status which follows after retirement, with the feeling of uselessness, worthlessness, insecurity as well as recurring need of facing dependency, which puts them in a dire situation of dilemma which needs to be taken care immediately carefully.

Economic Problems- Economic aspects play an important role in the lives of everyone even more in the life of elderly as it directly affect their health, social relationship, living arrangements, community activities, and even political participation. Their daily opportunities and competence and needs is influenced by their employment, retirement and income. Extended life expectancy especially in elderly poor women puts them at risk of poverty. Financial pressure causes grief and anxiety which are very hard to deal in that phase without help from others and is further aggravated by inflation and rising health care costs. Moreover, the elderly change their living styles, and drop out of social groups especially when they face transportation problems as a consequence of financial constraint. India, which is predominantly agrarian based economy, has inadequate social security provisions for its elderly people. It is obvious that elderly people have to depend mostly on their own savings or on family. However, the Government of India is committed to provide an effective environment to secure the goal economic security for the elderly. Social security schemes are available in India for those retiring from an organized sector.

Psychological Problems- The elderly people suffers from loneliness, stress, boredom which are result of absence of friends and associates around the locality, lack of respect, affection and attention from their family members, and in some cases even into deliberate teasing on the part of the younger member of their own families. Elderly women shows more emotional disorders and general anxiety disorders while men suffer from disorder related to drug abuse withdrawal **(Gavrilova and Kalyn, 1997).**

Physical Problems- There are many physical changes that takes place in old age, and physical changes an individual experiences because of the declination in the normal functioning of the body resulting in poor mobility, poor vision, hearing, inability to eat and digest food properly, a decline in memory, the inability to control certain psychological function, and various chronic conditions and above all involuntarily functions of weakened body.

Health Problems- Advances in medical technology over the past years have promoted longevity but not good health. The problem is that old people live longer but are more vulnerable to illness. According to the National council on Ageing about 92% of seniors have at least: - Heart disease, stroke, cancer, and diabetes are among the most common and costly chronic health conditions causing two- thirds of death in elderly population.

Constitutional Provisions for Elderly People

As India is a democratic country and every citizen of India enjoys same degree of liberty and equality whether it's a child, adult or an elder. But in every scenario special amendments have been made for all age group. In case of elderly people certain articles and sections in it are very effective which provides them special care and eases up their livelihood of which certain are mentioned here :-

Article 41 of the Directive Principles of State Policy in the Indian Constitution specifies that the State shall, provide assistance for the elderly to some extent within limits of economic capability. The **National Policy for Older Persons**, recently announced by the Government of India (Government of India, 1999) mandates State support for the elderly with regard to health care, shelter and welfare up to certain extent. Social security has been made the existing responsibility of the Central as well as State Governments. However, it emphasizes that employment in income generating activities after super-annulations should be the choice of the individual **(<http://mhrd.gov.in>)**

Section 125 of the Criminal procedure Code, 1973 specifies the rights of parents without any means for maintenance to be supported by their children having sufficient means. If any person refuses or neglects to maintain and fulfill the daily needs of their parents then a magistrate may order such a person to make a monthly allowance for the maintenance of his/ her parent at a monthly rate not exceeding Rs.500.

Section 20 of Hindu marriage and adoption act, 1956 makes it obligate provisions to maintain their aged parent, who are not able to take care of themselves. This act is the first personal law statue in India, which imposes an obligation on the children to maintain their parents. This act is not just confined to sons only daughters also are equally responsible to take care of their parents.

The **Maintenance and Welfare of Parents and Senior Citizen Act, 2007**, seek to make it legal for the children to maintain their parents or senior citizen of the family. If the senior citizen or parent is incapable, then in that case any other person or voluntary organization authorized by senior citizen can apply for maintenance on their behalf.

Article 46: The state shall promote the interest of weaker sections with special care for the educational and economic interest of the weaker sections of the people and that they shall be protect from social injustice and all forms of exploitations.

As we can clearly tell from above discussion that there are some mandatory articles and sections which protect the rights of elderly people, Along with this both central as well as state government had implemented many policies and schemes for the welfare of elderly people. Through these schemes and policies the elderly people benefited by the financial support by the government and there are some other amendments as well which confirms the social welfare of the elderly people.

Government Schemes for Elderly People

Income security schemes have become the most sought schemes which are provided by the GOI. These policies seek to ensure that the settlement of pension, provident fund, gratuity, and other retirement benefits is made immediately as per required by an elder individual regardless of their gender. The Government schemes which are currently running to help the elderly people are as follows:-

1. **Integrated Programme for Older Person** –The Ministry of Social Justice and Empowerment has implemented this scheme for elderly persons and it was given the name of Integrated Programme for Older Persons. Since 1992 this scheme has aimed to improve the quality of life of senior citizens and provide them basic needs like shelter, food, medical care and to be more productive to ease their lives.
2. **Indira Gandhi National Old Age Pension Scheme-** Senior citizen who live below poverty line will receive non-contribution pension under the Age Pension Scheme. This Scheme was launched by central government in 1995. Under this scheme senior citizen who are 60 years or above will be provided Rs.200 as pension on monthly basis. And those who are above 80 years will be provided Rs. 500 on monthly basis.
3. **Pradhan Mantri Vaya Vandana Yojana-** Pradhan Mantri Vaya Vandana Yojana is a pension scheme for senior citizens which have been introduced by the Government of India. The scheme was launched officially on 21st July 2017 by Finance Minister of India Arun Jaitley. The aim of the scheme is to give citizens regular pension to senior citizens. It provides assured rate of return of 8% to 8.30% per annum, minimum age of the beneficiary is 60 but there is no maximum age for entry.
4. **National Programme for Health Care of Elderly-** The National Programme for the Health Care of Elderly is result of the joint efforts of the International and national committees of the Governments as envisaged under the UN convention on the Rights of persons with Disabilities, National Policy on Older Persons adopted by the Government of India in 1999 & section 20 of “The maintenance and Welfare of Parents and Senior Citizens Act, 2007” provides senior citizens with good medical facilities. The main aim of this scheme is to provide accessible, affordable and high quality long-term, comprehensive and dedicated care services to an Ageing population; To create a new

“definition” for Ageing, To build a nearly flawless framework to create an enabling environment for “ a society for all Ages”, To promote the concept of Active and Health Ageing.

5. **Rashtriya Vayoshri Yojana:** This scheme is run by the Ministry of Social Justice and Empowerment. This is a scheme funded by the senior citizens welfare community. The fund was notified in the year 2016. Under this scheme the aids and assistive living devices are provided to senior citizens who belong to BPL category, who suffers from old age problems such as low vision, hearing impairment, and many other old age problems. This scheme is being implemented by the help of Artificial Limbs Manufacturing Corporation of India.
6. **Varishtha Pension Bima Yojana:** This scheme is run by the Ministry of Finance. It was first launch in 2003 and then re-launched in 2014. This scheme provides minimum pension on a guaranteed minimum return on the subscription amount.

STATEMENT OF THE PROBLEM

As society gradually changes and adopts new values of the modern society on the line of individuality of modernization and urbanization, the neglect of elderly people in family and society is rising due to busy life style of metropolitan city. Consequently, there is an increase in old age homes in urban areas because of the huge need and demand that arises along with it due to the negligence of parents’ by their wards in later life , mostly after marriage when need for individual start breaking and sinking with needs of a family. However, elderly people with decreased social support and emotional attachment and increased social problems are more likely to experience neglect, deprivation, and exclusions.

The proposed study will focus on some of the key challenges and experiences of such elderly people. These include- what are the problems of the elderly people in the old age homes? How the government is helping the elderly people through various schemes and provisions? What are their emotional conditions before and after being in old age homes?

Objectives

The objectives of the study are as follows

1. To examine the policies of government and welfare schemes meant for elderly people in India.
2. To explore the problems faced by elderly people in the urban areas.
3. To analyze role of the old age homes addressing the problem of elderly people.
4. To study the impact of old age homes in life of elderly people in the urban areas.

Hypotheses

Hypothesis of the study are as follows.

1. The government policies and welfare schemes of elderly people are inadequate.
2. The elderly people face less problems in the urban society.
3. Old age homes in urban areas do not receive any grant from the government.
4. Old age homes in urban areas have little role to address the problems of elderly people.
5. There is some positive impact of old age homes on elderly people.

Research Methodology: Methodology is a systematic way to solve the research problem. This chapter includes the research design, pilot study, and study area, sample design, sampling techniques, tools and techniques used for data collection and statistical methods employed for data analysis.

Research Design

The approach of the research design is descriptive in nature. Descriptive research design is a scientific method which involves observing and describing the behavior of a subject without influencing it anyway. This research design gives the opportunity to use both quantitative and qualitative data in order to find data.

Sample Size of the Study

The total sample size of the old age homes is 4 and from these 4 old age homes 48 elderly people have been chosen for the interview (cases). Purposive sampling is used for selected old age homes. Four old age homes were randomly selected, (two from government and two from private owned) in which 12 respondents from each group will be interviewed which is further divided into two groups 6 male and 6 female. A total of 48 Sample will be used for interview schedule for inmates of old age. Further-more 6 case studies will be taken for the study.

Sources and Tools of Data Collection: In the present study, the survey method and an interview schedule has been used to collect the primary data. For the collection of secondary data will be collected from various books, journals, government organizations and websites and other relevant data sources etc.

The study shall be based on mixed method which includes both primary and secondary data.

Primary Data: Primary data will be collected through interview schedule and interview will be conducted with the help of a structured questionnaire. The interview schedule will be having closed ended questions.

Secondary Data: Secondary data will be collected from government's records, registrar, departments, library institutions, and non-government organizations etc, especially census records of government of India.

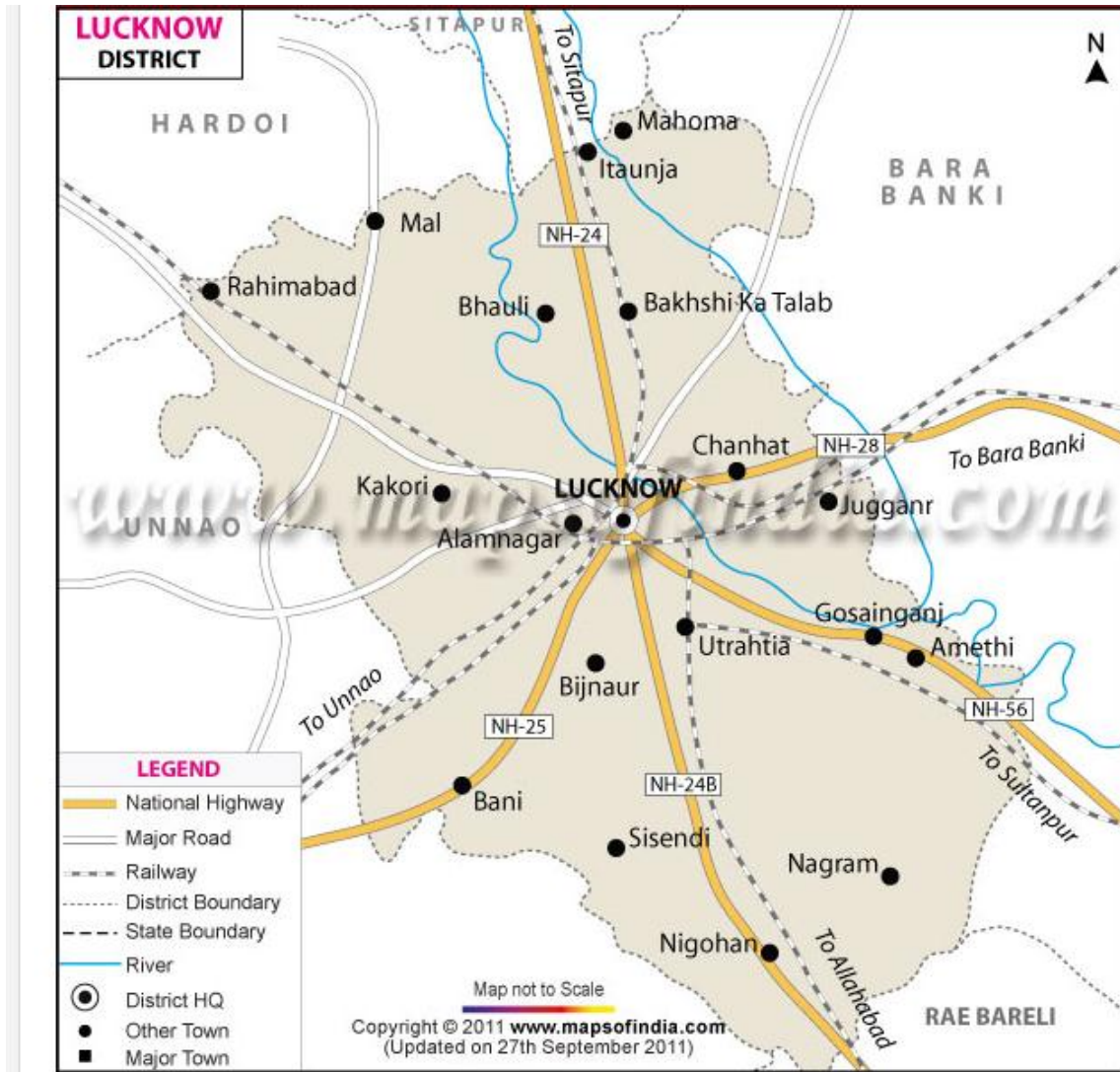
Case Study

Case study is a very important tool of data collection .In this study total 6 case studies has been conducted with the inmates of old age homes. Every case study is unique and gives detailed information about the old age person, who shifted in old age home. All the case studies are very informative and reveal the real life facts of the respondents past and present life. Sometimes, case studies are very important because they provide detailed information about the respondents, whose tabular data sometimes do not provide qualitative information.

Area of the Study

For the present study, Lucknow district of the state of Uttar Pradesh is chosen as unit of the study. The area of the Lucknow is 2,528km²(976sqmi). According to 2011 census population of Lucknow in 2011 is 2,817,105; of which male and female are 1,460,970 and 1,356,135 respectively. Although Lucknow city has population of 2,817,105; its urban population is 2,902,920 of which 1,509,451 are males and 1,393,469 are females. According to population Census 2011 there are nearly 104 million elderly people in India, out of which 53 million females and 51 million males. The elderly population of Lucknow is 4.8 lakh. And the total number of old age homes in Lucknow is 100 but there are many old age homes which are not registered in records. Lucknow is capital of Uttar Pradesh and being capital of Uttar Pradesh it is very much important in each and every aspect. Lucknow has always been a multicultural city that prospers as a north Indian culture and artistic hub. Lucknow is known for its culture and also known as city of Nawabs and located in what was historically known as the awadh region. As per the census report 2011 total population of Lucknow is 4,589,838 out of which the number of males is 2,394,476 and females are 2,195,362 respectively. This was an increase in population growth of 25.82% compared to the 2001 figure. Although the total urban population of Lucknow city is 3,038,996 out of which the number of males' member are 1,580,724 and females' number is 1,458,272. And the area of the Lucknow city covers 2,528sq.km. Lucknow has total average literacy 77.29% out of which males are 82.56% and females are 71.54%. Lucknow is also the administrative headquarters of the many district and division. It is the fourteen most populous cities and the twelfth most populous urban agglomeration of India. The city stands at an elevation of approximately 123 meters (404ft) above sea level. It is situated near Gomati River. According to census data of 2011 of religion in Lucknow and the data shows the majority of people follow Hinduism religion. There are 71.71% people who follow Hinduism. Islam is the second most popular religion with 26.36%. The followers of Christianity are 0.58%, Jainism by 0.17%, Sikhism by 0.76% and Buddhism by 0.10%. And around 0.01% people stated other religion. And lastly there are 0.31% stated that they do not belong to any particular religion. The total literacy rate of Lucknow is 82.50%, out of which male have the 86.04% literacy rate and female have 78.70% literacy rate. Out of the total **Lucknow population for 2011 census**, is 66.21 percent which is lives in urban regions of district. Sex Ratio in urban region

of Lucknow district is 923 as per 2011 census data. According to 2011 census 91.19% of the population in the district speaks Hindi and 7.56% Urdu as their first language.



Source: [www.map of india.com](http://www.mapofindia.com)

Significance of the Study

Ageing is a natural process that occurs to each and every individual but the problems that occur with ageing is the suffering that they bear a lot in this modern period. The society is dynamic meaning thereby that's change takes place in every society. In the context of India a country of traditions, is known for the respect towards elderly people. In Indian society the

elderly people are seen as the root of experience, and the elderly people are the Karta of the family. It is the responsibility of the traditional joint family to provide support and protection to the aged people within the framework of the family. But due to industrialization, urbanization and modernization everything has changed and the families are divided and they all are living separately. The concept of family is changing day by day, Instead of living in joint families they have come in to nuclear families. The way of life and this transformation brought more difficulties in supporting and taking care of the aged people. The elderly people are soft targets of the family as well as society as they are physically and mentally weak. In most of the family elderly people are neglected and exploited by the family. Today the steady increase in the number of the elderly is a challenge; particularly in developing countries. The problems of elderly differ with respect to age, sex, and income, occupation, marital status, health, family pattern, and residential pattern, geographical locations such as rural, urban and tribal areas.

CONCEPTUAL AND THEORETICAL FRAMEWORK

Concepts of Ageing

1. Ageing: Ageing is a natural process of growing older. It is a universal reality. According to **Tibbits**, “ageing is the survival of a growing number of people who have completed the traditional adult’s role of making a living. Child rearing and the years following the completion of these tasks represented as extension of life” (1966).

Muttigi has described ageing as a multi-dimensional process and specified that ageing in its demographic sense is not the same as the biological process of ageing which is dynamic and continuous, chronological age does not measure psychological and physical age. He further views that ageing is generally associated with fatigue, decline in functional capacity of the organs of the body, decrease of the ability to cope with the stress of disease or trauma (1977).

2. Elderly people: The National Policy on Older Person defines that senior citizen or elderly person as a person who is of age 60 years or above. Elderly people consist of ages nearing the average life span of human beings.

3. **Old Age Homes:** According to Help Age India, the elderly people who are sick and abandoned by family and those uprooted by disasters. They need proper care from institution and that is old age home that is emerging with the purpose to take care for the elderly.

Theories of ageing:

The present study concentrates on the problems of the elderly people in the society. Social theories of ageing examine the relationship between individual experiences and social institution for instances; ageing and retirement.

1. Biological Theories: The early theories outlined are biological theories that attempt to explain the cause of the decline of the physical functions of the body. According to shock (1997), biological theories can be categorized into three categories that is primary, secondary and tertiary ageing. Theories that place the emphasis on generic or hereditary causes are primary ageing theories, those that attribute ageing to pathological, degenerative causes and natural wear are included as secondary theory, tertiary ageing postulates that the changes are due to degeneration of some or of all the psychological systems. Biological theories is related to this research work as due to certain changes in the body elderly people did not capable to do their own work. And this is the basic reason their families are refused to take care of their elderly people. Because they consider the elderly people are burden for them.

2. Disengagement Theory: This theory is formulated by **Elia Cumming and William Henry (1961)** has its basis in the assumption of an inevitable decline in abilities with age and the universal expectation of death. The process of disengagement starts either by the society or by the individual themselves. Once the people become elderly, the active roles are replaced by the passive roles, which in turn give a personal dissatisfaction to elderly people, this theory explains that the aged experience loss of role and energy and they withdraw from the society. However, Cumming and Henry argue that the people once disengage can be used in meaningful family relationship so that they can be engaged. Disengagement theory is considered to be one of the most controversial theories of ageing having no evidence to support, hence criticized by the researches. This theory does not explain the large number of people elderly people who do not withdraw from the society. The individual alienate themselves from families and society. The individual did not participate in any kind of activities. The elderly people think that they are no longer energetic for this society which leads to loneliness and anxiety.

3. Modernization Theory: Modernization theory can be more contextualized in developing countries where family has played very important role in extending support to the elderly (Bali, 2002; Patel, 2005). Due to modernization and industrialization, large scale migration has taken place, deserting a large number of elderly. Durkheim and Weber identify 4 factors that stimulated economic advancement. Urbanization, Mass education, Technological changes and improvement, Advances in growth in economic production. As a consequences of this advancement the argument states that in traditional societies elderly played active and vital roles while in modern industrial societies elderly lost position, status and power. Modernization theory can be applied in Indian society. It is the most common reason that elderly people are forced to shift in the old age home as today's younger generation is so much busy in their own life that they did not care about their parents. There is a change in cultural values, earlier they used to live with their parents but due to modernization, migration job opportunity they have been separated from their parents.

There are many other theories which are related to gerontology these are as follows:

4. Role Theory: This is one of the oldest approaches in the study of ageing by the application of the role theory **Rosow (1985)** says that after retirement very rarely the roles are replaced or the people take new roles. This theory further states that retirement and widowhood are related to failure to cope up with demands of normal social environment. According to this theory roles become vaguer with ageing and therefore there is a decrease in self-concept.

5. Activity Theory: Activity theory was developed in 1953 by **Havighurst and associates** with assumptions that remaining active and engaged with the society are very important to ensure satisfaction in old age. The activity theory highlights a positive relationship between activity and life satisfaction (Sana and Sajatovic, 2008). An older person's self-concept is validating through participation in roles characteristic of middle age, and older people should therefore replace lost roles with new ones to maintain their place in society. Activity is based on the notion that successful ageing is possible by maintaining the attitudes and activities of middle age.

6. Continuity Theory: The continuity theory views life as continuous process and every phase of life helps to prepare for the next phase in a positive direction. However, an individual's

behavior is complex and maintaining the consistency in each phase and given context could be unrealistic.

7. Exchange Theory: As per this theory, positive relationships are considered where the benefits are more than the expenses and the negative relationships involves more costs compared to the a benefits received. However, such analysis fails to acknowledge that older people have knowledge and experience to offer to the younger generation (Bernheim, Shleifer and Summers, 1985; Bengtson, parrot and burgess, 1997). Involving costs can be viewed as reductions and narrow with negative implication to the individual relationships. Spending money, time and efforts into a relationship cannot have an exchange value in pure economic terms.

The review of literature and data assembled reveals that three theories are linked to the proposed research dissertation which is as follows Biological theory, disengagement theory, and modernization theory. It has been observed that when the people grow older their relationships with the society changes as they start to cut-off from the social affairs. The growing distance of the elderly population from the social affairs may be harmful for not only to rest of the population but to themselves as well and sometimes the society itself isolates the elderly people, and they force the elderly people to move into old age homes. Modernization theory helps us to understand how the changing world scenarios and systems impact the elderly population. With the arrival of industrial revolution, globalization and urbanization there has been changes in the social relationship with the elderly population. Urbanization and increasing nuclear family system has led to isolation of elderly population in India as well. Biological theory applies in this context and very much validate also because as the elderly people grow up the body changes a lot with various types of physical issue, mental issue, social issue, etc.

Limitations of the Study

1. The study is limited to urban areas only.
2. The study is limited to old age homes.
3. Only 48 elderly people had been contacted in old age home altogether.

The respondents told me their experiences and problems which they faced in their life for long time, this may be far from research purpose but the researcher could not able to pass over their talk suddenly. It is unavoidable for the researcher to maintain smooth relation with

respondents. Initially I only took interview for research purpose but later grew attached to this research as it revolved around a very sensitive part of the society but it consumed too much time to collect this data. The elderly people were not ready to give their time for the interview and they also hesitated to reply my questions at a single meet. They told me to come some another day and these incidents happened several times during collecting the data.

Chapter Plan

The study is organized in six chapters. List of books, referred journals and magazines is given at the end in alphabetical order.

The first chapter deals with the **Introduction** which comprises concept of the study ageing, old age home. Objectives, hypothesis, significance are also described in this chapter. This chapter also provides the details about research methodology, research design, tools and technique of data collection and area of the study. This chapter also focuses on review of literature and includes gap of knowledge and a brief description of conceptual and theoretical framework.

The second chapter discusses about the government policies and welfare schemes which are meant for welfare of elderly people. What are the major policies and schemes which are implemented by the government? This chapter focuses on the analysis of the data which has been gathered by field survey.

The third chapter deals with Problems of elderly people, what are the different types of problems elderly people are facing in their mundane life and the main focus of this chapter is on health problems of elderly people and how their health is becoming burden for them. This chapter also deals with the analysis of the data.

The Fourth chapter deals with the Impact of old age homes on elderly people and this chapter is divided in to two parts. First part focuses on impact of old age homes on elderly people and in second section it focuses on the features of old age homes. This chapter also deals with the analysis of the data.

The fifth chapter deals with case studies and the final chapter is having conclusions and suggestion.

Chapter- II

Government Policy and Welfare Schemes for the Elderly People

Government Policy and Welfare Schemes for the Elderly People

The government of India mandates that the well-being of older people should be ensured without any discrimination. Many suggestions have been made for designing policies and programmes to ensure equality among elderly people. For the protection of elderly people welfare government have been implemented some policies and programmes and provide social assistance.

Governmental Protection for the Elderly People in India

The constitution of India mandates that the well- being of elderly people should be ensured without any discrimination. The national policy includes the following:

1. Ensuring the well-being of the elderly so that they do not get excluded and isolated from the society.
2. Protection on financial security, health care, shelter and welfare, including protection against violence and other aspect.
3. To ensure for the elderly people that they have an equitable share of benefit in the process of development.
4. Considering elderly people as a resource by advocating their inclusions within the family, community and society and carving out specific productive roles and opportunity for them.
5. Recognizing the need for expansion of social and community services with universal accessibility.

Table 3.1 Distribution of Population of Elderly people

Year	Total			Rural	Urban
	Person	Female	Male		
1961	24.7	12.4	12.4	21.0	3.7
1971	32.7	15.8	16.9	27.3	5.4
1981	43.2	21.1	22.0	34.7	8.5
1991	56.7	27.3	29.4	44.3	12.4
2001	76.6	38.9	37.8	57.9	19.2
2011	103.8	52.8	51.1	73.3	30.6

Source: Population Census Data (2011)

The growth in elderly population is due to the longevity of life achieved because of economic well-being, better medicines and medical facilities and reduction in fertility rates. In India, the decadal growth in general population has shown a decreasing trend since 1961 and so is the growth in elderly population till 2001. In the last one decade, however, that is between 2001 and 2011; the growth in elderly population has shot up to 36 per cent while the same was 25 per cent in the earlier decade. The general population has grown by merely 18 per cent vis-à-vis 22 per cent in earlier decade. It is observed that in India, the growth in elderly population has always been more than the growth in general population. In 2001 the total population in U.P is 16.6 crores out which the population of elderly people is 1.2 crores. The state with highest percentage of elderly is Kerala, where they make up 12.6 per cent of the population as per population census 2011 followed by Goa 11.2 percent and Tamil Nadu on 10.4 percent as per population 2011. This may due to the lifestyle and better medical facilities in the respective states. The state with the least number of elderly is Dadra & Nagar Haveli 4.0 percent followed by Arunachal Pradesh, with only 4.6 per cent of the population over 60, and Daman & Diu and Meghalaya both 4.7 percent.

There are many policies and programmes which have been running by the government for the welfare of elderly people are as follows.

1. The Indira Gandhi National Old Age Pension Scheme

This Scheme covers elderly people having little or no regular means of subsistence from his/her own source of income or through financial support from family members or other sources. It covers elderly people under below poverty line and the government contributes Rs.200 per month beneficiary. In November 2007 it was rechristened Indira Gandhi National Policy on Older Persons and enlarged to include all persons above 65 years of age under the BPL. The scheme currently covers 87 million elderly people and the 2008-2009 union budgets has proposed an outlay of Rs 34 billion with the target of reaching 157 million beneficiaries (**Singh, Bharti and Sanyal 2015**).

2. Annapurna Scheme:

Annapurna Scheme covers all the other elderly people below the poverty line who are not covered under the NOAPS, destitute senior citizens of 65 years of age or above who, though eligible for old age pension under the National Old Age Pension Scheme are not getting the pension are covered under the scheme. 10 kg of grains and food supplied per month free of cost under this scheme. In 2005-06 a total of 167,000 tons of grains were allocated under this scheme.

3. National Policy for Older Persons

A National Council for Older Pension (NCOP) has been constituted in 1999 under the chairpersonship of Ministry of Social Justice and Empowerment to operationalize the NPOP. The basic objectives of this council are as follows:

- To advice the government on policies and programmes for older persons.
- To provide feedback to the government on the implementation of the NPOP as well as on specific programme initiatives for elderly people.
- To suggest to make old age productive and interesting.
- To provide a nodal point at the national level for redressing the grievances of older persons which are of an individual nature.
- To provide lobby for concessions, rebates and discounts for older persons both with the government as well as with the corporate sector.
- To represent the collective opinion of older persons to the government.
- To suggest steps to make old age productive and interesting.

The council was re-constituted in 2005 and met at least once every year. At present there are 50 members in it, comprising representatives of central and state government, NGO's, citizens' group, retired persons, associations, and experts in the fields of law, social welfare and medicine (Situation Analysis of the Elderly in India, 2011).

4. National Programme for Health Care of Elderly People

National Programme for Health Care of Elderly is an articulation of the international and national commitments of the government as envisaged under (UNCRPD), National Policy on older persons adopted by the government of India in 1999 and section 20 of "The maintenance and welfare of parents and senior citizen act , 2007" provides medical care of senior citizen.

Ministry of health and family welfare has taken appropriate steps in this regard by launching the National Programme for Health care of Elderly people and for that government had taken initiative of welfare of elderly people in XI five years plan. Presently, it is being rolled out in 100 districts.

The vision of the NPHCE is:

1. To provide accessible, affordable and high quality long terms comprehensive and dedicated care services to an Ageing population.
2. Creating a new “architecture” for Ageing.
3. To build a frame-work to create an enabling environment for” a society for all ages.
4. To promote the concept of active and healthy ageing.
5. Convergence with National Rural Health Mission, AYUSH and other line departments like ministry of social justice and empowerment.

5. Atal Pension Yojana: The Atal Pension Yojana is an old age pension scheme for the informal sector workers, is a major initiative to ensure fixed monthly pension for the elderly. This pension scheme was initiated in 2015, and administered by the pension fund regulatory and development authority. Any citizen of India can join the scheme between the age of 18 to 40 years with a savings account. The scheme also provides a minimum guaranteed monthly pension of rs. 1000 to 5000 from the age of 60. Atal Pension Yojana soon, the maximum pension paid under the Atal Pension Yojana may be raised to rs.10000 and the maximum age limit for enrolling in the scheme may be relaxed to 50 years. The finance ministry is currently considering these proposals to benefit more individuals in the unorganized sector. The pension fund regulatory and development authority aims to increase the subscriber base to 22.5 million by March 2020. (Arora & Kundu, 2018)

6. Pradhan Mantri Vaya Vandana Yojana- Pradhan Mantri Vaya Vandana Yojana is a pension scheme for senior citizens which have been introduced by the Government of India. The scheme was launched officially on 21st July 2017 by Finance Minister of India Arun Jaitley, although it has been available for purchase since launch on 4th May 2017. The aim of the scheme is to give citizens regular pension to senior citizens. It provides assured rate of return of 8% to 8.30% per annum, there is no maximum age for entry.

7. National Programme for Health Care of Elderly- The National Programme for the Health Care of Elderly is an articulation of the International and national commitments of the Governments as envisaged under the UN convention on the Rights of persons with Disabilities, National Policy on Older Persons adopted by the Government of India in 1999 & section 20 of “The maintenance and Welfare of Parents and Senior Citizens Act, 2007” provides medical care of senior citizens. The main of this scheme is to provide accessible, affordable and high quality long-term, comprehensive and dedicated care services to an Ageing population; To create a new “architecture” for Ageing, To build a framework to create an enabling environment for “a society for all Ages”, To promote the concept of Active and Health Ageing.

8. Rashtriya Vayoshri Yojana: This scheme is run by the Ministry of Social Justice and Empowerment. This is a scheme funded from the senior citizens welfare fund. The fund was notified in the year 2016. Under this scheme the aids and assistive living devices are provided to senior citizens who belong to BPL category who suffers from old age problems such as low vision, hearing impairment, and many other old age problems. This scheme is being implemented by Artificial Limbs Manufacturing Corporation of India.

9. Varishtha Pension Bima Yojana: This scheme is run by the Ministry of Finance. It was first launch in 2003 and then relaunch in 2014. This scheme provides minimum pension on a guaranteed minimum return on the subscription amount

9. Entitlement of family Pension

There is no compulsion for eligible service for family pension. As per Sixth Pay Commission, for family pension, 30 per cent of the last drawn salary by the Government employee (implies basic rule -9 (21) (1) for definition of salary) but not less than Rs 3500/-. In case of retirement, the employee would get double family pension up to age of 65 years or for 5 years but not more than pension, later at the rate of 30 percent. In case of death, if length of service is less than seven years, then he would not be entitling for double (that means 50 per cent of his last drawn salary.) He would be entitled for general rates (means 30 per cent of last drawn salary) for minimum pension. But if the Government employee has served the Government more than seven years, he would be entitle for double benefits for ten years from the date of his death,

but at that stage he should not have completed 65 years of age, after which he would be entitled for family pension at regular rates.

10. Death benefit: - Eligibility for death benefit will be on the basis of nomination. In absence of nomination, the family has been divided in two categories for aid. In first category the benefit would be divided among family members equally. If there is no member in this category then compensation would be divided equally among the second category family. If there is no nomination and there is no member in the family, it would lapse in favor of the Government.

(i) First category of family: - Husband or wife, son and unmarried daughters (including step and adopted children).

(ii) Second category of family: - Married and widowed daughters, brothers less than 18 years, unmarried sisters, father/mother and children of deceased son.

- Unmarried/ widow /divorcee daughter, not covered under category-1, till marriage/re-marriage or till the date of starting earning, or death, whatever comes first.
- Such parents who were whole life dependent on Government employee and the deceased employee have not left behind any widow/widower or children. The dependent parents will get the family pension of unmarried/divorcee/widow daughter.
- Unmarried/divorcee/widow daughter covered by category-2 and dependent parents will be entitled for family pension only when there is no nominee.
- The entitlement of family pension would be on the basis of first born son and second son would be entitled only when the entitlement of first son expires.
- Under the above sequence, the basis for considering the dependent for family pension will depend on the minimum family pension amount and the dearness allowance applicable.

Widows would be entitled for family pension even after her re-marriage but on condition that if her total personal income equalizes or exceeds the amount of family pension, her family pension would be discontinued. In such cases she has to prove a certificate giving all details of income source every 6 months. Disabled will get family pension for the entire life, but after the death of husband/wife their children would be entitled to it in the order of preference, first

elder son/daughter, followed by younger ones. If the disable son/daughter comes first in preference, he would be entitled only after the preference of elder sons.

Old Age Pension Scheme in Uttar Pradesh

In Uttar Pradesh the state government has increased the old age pension in the age group 60 to 79 by rupees 100 monthly. Now, the old age pensioners would receive 500 rupees per month from existing 400 rupees. Currently, the state government is providing different types of pension facilities, including old age, widow and destitute, to almost 3.5 million people in the state.

Destitute Widows Pension Scheme

Destitute widows who have not remarried are benefitted under this scheme even if they have legal inheritor aged 18 years and above. Other conditions applicable to old age pension scheme are applicable to this scheme also. An amount of Rs. 400 is paid as pension under this scheme. Entire expenditure under this scheme is bear by the state government as on 29.02.2008, the number of beneficiaries under this scheme is 5, 49,513. A sum of Rs. 250 crores has been provided for this scheme in the budget estimate 2008-2009. (**Samaj kalyan Vibhag**)

Pension Scheme for Destitute elderly people: The Chief Minister of Uttar Pradesh announced to provide pension to all the destitute people in Uttar Pradesh. This pension would also include homeless and nomadic saints and sadhus who have no permanent place to live. Presently this scheme of Old Age Pension has been extended to benefit deserted wives / destitute women who are not less than 30 years of age and who are deserted by their husband for a period of not less than five years or obtained legal separation certificate from the court. Deserted wives having legal inherited who have completed 18 years of age are also eligible for pension under this scheme. An amount of Rs. 400/- is paid as pension under this scheme which would now be hiked by 25% to Rs. 500/ month.

Other Benefits of this pension scheme is that the government distribute sarees and dhotis to the elderly people, one saree per female pensioner and one dhoti per male pensioner are distributed twice a year during festivals.

National Family Benefit Scheme: This scheme was launched by the Uttar Pradesh state government to provide financial assistance to those families that are unable to earn the necessities in life; this scheme was started by the UP government in 1st January 2016. In this scheme the family who has lost their earners will get a lump sum amount of their money as compensation. To claim the compensation one has to apply for the pension and register under this scheme. The beneficiaries are the families who are below the poverty line families they get financial assistance from the state government. The applicant should be aged between 18 years to 60 years. If the applicant is below 18 minor or above 60 that is old, then the applicant might not get the compensation amount. The amount of the compensation is fixed at Rs. 30,000 which is increased from the earlier amount of compensation that is 20,000/-. To avail the scheme the yearly income of the family should not be more than Rs. 56,450/- in urban areas and in rural areas Rs. 46,080. The amount of compensation will be provided to families only after death of the lead earner.

Awareness level regarding policies among the elderly People

In India the awareness about the policies and schemes which are being implemented for the welfare of elderly people has very much less knowledge about their benefits and rights. Still elderly people are struggling in their lives for the basic needs. And specifically in Lucknow, majority of elderly people are illiterate and some of less educated so they are unaware of the policies. Even if they are aware about any policy, they only know that those who are government employees will only get benefit or pensions. According to some elderly people they are unable to go outside for the application form because they think that they cannot easily access the benefits.

The below statement is some of the key points.

Perception regarding policies and schemes among the elderly people

- Policies and schemes Satisfaction level among elderly people
- Insufficiency of policies regarding elderly people
- Elderly people is on low priority in policy making and their implementation
- Budget constraint limits the expenditure on elderly people's welfare
- Policies are just on paper

Awareness about the policies

The data has been gathered from respondent in order to find out the awareness level regarding policies and found that elderly people did not very much aware about the policies. And the data has been shown through table.

Table 2.1 Awareness about the government Policies among the elderly people

Gender of the respondent	Awareness level among elderly people			
	Yes	No	Partially Known	Total
Male	24.0%	36.0%	40.0%	100.0%
Female	8.7%	43.5%	47.8%	100.0%
Total	16.7%	39.6%	43.8%	100.0%

Source: Field Survey (2019)

As we can see from above table 2.1 that out of total respondent of elderly people the awareness level among male members regarding policies were 24.0 percent aware about the policies being implemented for their welfare and there were 8.7 percent female elderly people. 36.0 percent male member and 43.5 percent female elderly people who does not have any idea and awareness about policies which clearly shows that the elderly people have lack of knowledge about the policies and schemes. There were 40 percent of male respondents and 47.8 percent female elderly respondent who said that they were partially aware of the policies which are meant for them. Thus, we can conclude that there is a need to create awareness for the elderly people about the policies that are being implemented for their welfare. Without their involvement it is impossible that those policies will have any visible effect on the elderly population. This data shows that there is huge gap in male and female members in level of awareness regarding policies and schemes.

Satisfaction level of policies among the elderly people

The elderly people did not satisfy with the policies because many of elderly people got the pension for one time after that they are struggling for the pension.

Table 2.2 Satisfaction level of policies among the elderly people

Gender of the respondents	Strongly Agree	Agree	Neither agree nor Disagree	Disagree	Strongly Disagree	Total
Male	8.0%	24.0%	40.0%	16.0%	12.0%	100.0%
Female	8.7%	13.0%	47.8%	17.4%	13.0%	100.0%
Total	8.3%	18.8%	43.8%	16.7%	12.5%	100.0%

Source: Field Survey (2019)

The above table shows that the elderly people are satisfied with the policies or not which are meant for them. The male elderly people were 8.0 percent and 8.7 percent female elderly people were strongly agreed with the policies which are meant for them. There were 24.0 percent of male elderly people 13.0 percent female elderly people who are agreeing and satisfied with the policies. The male elderly people who were neither agreed nor disagree with the policies are 40.0 percent and there were 47.8 percent female elderly people. The female elderly people do not know much about the policies as according to them there are some policies which are for government employees and they do not have any idea about the policies and pensions, this shows that the mostly people did not know about the policies that's why they are neither agree nor disagree because they did not have any idea about the policies. There are 16 percent male elderly people and 17.4 percent female elderly people who disagree with the policies. And last the male elderly people who strongly agreed with the policies are 12.0 percent and 13.0 percent.

Insufficiency of Government policy for the welfare of the elderly people

The government policies are insufficient for the elderly people and there is need to more focus on the policies and schemes. Some of the policies being implemented by the government is not that much effective. Policies and schemes should be easy to accessible for the elderly people.

Table 2.3 Government policies are insufficient for the elderly people

Policies are inadequate	Gender of respondent		Total
	Female	Male	
Strongly agree	8.7%	8.0%	8.3%
Agree	34.8%	24.0%	29.2%
Neither agree nor Disagree	21.7%	36.0%	29.2%
Disagree	30.4%	28.0%	29.2%
Strongly Agree	4.3%	4.0%	4.2%
Total	100.0%	100.0%	100.0%

Source: Field Survey (2019)

The table given above shows that the elderly people feel that there are insufficient policies regulated by the government which are meant for them. There are 8.0 percent male elderly people and 8.7 female elderly people strongly agree that there are insufficient policies in Lucknow. There are 24.0 male percent elderly people and 34.8 percent female elderly people who agree that there is lack of policies in Lucknow. There are 36.0 percent male elderly people and 21.7 percent female elderly people who were neither agreed nor disagree about the policies. The male elderly people are 28.0 percent and 30.4 percent female elderly people who are disagreeing about the insufficient of the policies. And lastly there are 4.0 percent male elderly

people 4.3 percent who strongly disagree that the policies for the welfare of elderly people are inadequate in Lucknow.

Priority for the elderly peoples

The elderly people are on low priority by the government. In society generally, elderly people considered as burden and due to old age they are incapable to do many things. So, nobody really cares for them.

Table 2.4 Priority for the elderly people

Gender of the respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Total
Male	0%	48.0%	36.0%	12.0%	4.0%	100.0%
Female	8.7%	30.4%	39.1%	21.7%	0%	100.0%
Total	4.2%	39.6%	37.5%	16.7%	2.1%	100.0%

Source: Field Survey (2019)

The male elderly people who strongly agree about that the policies are on low priority are 0.00 percent and female elderly people were 8.7 percent. The male elderly people are mostly agree that the welfare of elderly people is on the low priority are 48.0 percent and female elderly people are 30.4 percent according to them the policies for elderly people is on low priority. The elderly male people who are neither disagreeing nor agree are 36.0 Percent and 39.1 percent elderly female people who are neither disagreeing nor agree. The elderly people who are disagreeing with the statement that welfare of elderly male people are 12.0 percent and there are 21.7 percent female elderly people who are disagree with the statement that the policies are on low priority. The male elderly people who are strongly disagreeing are 4.0 percent and female elderly people were 0.00 percent.

Budget constraint: India is considered as populous country in world. And it is very hard to manage the expenditure; government did not very much concern about the elderly people health and for their livelihood. So, in that case they spend very less which is very much less and this is what found in data.

Table 2.5 Budgetary constraints and the elderly people

Budget constraint limits the welfare of elderly people	Gender of the Respondent		Total
	Male	Female	
Strongly agree	16.0%	13.0%	14.6%
Agree	36.0%	34.0%	35.4%
Neither agree nor disagree	32.0%	34.0%	33.3%
Disagree	12.0%	13.0%	12.5%
Strongly disagree	4.0%	4.3%	4.2%
Total	100.0%	100.0%	100.0%

Source: Field Survey (2019)

Due to budgetary constraints, the government spends less on the policies for the welfare of the male elderly people strongly agrees were 16.0 percent and the female elderly people are 13.0 percent. The male elderly people agreed are 36.0 percent and 34.0 percent elderly people were agreed that government spends less on elderly people. The male elderly people who neither agreed nor disagree are 32.0 percent and female elderly people were 34.0 percent. The male people who are disagreeing were 12 percent and the female who are disagreeing were 13 percent. Lastly the male elderly people who strongly disagree were 4.0 percent and female elderly people were 4.3 percent. (National Social Assistance Programme) which provides income security to the disabled, widows and elderly people since the central government covers only 3.55 crores

benefices, 70 percent of the population comprises of the widows, disabled and the elderly people who will not avail the benefits of the scheme. **(Help Age India)**

Gap between policies and empirical situation

Many of the policies are just on the paper. Many of the elderly people who are needy and vulnerable are deprived from the rights, pensions, just because they did not aware about the policies, their rights. And things are just on paper. There are many policies in India, but they are not implemented as they pretend to be. The policies are not implemented by the government related to these things to know about these realities collected some data.

Table 2.6 Gap between policies and empirical situation

Policies are just on paper	Gender of Respondent		Total
	Male	Female	
Strongly agree	16.0%	13.0%	14.6%
Agree	40.0%	39.1%	39.6%
Neither agree nor disagree	28%	17.4%	22.9%
Disagree	16.0%	17.4%	16.7%
Strongly disagree	.0%	13.0%	6.2%
Total	100.0%	100.0%	100.0%

Source: Field Survey (2019)

The male elderly people who strongly agree with the statement that the policies are just on paper are 16 percent and female elderly people were 13 percent. The male elderly people agreed that the policies are just on paper and the numbers of people are 40 percent and the female elderly people were 39.1 percent. The male elderly people who neither agreed nor disagreed were 28 percent and the female elderly people were 17.4 percent. The male elderly people disagreeing with the statement were 16.0 percent and female elderly people were 17.4 percent. And last the male elderly people who strongly disagreed are 0.00 percent and female elderly people were 13.0 percent.

The elderly people are facing one of the major problems in old age is that of income for maintenance. For old aged people regular pension is a source of livelihood which contributes to the continuity of life.

The above data reveals that the hypothesis is partially accepted. As there are equal respondent according to whom the government policies which are meant for them are inadequate. There are many respondents who are not pension holders as they don't know much about the policies. And most of the elderly people have been government employees where pension forms an integral part of the occupational career. The elderly people have to face considerable difficulties in old age with falling health and don't know much about the policies and pensions lead to frustrations. There is need to think how policies and schemes can be effective for the elderly people. And there is definitely need to be aware of the elderly people and it should be very much accessible to the elderly people.

The chapter shows that how government policies and schemes are important for the elderly people and next chapter focuses upon the problems of elderly people. If government provides better facilities then there is a possibility that the elderly people can reduce their problems and have a better quality of life.

Chapter- III

Problems of the Elderly People

Problems of the Elderly People

Ageing which is an universal reality of the human existence on the earth, rapid spread of modernization, growing urbanization and crumbling of joint families have conspired to increase insecurity and loneliness among the elderly people. Lack of family support, poor financial status, physical and mental disorders and guilt of being dependent on others are some problems nagging the elderly population.

1. Social Problem: The position and status of senior citizen have been undermined by the factors such as changing values, growing industrialization and westernization lesser number of children due to the concept of small family and hence it would leads in greater vulnerability in the matter of dependence, migration of younger members to cities for alternative source of livelihood.

The status of the elderly female has additionally been affected due to lesser importance assigned to socio-religious ceremonies in which her knowledge and advice were valued and lesser use of her knowledge and experience in child rearing due to greater reliance on modern medicine, technology and information. The above factors have undermined in status care and protection of the elderly people that was given by the family.

Disintegration of Joint family system is characteristics of Indian society. Joint family is characteristics by common heart, common residence, and common worship over property. The eldest member of the family heads the joint family. All members of the family used to work under the guidance and directions of the aged. Respect for the aged in the family is not because of centralized authority in their hands but being the well-wishers of all the family members. The joint family has been going under a drastic change with the advent of industrialization, urbanization and modernization. This changing pattern of the family has deleterious effect for the aged as they are losing prominence in the family system. Family responsibilities towards the old are becoming less enviable due to demographic and economic changes in the society. The dependence of old on others, financial problem arising out of reduced income, social problem of extra leisure arising out of loss of work, poor health and feeling insecurity due to financial constraints (**sahu 1998**).

The conflict and tension, which prevail among brothers at the time of division, would continue for so many years. This especially creates problem for the aged. Further, upon partition nobody come forward to take the responsibility of looking after the aged. Thus, disintegration of joint family system may make the aged more vulnerable.

2. Socio-Psychological and Emotional Problems: Though fulfilment of basic need is essential for the survival of mankind yet man as a social being, does not live by bread alone. He wants to live in the society where he gets the feeling of belongingness. Such associations give meaning to individual life. The elderly people enjoyed position of authority.

In return, they used to provide guidance to the younger generation because age was equated with knowledge and experience. Displacement of folk knowledge with the scientific knowledge in the modern society has lowered their status to such an extent that economically, inactive and old age people are treated as a burden on the limited resources of the family. Such situation has created a feeling of neglect, dependency, loneliness, powerless, and meaningless among the poor old people. Absence of common interest and lack of extensive and regular interactions- with younger members in the family naturally result in social isolation and loneliness of the elderly people.

In this circumstance, lack of psychologically rewarding activities converts the individual free time into burden and boredom to be dragged on in the remaining years of life. However, the process of ageing and other psychological or emotional changes that take place due to ageing process cannot be uniform for all elderly people because the state of their living is dependent on various factors such as nature of composition.

Nevertheless, social surveys of the life and problems of the elderly and retired people have shown that there are many common social and emotional problems from which most of the elderly people suffer. To mention a few, the elders usually suffer from loneliness, boredom, and depression, which are largely outcome of being excluded from the family and society.

The situation becomes worst when the elderly people have been deserted by their son/daughter for the sake of their occupations, these lead into anxiety, depression, and isolation. Old age has emerged as a socio-psychological problem due to rapid changes that take place in the society.

3. Economic Problems:

Financial security creates anxiety among elderly people. When the issue is seen in the context of the fact that one third of the population is below the poverty line and about on third are above it. In earlier times, the social and economic need of the elderly was serving through the extended family system that was three or four generation unit held together by kinship ties.

The government of India is committed to providing an effective environment to secure the goals of economic and emotional security for the elderly. The shift in age structure makes issue of social security and economic support for elderly people very crucial. The overriding concern of governments relate to the ability of the individual citizens to be economically independent in later years.

India, which is predominantly agrarian based economy, has inadequate social security provisions for its elderly people. The concept of social security implies that the state should make itself responsible for ensuring a minimum standard of material welfare to its citizens. For government employees pension scheme employees, pension scheme are the major security provisions. There are several acts, which make provision for laborers on the organized sector.

In Indian society the economic position of elderly women are particularly at risk because most of them live in the shadow of the males throughout their lives, in most cases they do not earn money and even when they do, their employment is often guided by family consideration. They are completely dependent on the male members of the family for fulfillment of all their basic needs. The National Sample Survey showed that nine out of ten older women in India are financially dependent on others- either partially or fully.(National Sample Survey Government of India, 1998).

The elderly people without any means of finance are often considered as an economic burden. The role in the family remains restricted to the household's non-economic matter.

4. Health Problems: Innovations in medical technology over the past years have promoted longevity but not good health. The problem is that old people live longer but are more vulnerable to illness. Health is an important factor in ageing. A major issue of societal concern is the health status of the aged. Healthy aged constitutes important human resources for development of the

country. Health is also considered as a basic human right by the World Health Organization, According to it, “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without differentiation of race, religion, and political belief, economic or social condition”. Aging comes with many challenges. It has observed that many older adults remain highly self-sufficient. Because the elderly no longer had jobs, financial crisis can be a challenge. And due to cultural misconceptions, older people can be targets of ridicule and stereotypes. The elderly faces many challenges in later life, but they do not have to enter old age without dignity.

The Universal Declaration of Human Rights claims “That everyone has the right to have better standard of life and have adequate for the health and well-being of himself and of his/her family, including food, clothing, housing, and necessary social right. (Panchayati Raj Institutions and Health Welfare Programms-An Executive Summary, National Health Policy, 2003. Hearing impairment and respiratory problem are other problems. Some major diseases like blood pressure, arthritis, asthma are seen to be more pronounced during the old age. Disabilities arising from ageing assume greater significance as a large segment of this population is below the assume greater significance as a large segment of this population is below the poverty line. The United Nations population would show that the overall cost of health care, due to ageing alone, would increase is 36 percent for the more developed countries and 48 percent of the less developed. As it is well said, “Health is wealth” it is a major area of concern especially for the aged in this regard the following steps may be taken immediately by all the concerned, in order to make the constitutional mandate a reality.

The sick elderly Indians are still treated in the general medicine department, despite the observations of the spectrum of illness among them. Such facility will not only cure the old physically, but will also ensure their mental well-being.

The government as well as the private healthcare providers has to build up the necessary infrastructure to meet the healthcare requirements of the increasingly ageing population (**Rao, A. (1985) suicide in the elderly**).

5. Crime against Senior Citizens: One of the biggest worries with which elderly people are subjected to is crime or the fear of crime. The impact of the crime is very severe among elderly

people because they often have limited budgets, frequently live in inner city neighborhoods, where crimes are more common any be injured more easily in the course of crime. The crimes which are mostly committed against these people, are theft, burglary, cheating, physical assault etc. even without crime, these people live in the fear of crime because of their vulnerable situation. Sometimes, the fear of crime can be harmful as crime itself. Fear is useful if it encourages appropriate protection. Experiencing endless fear over a long period can be harmful to one's physical and mental health. Urbanization has resulted in a consequent rise in the number of elderly people living alone in the cities.

In this context, "safety", this was hitherto perceived as the least of the problems to do with the aged, suddenly assumed alarming significance. In order to counter this, a number of NGO's have come up with policies to ensure the safety of these senior citizens. 76 suicide rates among elderly people are also quite significant in India. In 1993 a total of 5350(3700 males and 1650 females) persons of age of more than 60 years committed suicide because of various reasons out of which poverty, dispute over property, death of dear and near ones bankruptcy or sudden change in economic position and fall in social reputation are prominent among males and among females elderly people, quarrel with daughters, poverty and dreadful disease, had been identified as reasons for their suicide (**Chattoraj et al, 2002**).

5.1 Abuse of Elderly People

Apart from the crimes that are committed against the old people, they are also subjected to different types of abuses now days. The following are the various forms of abuses: (a) Physical abuse; (b) Emotional or Psychological abuse; (c) financial exploitation; and (d) neglect.

The conflict and tension, which prevail among brothers at the time of division, would continue for so many years. This especially creates problem for the aged. Further, upon partition nobody come forward to take the responsibility of looking after the aged. Thus, disintegration of joint family system may make the aged more vulnerable.

Elderly people face many problems such as social problem, health problems, psychological problems, economic problems, crime against elderly people. These are the some problems of elderly people which they face in their mundane life. But the main focus of the study is to know the health status of elderly people, problems of elderly people and their care in old

age home. Due to old age there is change in their body like soon there are going to physically weak, every part of the body is soon going to be weak. And this kind of conditions their families did not ready to take the responsibilities of their elderly once. So, that's I have focused the study on their health conditions.

General data of the respondent

Table 3.1 Religion of the respondent

Gender of the respondent	Hindu	Sikh	Christian
Male	88.0%	4.0%	8.0%
Female	91.7%	.0%	4.3%
Total	91.7%	2.1%	6.2%

Source: Field Survey (2019)

The above table shows that the male elderly people who belong to Hindu religion were 88.0 percent and the elderly females who belong to Hindu religion were 91.7 percent in the old age home. There were 4.0 percent male elderly people who belong to Sikh religion and there were .0 percent female elderly people who belong to Sikh religion. And lastly the male elderly people who belong to Christian religion were 8.0 percent and there were 4.3 percent female elderly people. As according to data reveals that there are no elderly people who belong to Muslim religion.

Table 3.2 Social category of the respondent

Gender of the respondent	General	OBC	SC	ST
Male	44.0%	48.0%	8.0%	.0%
Female	60.9%	30.4%	8.7%	.0%
Total	52.1 %	39.6%	8.3%	.0%

Source: Field Survey (2019)

This table shows us the social category of the respondent. And according to data there were 44.0% male elderly people and 60.9% female elderly people who were from General category. The male elderly people were 48.0% and female elderly people were 30.4% who were from OBC category. There were 8.0% male elderly people and 8.7% female elderly people who belonged to SC category. Lastly there were ST category and researcher found that there were no elderly people who belonged from ST category.

Table 3.3 Education of the respondent

Gender of the respondent	Illiterate	Primary	Secondary	High school	Inter-mediate	Graduate	Post-graduate
Male	8.0%	4.0%	16.0%	16.0%	12.0%	28.0%	16.0%
Female	21.7%	13.0%	4.3%	4.3%	17.4%	17.4%	21.7%
Total	14.6%	8.3%	10.4%	10.4%	14.6%	22.9%	18.8%

Source: Field Survey (2019)

This above table shows education level of elderly people. And according to the data there were 8.0% male elderly people who were illiterate and there were 21.7% female elderly people who were illiterate. There were 4.0% male elderly people and 13.0% female elderly people who had completed primary education. There were 16.0% male elderly people and 4.3% percent female elderly people were completed their secondary education. The male elderly people were 16.0% and 4.3% female elderly people who had completed their high school. The male elderly people were 12.0% percent and female elderly people were 17.4% who had completed their inter-mediate. There were 28.0% percent male elderly people and 17.4% female elderly people who were completed their graduation. There were 16.0% male elderly people and 21.7% female elderly people who had completed their post -graduation.

Health awareness and health conditions of elderly people

Here are some key points which have to explain:

- Health status of elderly people in old age home
- Elderly people suffering from serious health problems
- Health issues faced by elderly people
- Duration of the health problems

- Elderly people feels that their health issues are burden for them

As according to secondary data the health status of elderly people is not very much good. Many of the elderly people did not aware of their health conditions. The elderly people who come from a better family they have some sort of awareness about their health, but many elderly people did not aware of what is their health. The health conditions of elderly people are in bad condition, because they take old age as burden and don't want to live anymore. Many of them are deserted by their families itself. And many elderly people are isolated within their family. So these are the reasons behind that mentally they are feeling low or ill.

Health status of the elderly people in old age home: In order to find out the health status of elderly people in old age home. How they are feeling. What is their present health condition? It is bad, good, and excellent.

Table 3.4 Health Status of the elderly People in old age home

Gender of the respondent	Excellent	Good	Bad	Average	Total
Male	4.0%	32.0%	56.0%	8.0%	100.0%
Female	4.3%	13.0%	78.3%	4.3%	100.0%
Total	4.2%	22.9%	66.7%	6.2%	100.0%

Source: Field Survey (2019)

The health status of the elderly people is not good as we can see from the above table, the present health status of male elderly people whom condition is excellent were 4.0 percent and 4.3 percent female elderly people can evaluate that their health condition is excellent. And the elderly people whom health condition is excellent have some sort of a better standard of life in which they are living they are more aware of the things that can affect their health. The male elderly people who think and can evaluate their present health status according to them 32.0

percent and female elderly people have 13.0 percent good health condition they do not have any kind of serious problem or disease. The male elderly people who have had evaluate their present health status is bad and their percent were 56.0 percent and 78.3 percent female elderly people evaluate that their health condition is bad. it means the elderly people whose health status is bad is not much more concern about their health, they are not much aware of the disease and problems they have, because they think that nobody can solve their problems. And lastly the male elderly people who have evaluate that their health status average 8.0 percent and the female elderly people were 4.3 percent. We can see from the table that it is the highest percent that the elderly people health is in bad condition and the reason behind the bad condition is that they cannot afford proper treatment for their disease and many of the elderly people was not much aware and concern that what kind of disease they have.

Elderly people and problems: this below chart shows that elderly people are suffering from any kind of disease or not. There are many elderly people who are fit ad fine and they did not have any kind of illness.

Table 3.5 Elderly People and health Problems

Gender of the respondents	Yes	No	Total
Male	44.0%	56.0%	100.0%
Female	52.2%	47.8%	100.0%
Total	47.9%	52.1%	100.0%

Source: Field Survey (2019)

This table shows us the problems of the elderly people which they are facing in present situation. As the elderly people lived in old age home so it is obvious that they are facing many problems in the current scenario. So, according to this data there were 44.0 percent male elderly people and 52.2 percent female elderly people who say “yes” that they are suffering from any

serious problem. And there were 56.0 percent male elderly people who deny for having any kind of serious problem and 47.8 percent female elderly people do not having any kind of problem.

Health issues faced by the elderly people: old age comes with many problems; it's vulnerable when it comes to health conditions. The, elderly people are facing what kind of disease in their lives. There are some kinds of disease which are common in elderly people.

Table 3.6 Health issues faced by the elderly people

Health issues in old age	Gender of the respondent		Total
	Male	Female	
Asthma	20.0%	17.4%	18.8%
Diabetes	12.0%	13.0%	12.5%
Paralysis	8.0%	17.4%	12.5%
Heart Disease	.0%	4.3%	2.1%
Blindness	4.0%	.0%	2.1%
Spondylosis	0%	4.3%	2.1%
No health issue	56.0%	43.5%	50.0%
Total	100.0%	100.0%	100.0%

Source: Field Survey (2019)

The table given above shows that the health issues faced by the elderly people. There were 50 percent elderly people who do not have any kind of problems, but there were many elderly people who are facing problem in their day to day life. In old age days the most common and most prevalent problems is “asthma”, there were many elderly people who are facing breathing problem and according to the field data there were 20.0 percent male elderly people and 17.4 percent who were patient of Asthama. In this problem elderly people becomes

inflamed, narrow and swell which makes it difficult to breathe. There were 12.0 percent male elderly people and 13.0 percent female elderly people have had “Diabetes”. And there were 8.0 percent male elderly people and 17.4 percent female elderly people who have paralysis and being a paralysis elderly people is feeling deprived of many activities and isolated from full participation. The male elderly people have had 0.00 percent and female elderly people have Heart Disease were 4.3 percent. The male elderly people who have been facing blindness were 4.0 percent, and female elderly people had 0.00 percent, in this problem the elderly people losing their eyesight, as they are growing older their eyesight will be weak. The male elderly people having Spondylosis were 0.00 percent and female elderly people having spondylosis were 4.3 percent. Spondylosis is an ageing phenomenon, with age the bones and ligaments in the spine wear, leading to osteoarthritis. There were 56 percent male elderly people who have no health issue and 43.5 percent female elderly people who did not have any health issue. They say that they are perfectly fine but there are some elderly people who have no idea that they are fine or not because they don’t know about their health condition.

Elderly people who perceived their health issue as burden

As according to gathered data the elderly people feel that their health is burden for them because they are not capable of doing things themselves. Due to sufferings and lot of pain they might think that they did not want to live any more as they are done with their health conditions.

Table 3.7 Elderly People who perceived their health issue as burden

Gender of the respondent	Always	Sometimes	Never	Total
Male	72.0%	24.0%	4.0%	100.0%
Female	73.9%	21.7%	4.3%	100.0%
Total	72.9%	22.9%	4.2%	100.0%

Source: Field Survey (2019)

This data given above shows that views of elderly people who feel that their health issues is burden to them. At old age there are many problems which the elderly people face in day to day lives and in that case sometimes they genuinely feel that their health is burden for them and there were 72 percent male elderly people and 73.9 percent elderly female say that they have been suffering from many diseases, so that they feel always that their health as burden. There were 24 percent male elderly people and 21.7 percent female elderly people according to them they feel sometimes that their health is burden for them because they feel sometimes it is too much hard to survive with many health issues. And lastly the elderly people according them they never feel that their health is burden for them, 4 percent male elderly people are strongly feel that their health is never burden for them and 4.3 percent female elderly people feels that their health is never burden for them. They are enjoying their life the way things are.

The above data reveals that the hypothesis is rejected as the elderly people facing more problems in urban areas. As the elderly people who live in rural areas they are more comfortable in the environment in which they live but in urban areas the elderly people feel isolated within the family. In urban areas there is prevalent of nuclear family in which both the husband and wife are earning so in that case the elderly one is feeling excluded and it converted into anxiety, depression. They feel that they are burden for the family. Most of the time in urban areas the family shift their elderly member in the old age home. So, with above statement we can see that rural people are integrated and they have we feeling and on the other hand in urban areas the elderly are forced to shift in the old age home.

The above chapter focuses on the problems of the elderly people. Some elderly people are taking old age in a positive way but many of the elderly people are taking it as negative aspect of their life they are facing many problems related to their health, social, physical, psychological and many more. So in order to shifting in the old age home, now they get a new hope to stay with their peer group. Old age home play a vital role in elderly people life.

Chapter- IV

Impact of Old Age Homes on Elderly People

Impact of Old Age Homes on the Elderly People

Old age homes are meant for senior citizens who are deserted by their families or the elderly people who are needy and poor people who need food, shelter for their livelihood. Old age homes provide medical facilities for senior citizens such as mobile health care systems, ambulances, nurses and provision of well-balanced meals.

There are more than a thousand old age homes in India. Old age home run by the government provides free accommodation and private charges for the accommodation. And the old age home takes charges for the accommodation on a payment basis depending on the type and quality of services offered. Apart from food, shelter and medical amenities, old age homes also provide yoga classes to senior citizens.

For older people who have nowhere to go and no one to support them, old age homes provide a safe haven. These homes also create a family like atmosphere among the residents. Senior citizens experience a sense of security and friendship when they share their joys and sorrows with each other (**india.gov.in**).

The old age homes play a vital role in society as these institutions provide shelter and care to elderly people. The old age home are divided into two categories. Firstly, the old age home which is regulated by the government and this type of institutions provides free accommodation and second one is regulated by Ngo's and private one takes charges for the accommodation and it provides the accommodation according to elderly people's affordability. This chapter is further divided into two parts. In the first section, the chapter focuses on the impact of old age home and in the second section, the chapter focuses on the features of old age homes on elderly people.

The impact of old age homes on elderly people shows concern towards the poor, destitute people whose families deserted them, old age home provides them shelter and basic amenities. There are many types of old age homes that exist in the society, and one can afford them according to his/her social status; Recent developments in elder care include pay for homes also known as "pay and stay" homes. This is a new type of home where elderly people can live with their similar age group people; they can take part in different activities with their fellow mates

which makes them feel good. The old age homes have played a key role in bringing to the forefront the problems of the elderly people to the society at large. Through its various services, it has a platform whereby the voice and the concerns of the elderly can be addressed. Presently there are many non-governmental organizations working for the cause of the elderly in India. In India most of the non-governmental organizations have focused upon the low income group of society. The elderly people do not have access to minimum levels of health care and they are deprived of lack of emotional support. Since the government is unable to deal with such a huge dependent population (Sawhney, 2009).

Impact of Old Age Homes on the Elderly People in Lucknow City: For the present study, old age homes of Lucknow city were selected. There are many old age homes in Lucknow city but only four old age homes, two government owned and managed and two owned and managed by the Ngo's or private old age homes were selected. Through this study it was noticed that how vulnerable the life of an elderly people is. They feel isolated but at the same time they feel good because according to them at least they have basic amenities for their livelihood. And in this section the study focuses on impact of old age home. In this chapter emphasis has been laid on enquiry the reasons because of which elderly shifted to old age homes, and how they perceived their experiences regarding the quality of care and their level of life satisfaction during their stay in these old age homes.

There are some key points which have to explain further

- Reasons behind shifting in the old age home
- Staying duration in old age home
- Elderly people go for outing
- Duration of outing
- Places they visits
- Perception about life after coming to old age home
- Satisfaction level by the elderly people in the old age home
- Involvement in the task
- Relationship with other inmates
- Recommended by whom for shifting in old age home
- Who pays for elderly people expenses

- Nature of accommodation
- Availability of adequate medical facility

Reasons behind shifting in old age home: The collected data reveals the reasons behind shifting in old age home. The elderly people are deserted by their families. And some of the elderly people shift in old age home because they are beaten and abused by their own families.

Table 4.1 Reasons behind shifting in the old age home

Gender of the respondent	There is no one to take care	Lack of emotional support	Loneliness	Others	Total
Male	88.0%	0%	8.0%	4.0%	100.0%
Female	87.0%	13.0%	.0%	.0%	100.0%
Total	87.5%	6.2%	4.2%	2.1%	100.0%

Source: Field Survey (2019)

Table no. 4.1 shows the reasons of shifting in old age home, the table given above shows that the elderly have been so long in the old age homes as was mentioned above that there is nobody to take care for the elderly people so they are lived in old age homes. So from this data we can see that in recent years there is increase of elderly people in shifting to old age homes there is no one to take of them, as their family members are migrated in search of job and they left them and for this reasons there is nobody to take for them. There were 0.00 percent male elderly people and 13.0 percent female elderly people who feel lack of emotional support and this is the reason of shifting in the old age home. There were 4.0 percent male elderly people and 0.00 percent female elderly people who feel loneliness and this is the reason of shifting in the old age home. Lastly there were 4 percent male elderly people and 0.00 percent female elderly people who have other reasons behind shifting in the old age home.

Staying duration in old age home: There are many elderly people who are staying in old age home from very long period of time. In order to gather information about their staying duration in old age home.

Table 4.2 Staying duration in the old age home

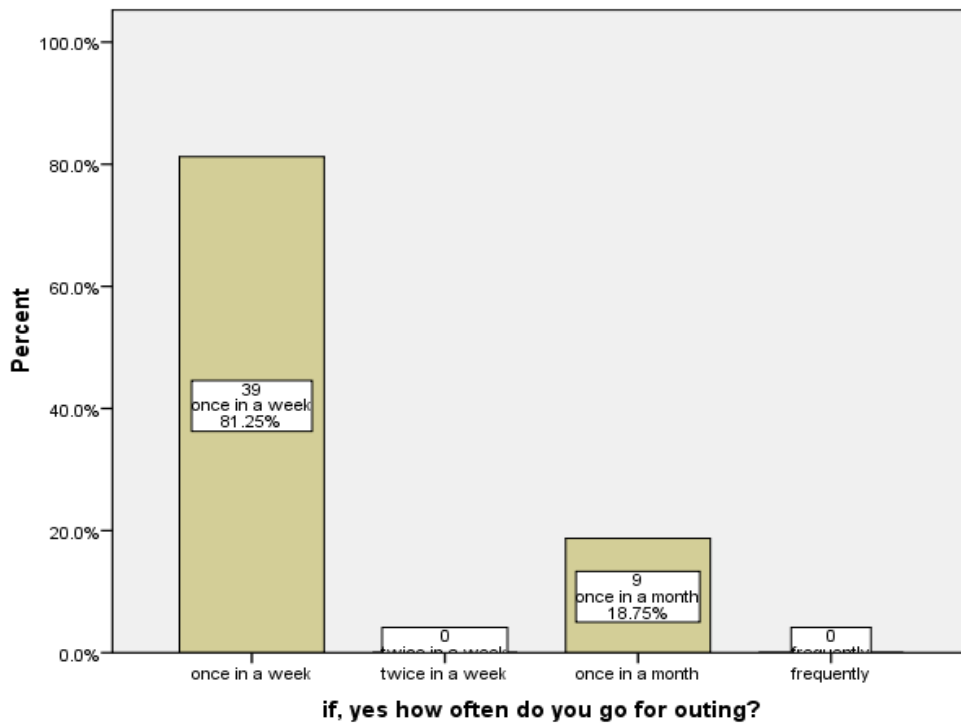
Duration of staying in the old age home	Gender of the respondent		Total
	Male	Female	
Less than one year	20.0%	30.4%	25.0%
2 year to 5 years	16.0%	17.4%	16.7%
6 years to 10 years	16.0%	21.7%	18.8%
11 years to 15 years	20.0%	17.4%	18.8%
16 years to 20 years	28.0%	13.0%	20.8%
Total	25 100.0%	23 100.0%	48 100.0%

Source: Field Survey (2019)

Table no. 4.2 shows the staying duration of the respondents in the old age home. There were 20.0 percent male elderly people and 30.4 percent female elderly people have said that they are living in old age home less than one year. There were 16 percent male elderly people and 17.4 percent female elderly people who are staying in old age home 2 to 5 year. The elderly people who were staying 6 years to 10 years there were 16.0 male elderly people and 21.7 percent female elderly people. The male elderly people were 20.0 percent and 17.4 percent female elderly people were staying 11 to 15 years. There were 28.0 percent male elderly people and 13.0 percent female elderly people who were staying in old age home 16 years to 20 years

Elderly people go for outing: After coming to old age home elderly people used to go for outing frequently.

Figure 4.1 Frequency of elderly people who go for outing



Source: Field Survey (2019)

As we can see from the above figure no. 4.1 that the elderly often go for outing in the old age home. There were 81.25 percent elderly people who often go for outing once in a week. The elderly people go for outing once in a month were 18.75percent. The elderly people did not go for outing twice in a week and they neither go for outing frequently.

Places elderly people visits: In this table shows that the places elderly people visits frequently.

Table 4.3 Places where elderly people visit

Visits	Gender of the respondent		Total
	Male	Female	
Picnic	36.0%	21.7%	29.2%
Temple	64.0%	78.3%	70.08%
Total	100.0%	100.0%	100.0%

Source: Field Survey (2019)

The table given above shows that the elderly people often visits these places. There were 36.0 percent male elderly people and 21.7 percent visit picnic spot often, and there were 64 percent male elderly people and 78.3 percent often visits for worship in temple. So as we can see that mostly people visit in temple as they want salvation and piece in their old age.

Perception about life: elderly people’s perception has been changed after coming to old age home and old age has imprinted a positive impact on elderly people. They feel that they are no more alone.

Table 4.4 Perception about life after coming to old age home

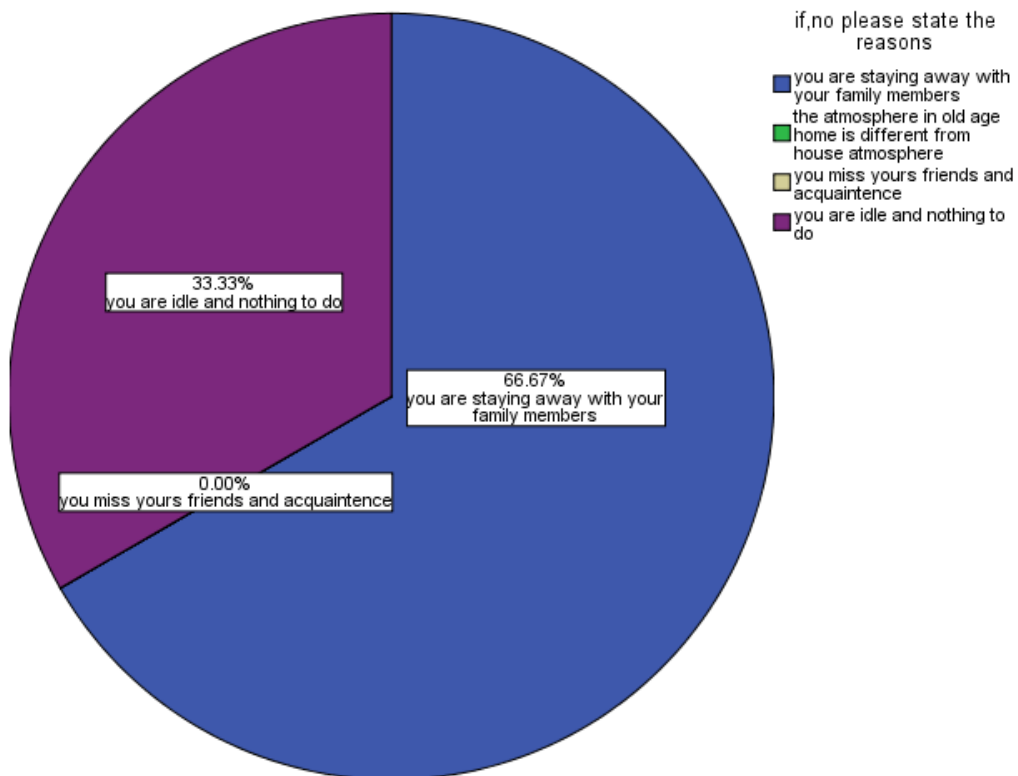
Gender of the respondent	Highly satisfied	Satisfied	Partially Satisfied	Dissatisfied	Total
Male	28.0%	36.0%	32.0%	4.0%	100.0%
Female	39.1%	43.5%	8.7%	8.7%	100.0%
Total	33.3%	39.6%	20.8%	6.2%	100.0%

Source: Field Survey (2019)

The table above shows that how elderly people feel about their life after coming to old age home. There were 28 percent male elderly people and 39.1 percent female elderly people were highly satisfied after coming to old age home. The male elderly people who are satisfied were 36 percent and 43.5 percent female elderly people. The male elderly people were 32 percent and female elderly people were 8.7 percent who are partially satisfied. The elderly people had mix response about their life after coming to old age home. The male elderly people were dissatisfied after coming to old age home were 4.0 percent and 8.7 percent female elderly people were dissatisfied. And lastly the elderly people who were highly dissatisfied are 0.00 percent.

Satisfaction level of elderly people in old age home: Many of the elderly people who are very much dissatisfied with their life. They did not feel good in old age home as they their families.

Figure 4.2 Satisfaction levels of elderly people in old age home



Source: Field Survey (2019)

The figure no. 4.2 shows that the elderly people who feel dissatisfied after coming to old age home. There were 66.67 percent elderly people are dissatisfied because they were staying away with their family members and the elderly people misses their family members as they want to go back in their family. And there were 33.33 percent elderly people are dissatisfied about their life after coming to old age home because they are idle and they have nothing to do in the old age home. As they were growing older their capability of doing anything is decreasing as a result of this they were not doing much more things and they feel very much bored and feel like there is no movement in their life.

Getting involved in small task gets rid of loneliness: The elderly people feeling loneliness in old age home and there are some activities are organized by the old age home. So, this involvement helps them to get rid of this loneliness.

Table 4.5 Getting involved in small task get rid of loneliness

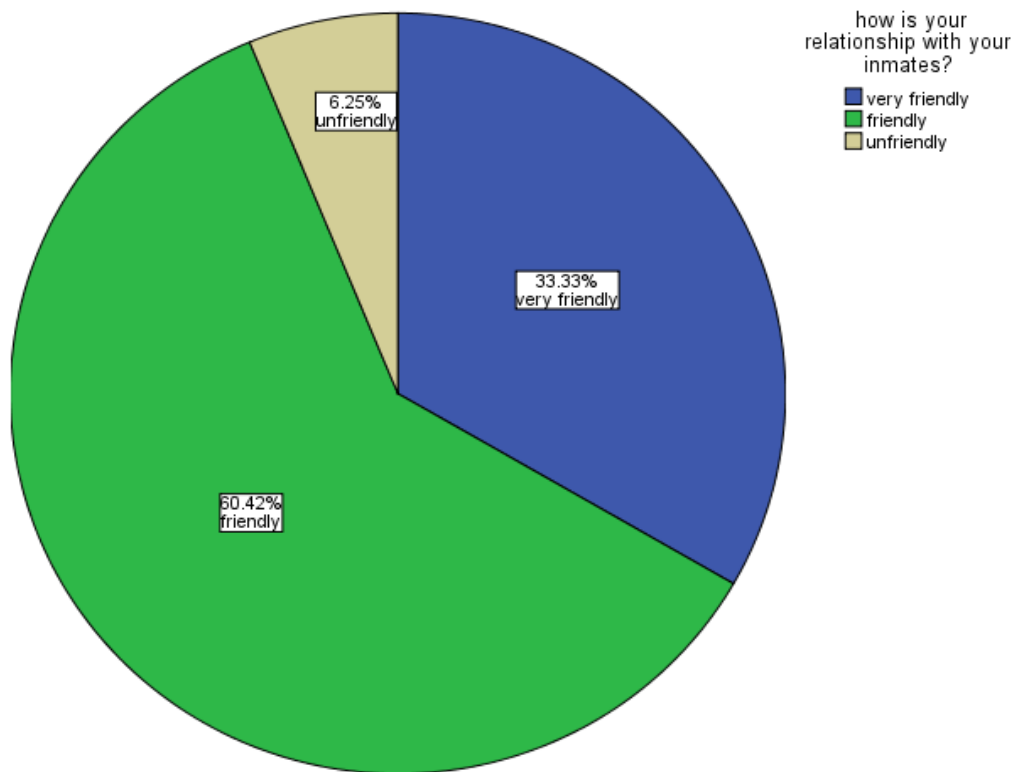
Participation in task	Gender of the respondent		Total
	Male	Female	
Yes	100.0%	95.7%	97.9%
No	.0%	4.3%	2.1%
Total	100.0%	100.0	100.0%

Source: Field Survey (2019)

The table given above shows the elderly people who involve in any kind of activities will help them in get rid of loneliness. There were 100.0 percent male elderly people who feel that getting involved in small task in old age home helped them to get rid of loneliness and 95.7 percent female elderly people who also feel that getting involved in small task helped them to get rid of loneliness. And there 0.00 percent male elderly people and 4.3 female elderly people who does not feel that getting involved in small task in the old age home helped them to get rid of loneliness.

Relationship with inmates in old age home: this graph shows that how are the relationship with other inmates. Whether it is good or they never talked with inmates.

Figure 4.3 Relationship with inmates in the old age home

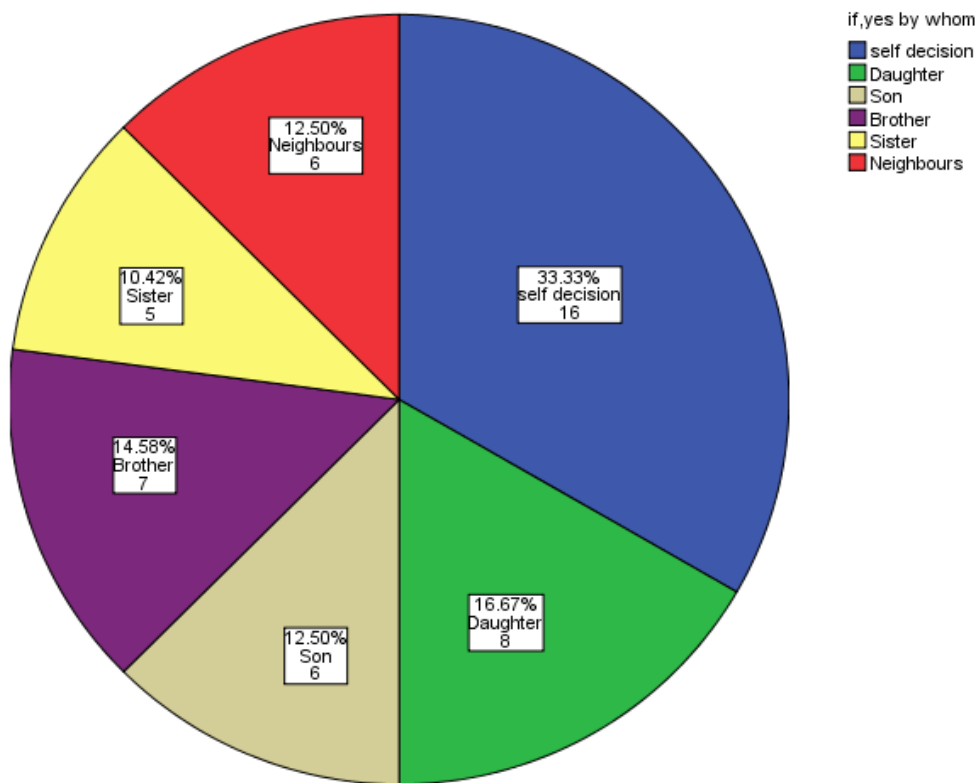


Source: Field Survey (2019)

The figure no. 4.3 shows the relationship of individual elderly people with the other inmates. There were 33.33 percent elderly people who have very friendly relationship with other inmates. There were 60.42 percent elderly people who have very much friendly relationship with other inmates. And lastly there were 6.25 percent elderly people who have unfriendly relationship with their inmates. The elderly people who have unfriendly relationship with other inmates the reason behind is that they did not have interest in other inmates in the old age home.

Recommendation of shifting in old age home: The elderly people are suggested by someone to shift in the old age home as elderly people faces abuses and disrespect in their family so, they are suggested by their friends or relatives to shift in the old age home.

Figure 4.4 Recommended by whom to shift in the old age home



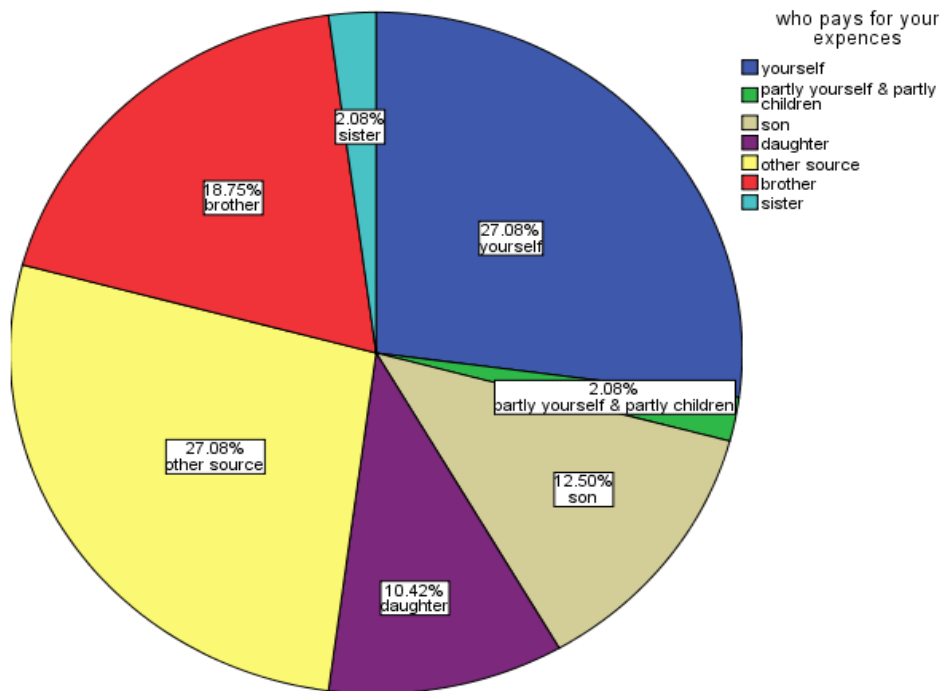
Source: Field Survey (2019)

This figure no. 4.4 shows that the elderly people who were recommended by their relatives or by themselves to join the old age home. The elderly people who were recommended by their neighbors were 12.50 percent. The elderly people were recommended by their sister were 10.42 percent. The elderly people were recommended by their daughter were 16.67 percent as there were married so they are unable to take care of their parents. Elderly people were recommended by their son were 12.50 percent, their sons are migrated from their native place in search of better opportunities, so in that case they recommended their parents for shifting in the old age home. The elderly people were recommended by their brothers were 14.58 percent. There were 33.33 elderly people had taken self-decision for shifting in the old age home. So we

can see that from above chart that most of the elderly people had taken self-decision because the elderly people have no other options as they are alone in their homes.

Who pays for expenses: The elderly people have to pay for the accommodation and by whom these accommodation expenses sponsored by, either by elderly people themselves or by other member of the families.

Figure 4.5 who pay for expenses



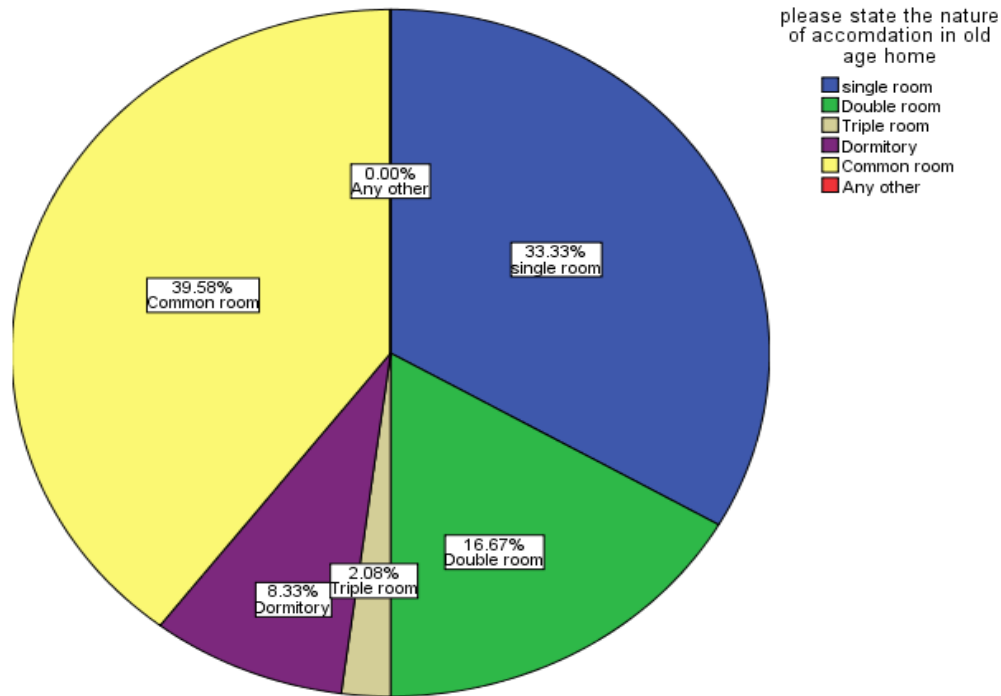
Source: Field Survey (2019)

This figure no.4.5 shows that the elderly people expenses were paid by their relatives and other family members were 10.42 percent elderly people expenses were paid by their daughters. 12.50 percent elderly people expenses were paid by their sons. The elderly people whose expenses paid by their brothers were 18.75 percent. The expenses of elderly people were paid by their sisters were 2.08 percent. The elderly peoples expenses paid partially by themselves and partially by their children were 2.08 percent. The elderly people whose expenses are paid by

them were 27.08 percent. Lastly the elderly people whose expenses were paid by other sources were 27.08 percent.

Nature of accommodation in old age home: what kind of accommodation is provided by the old age home. Old age home provided whether single room or dormitory.

Figure 4.6 Nature of accomodation in the old age home



Source: Field Survey (2019)

The above figure no. 4.6 shows the nature of accommodation in old age home. There were 33.33 percent elderly people are living in the single room as they can afford the single room facility because single room accommodation is very much expensive for the elderly people. Elderly people who have the accommodation of dormitory were 8.33 percent elderly people. The elderly people who share triple inmates in a single room were 2.08 percent. They live like that because they could not afford the facility provided by the old age home. The elderly people who share the double room accommodation were 16.67 percent. 39.58 percent people accommodation to live in the old age home is common room. As mostly, people in the old age home live in the common room.

Medical facilities in the old age home: The old age home provides basic medical facilities for elderly people, that medical facility is adequate for the elderly people or not.

Table 4.6 Medical facilities in the old age home

Medical facilities in old age home	Gender of the respondent		Total
	Male	Female	
Yes	96.0%	100.0%	47%
No	4.0%	.0%	2.1%
Total	100.0%	100.0%	100.0%

Source: Field Survey (2019)

According to the data the elderly people feels that there is adequate medical facilities in the old age home. There were 96. Percent male elderly people and 100 percent female elderly people said that there were adequate medical facilities in the old age home. There were 4.0 percent male elderly people 0 .00percent female elderly people who feel that there are inadequate facilities in the old age home.

Hypothesis is partially accepted as the impact of old age home on elderly people give a ray of hope to them. As elderly people’s problems are addressed by old age home. But the old age home have lack of facilities and data about the elderly people who are suffering from many kind problems. But they are trying to do their best possible for the welfare of elderly people. But due to lack of grants and support from government they are not very much effective in the society.

As above we have seen above various dimensions of elderly people. If we want to understand their problems in detailed we have to go in depth of their life.

Chapter- V

Case Study

CASE STUDY

Case study is an methodology, when a holistic in-depth investigation is needed (Feagin, Orum and Sjooberg, 1991).The case study method seeks to engage with and report the complexity of social reality in order to represent the meanings that individual social order bring to their settings and manufacture in them. Case study method assures that ‘social reality’ is created through social interaction situated in particular context and conditions. It also assures that things may be as they seem and privileges in depth inquiry over coverage i.e. understanding the case rather than generalizing a population at large. The strength of case study method is that it can achieve-a net description of phenomena in order to represent it from the participant’s perspective. The work consciously employed reveals methods are in depth interviews, documentary analysis and observation with a balance between their being largely determined by the resources available. The in-depth interviews offer an insight into respondent’s memories and explanations of why things have come to be what they are as well as description of current problems and aspirations. In the present study to supplement the quantitative analysis an attempt was made to provide qualitative analysis as well. To procure information, six case studies were undertaken. Each case study has its uniqueness. Keeping in view the objectives of the study the in-depth analysis of the cases was done and has been presented in a systematic manner, in the following pages.

CASE STUDIES

Case - I

Old age home: Lucknow (Sarvajanik Shishksonnyan Sansthan)

Age: 67, Sex: Female, Marital status: Widow, Education: Primary, Caste: General, Religion: Hindu

Mrs. Kamla is 67 year old widow, she was born in village named Dumri, district Buxar in Bihar. She belonged to middle class family and at the age of twenty she got married to a private sector working man, who had a decent family background, after her marriage she never faced any financial crisis or any problem. From her marriage she had three children i.e. two daughters and one son, she and her husband provided better life facilities and good education to their children. They all are well settled, they married off their daughters into good families they are well settled in their respective lives, they married their son to a well-educated girl with descent background. In initial years of the marriage of their son and daughters, relations were as usual good, everybody paid attention to their parents but soon after the death of her husband their attitude and all the things changed towards her. Kamla had a paralysis attack after her husband's death and half of her body got paralyzed, for the next few months her children took care of her but gradually they seeing her as a burden and they did not paid attention to her at all. They started mistreating her and there was nobody left to take care of her, to whom she can talk, she felt isolated within the family, at last they decided to shift Kamla in old age home. And from Bihar she had shifted to Lucknow old age home which is regulated by the **Samaj Kalyan Vibhag** . When she came to old age home her condition was very bad but now she is very much good and can talk but she is still in a wheel chair, but still her family members don't talk properly to her, they even don't allow their children to talk to her and it has been six years of her stay in this old age home; Before coming to this old age home she was staying her own house in Buxar with her son and his family; She is very simple, loving and caring lady. She has warmth and have good relations with the other inmates of the old age home but somehow inside she is broken and the old age home and inmates is helping her to get rid from the past. But at the same time she is not very much satisfied with the medical services, but they have basic medical facilities in the old age homes. Due to old age she suffers from joint pain, blood pressure and many other problems

but she does not miss her son and daughter-in law anymore. While telling her story she had tears in her eyes because she misses her husband and their native place very much. She does not have to pay for the accommodation because of the schemes of government. In government's old age homes they do not have pay for the accommodation and it provides basic facility like oil, soap. Many of the people also donate many things for the elderly people which are very heart warming.

Case - II

Old age home: (Snehdhar Old Age Home, Jankipuram)

Age: 76, Sex: Female, Caste: General, Religion: Hindu, Marital status: Widow

Mrs. Shanti Shukla belongs to a well to do family; she was living in Kanpur city, at the age of 17 she was married to a government service employee, who was the only son of his parents. She had very good relations with her in-laws. At the age of 19, she gave birth to a baby boy. Her son after completing his education got a good job in Kanpur. When her son was settled in his job, she married her son with a beautiful girl and they all were leading a happy life. Everything was going smoothly the relations were good with everybody. But after one year later Mrs. Shanti's husband died and things changed. Still things were not that bad between them till she used to do the household chores but when she was unable to work due to her health problems; she noticed that the attitude of her daughter in law changed towards her. She even threatened her that and she would not give her food and would not allow her to stay with them if she won't work. Things started getting worse day by day, sometimes her daughter in law even abused her and started exploiting her and, her daughter in law also accused her falsely of many things and said that if you don't go from this house I'll commit suicide and many times she even called police and accused her mother-in-law that she's abusing her. Though her son was not interested in sending her to old age home and persuaded her to stay with them only but on the other hand, his wife constantly forced him to send her to old age home and often used abusive language, which pained her self-respect and also she didn't wanted to cause troubles for her son and wanted him to be happy. So, forced by the circumstances, after all this she decided to shift in the old age home, and with a heavy heart, she left the house. She shifted to old age home to escape from all the things she was suffering want to spend her time in salvation and praying and serving herself towards god. From the last five years, she has been in this old age home, she has cordial relations with the management; she has no complaints regarding the working of the management, she also have good relations with other inmates too. At this age, she is very conscious of her personal hygiene, she cleans her room herself despite being suffering from knee problem and asthma. She keeps herself busy with one thing or the other but she still badly misses her son. She has to pay for the accommodation and has single room with attached bathroom. As her husband was in government service, so she has the benefit of the pension and with the help of pension she pays for the accommodation and other things.

Case Study- III

Old age home: Chaya Shanti

Age: 66, Sex: Female, Marital status: Married, Caste: OBC, Religion: Hindu

Mrs. Sangeeta Banerjee originally belongs to a Bengali family but her in laws shifted in Lucknow. So, since 20 years she is living in Lucknow with her family. She have two daughters and after the marriage of her daughter there is no body to look after her and her husband and because of this Mrs. Sangeeta and her husband decided to shift in the old age home and they sold out their home, and then came to old age home to spends their rest of their life. Both the couple is very much happy with each other and they are happy with their lives and also her grandchildren use to visit frequently. The couple has to pay for the accommodation and they have single room with attached bathroom. The expenses are paid by themselves. They can afford better facility provided by old age home as they have sold their house and other property. So, with that money they are managing the expenses, they also have good relations with their inmates. The couple has no issue regarding the old age home as for them they are secure and feel good in old age home

Case Study IV

Old age home: Chaya Shanti

Age: 70, Sex: Male, Caste: General, Religion: Hindu

Kamlesh Singh is from a good family, he is from Kanpur and he has two sons and his both sons migrated from to other places in search of jobs so, he along with his wife were left behind. They somehow managed the things but after the death of Kamlesh's wife he was completely left alone in life, in house, everywhere. There was nobody to look after him, he felt very much lonely and isolated from the family as well from the society. His sons were very much busy in their own lives so, they never showed concern for their father and asked him to shift in the old age home. Then he sold his house and shifted to government old age home which he came to know about through his neighbors. He is living in this old age since 2015 and it has been four years since he's staying in this old age home and his sons never visited him even once. He is much happy in old age home because there are his aged group people to whom he can share his thoughts and talk to, laugh, etc. But inside he wants to go to back to his family; he misses them too much that sometimes he cries alone while remembering his wife. One of the good things in government based old age home is that they do not have to give any money for accommodation and provided many basic facilities so it's a hope for many poor elderly. Even still he is very active person, he cannot sit idle, and he keep himself busy with works like evening walk and talking with inmates makes him happy and busy. He has good relation with the other people in old age home including management. But he wants more facilities, he said that we are just surviving over here but not living a very good life. It's just that we are very much safe in old age home; moreover he is not happy with the cleanliness of the rooms of the inmates in the old age home. Because they all are live in common room and this is very much difficult to maintain hygiene.

Case Study V

Old age home: (Snehdhar old age home, Jankipuram)

Age: 72, Sex: Male, Caste: OBC, Religion: Hindu, Marital status: separated

Rakesh Sharma is 72years Male; he got married at the age 20 and after few months his wife got separated from him because of some personal reasons. He tried to convince his wife to not get separated but she didn't agreed and finally they started to live apart from each other. He still works in a bakery shop, as previously he lived with his mother and brother in a rented house. After the death of his mother he decided to shift in the old age home because he was not able to afford the rent of the house. His younger brother got paralyzed at a very early age, and all the responsibility of the family came to his shoulder. He was living in this old age home since 12 years. And he has to pay for the accommodation they have separate bathroom. He is living with his younger brother and he also worked hard for their expenses like accommodation, food, medicine. He has some health issue instead of that he is still working to feed himself and his brother and to fulfill basic needs. He was crying when he was telling his story. He struggled all over life. He was worried about his brother and he was saying that if something happened to me who will look after him. They have good relations with other inmates. They have no issue regarding anything in the old age home.

Case Study- VI

Old age home: Chaya Shanti

Age: 72, Sex: Male, Caste: General, Religion: Sikh, Marital status: widow

Ravi Kapoor 72years old from Sikh family. He is from Ludhiana. But later he shifted with his family in Lucknow. He was a government employee and he worked in income tax department. He has only one son who lives abroad with his family. After that Mr. Kapoor and his wife are living alone. Everything is going good but his wife has some sort of problem and there is no body to look after her. So, she has hospitalized in a serious condition. Mr. Kapoor's son and his family come to see their mother condition. But Mr. Kapoor lost his wife; he was feeling at that point that he lost everything. During this period, he had passed through various traumatic situations. He started suffering from different health issues and there was no one to look after him. Ultimately while facing emotional and psychological problems, he had also planned to commit suicide, but with the blessing of Almighty God, he survived so many times. While telling his story he was crying as he misses his wife. After the final ritual of his wife; his son and his family are planning to go back to their places and he advised his father to shift in the old age home, because they don't want to take his father with them. Mr. Kapoor decided to shift in the old age home for security purpose and many other reasons, he sold his house and also he takes the benefit of the pension for their personal expenses, he lives in a single room with attached bathroom. Now he is very much good and his health condition is also good. He is enjoying his rest of life and has a good relation with other inmates; he is very much satisfied with facilities provided by the old age home.

Chapter- VI

Conclusion and Recommendation

Conclusion and Recommendation

Conclusion

The old age home provides shelter and care to elderly people and the most important component of old age homes is that elderly people are encouraged to live a healthy life and participate in social activities. While setting up these institutions one should consider of creating a good atmosphere for elderly people in other words the old age homes and day care centers need to be supported by the trained staffs, necessary infrastructures, and proper and sufficient medical facilities to strengthen the elderly people. The old age home may also be identified as the areas where the problem persist in already existing institution and needs intervention, especially in the areas such as health care of the inmates of the old age home.

In pre- industrial society, the families work as structure in which every member of the family is important and give their contributions in the family. The elderly members were either grandparents or elderly unmarried members of the family, and they had roles to guide and encourage the younger member of the family. In such a system, the elderly people were not only sustained, protected and cared for but according to their individual capabilities they also contributed to the subsistence and care of the family and could make important decisions as the head of family but the present scenario in India shows that old age has started emerging as a social problem in the Indian society. Throughout the world care of old is generally taken by their children and family members but gradually this is fading away.

With the arrival of industrialization and urbanization, lots of changes have taken place in every aspect of society, especially in economic and family structure. The younger people migrate from their home to another place in search of better opportunities and better standard of life. This change in the society has resulted in the breakup of the joint family, where the older parents are left alone. Every member of the family has to contribute financially, if one, who does not contribute financially to sustain the family, is seen as an economic burden to the family. Thus, we find that families are not the same which kept take care of everybody and every member was seen as integral part of the family. But now-a-days, the elderly feels that they do not have any role in the family or in the society and considered themselves as a burden to them due the behavior of the society and their own family. The elderly people are being isolated and feeling

neglected; Sometimes, the elderly people deliberately withdraw themselves from the family and society, when they feel self-sufficient and being neglected by the family. The income from pension or other sources enables the elderly people that they have alternatives for their livelihood. For being looked after and therefore, they desire to live independently from their children; In that case they choose old age home. The joint family are much more concern on integration of the family as they eat together, they live together and where emphasis was more on kinship relationships provided an suitable environment in which the elderly people spent their lives engaging themselves in to take care of the grandchildren, participate in religious activities, participate in social activities and following other pursuits. Thus, the institution of family fulfilled the needs of the elderly people in reverence of social, psychological and economic security. The family took care of elderly people as day by day the elderly people become weak, vulnerable and they are unable to do their work themselves. Elderly people need so much attention and care in old age as they need physical as well as mental well-being to live their life with ease. The elderly people contribute the acquired wisdom, experience; they distribute their wealth in the family members. This way the relationship of the family goes on and everybody plays their roles in the family.

At the beginning of the twentieth century everything is changing very fast. The greater movement of modernization has affected all the traditional values and norms of the society, and affected every aspect of the society. Thus, in the present study the main emphasis was laid on studying the problems of elderly people and their care in old age homes. And also to focus on elderly people residing in the government and private old age homes located in Lucknow city, Uttar Pradesh.

The present study was conducted in the old age homes located in Lucknow. In all there are four old age homes, out of which two are run by the government and two run by private organizations. This study covers 48 inmates and they were residing in different old age homes, 12 inmates had been selected from each old age homes. The tool used for the collection of information was the schedule; Data was collected with the help of structured interview schedule and qualitative information was gathered with the help of case study method. The interview schedule was divided into sections: general information, education information, income information, religion, caste information, family information, health status, life satisfaction,

family solidarity, and expectations from the elderly, quality of care provided in government and private old age homes.

Taking up the socio-demographic characteristics of the respondents, variables like age, sex, marital-status, caste, religion, education, occupation, life satisfaction etc. were considered. It was found that what is the reasons behind shifting in the old age home; further it was observed that the relationship between inmates and elderly people after shifting to the old age home. As far as social variables are concerned, it was noted in table no 3.1 that there were highest number of elderly people who belongs to unreserved category followed by the other backwards category that have second highest number of the elderly people who live in the old age home. Scheduled caste elderly people were found less in number who stayed in old age home, in this study there were not a single elderly people who belonged to schedule tribe category, it seemed that the caste plays vital roles in the society, and as the other category have the affordability and accessibility. According to table no 3.2 it was found that Majority of the respondents had higher level of education and mostly respondent were graduate. While examining the behavior of family members towards their elderly people, and it was found that the elderly people had not very much good relationship with their families. While considering economic variables, it was found that majority of the respondents were employed and engaged in private sector jobs, and there many of them who said that they were not holding their own houses as they were living in a rented house for all of their lifetime. And those who had houses either belonged to government sector or had good family background but no one to look after them, and for some of them present source of income especially for government employees are pension, and for the other elderly people who were in private sector or any other sector present source of income is either old age pension scheme or the accommodation provided by their families. Table no. 3.4 shows the present health status of the respondents, it was noted that a vast majority of them suffered from bad health condition and there were very few elderly people who have excellent health condition. The elderly people were suffering from more than one or the other disease i.e. either geriatric or chronic diseases. To understand their life pattern in terms of life salvation, and it was observed through figure no.4.3 that an overwhelming majority of the respondents indicated the importance of spirituality and god in their life and they often visited religious places. This highlighted that when people are in the last phase of their life he or she tends to become positively oriented and they believe more in spirituality and salvation after death. While

assessing their life satisfaction after coming to old age home, in table no. 4.4 describes that their extreme responses were mixed like highly satisfied, satisfied, partially satisfied or dissatisfied. It was noted that 39.6 percent of the elderly people are satisfied with their life, and 20.8 percent of the elderly people are partially satisfied with their life, and there are 6.2 percent elderly people who were dissatisfied with their life after coming to old age home. Figure no. 4.2 shows who were dissatisfied with their present life, appeared to be worse in old age home because the elderly people did not feel very much comfortable in old age home as they wanted to go back to their home because they missed their family too much and didn't want to live their lives alone and they feels very unpleasant in old age home. The respondents who were highly satisfied with their current life as things were better in old age homes then their own shelter, as they were able to get involved in each activity and enjoy their rest life which they couldn't do before. According to some of the respondent who were highly satisfied rated aging as best years of life, things are neither boring or monotonous, things are interesting as they were earlier, not consider aging as a period of burden and isolation, as they felt satisfied in every stage of their life and always stayed positive. Thus, it can be summarized that overwhelming majority of respondents were partially satisfied from their current life and therefore thought of shifting to old age homes with the hope that in old age home there will be same age people live and they can share problems and open up with their inmates. In their earlier life the most of the elderly people played vital roles in family and society as they exchanged relationships and interaction in social gatherings & other recreational activities. As elderly people grow older they have to face some problems for unavoidable instances, health problem, economic problem and many other problems are associated with old age. So, in this situation they feel alone, lack of respect and less involvement in familial activities, which formed the base for them to shift to such old age institutions. While taking about policies and schemes related things with them researcher found that according to elderly people the policies and schemes which are meant for them are inadequate and they have lack of knowledge about the policies. The elderly people feel that the state should have more concern on providing sufficient pension facility and they wanted that pension policy should have easy to access for elderly people and they need mediums to be aware of such things. As they have many problems regarding health and other problems, so sometimes they are unable to go for the paperwork so that they can take the benefit of pension, maximum elderly people partially known about the policies and schemes which are meant for them, there are many policies and

schemes and elderly people are unaware of that policy, they only know that the government provides pensions to elderly people but they don't know that what kind of policies are meant and they can access the gain of pension, from my point of view also there is very much need to aware the elderly people about the policies which is meant for their benefit.

In response to the questions that on whose recommendation they shifted to old age home and in figure 4.4 it was observed that half of the elderly people have clearly said that they have self-decided to shift in the old age home., and followed by their children have recommended them to shift in the old age home. And some respondents reported that they have been recommended by their relatives and neighbors. A large number of majority of the respondents were sharing the common room accommodation, and this kind of accommodation is provided by the government old age home, In private old age home the more you pay the more better facility you get kind of things prevail. They provide facility according to the affordability of a person, the elderly people who expend more they get single room and the elderly people who cannot afford better facility, so they shift the elderly people in double or triple room or in government sustained one. While analyzing their daily routine activities it was found that most of the elderly people kept themselves busy in keeping their things and clothes clean, observing timing for breakfast and meals, participating in common prayers and some of the private old age home even provides them opportunity to work, so that they can fulfill their basic needs as many of them didn't wanted to rely on other family members. Their work includes making candle and incense stick; High percentage of respondents frequently visited religious places and go for outings, like they some-time visit parks, picnic. The level of enjoyment in religious activities, it was observed that all respondent enjoyed visiting different places of worship & all of the respondents were interested in reading or listening religious texts during their free time and almost equal number of respondents enjoyed both in government and private old age homes and as far as cultural activities were concerned, more of the respondents were interested in celebrating festivals. While examine the role of old age homes addressing the problem of elderly people, the respondents were not much satisfied with the quality of care and services provided in both the old age home. In government old age homes they have to face many problems as the elderly people do not had attached bathroom, they did not have their personal rooms. While in private some of them had very good facility and some had many problems, as the elderly people did not get better facility and care in the old age home but they did not made any complain to anybody as the elderly

people think that the old age home provides them shelter, food and do take care of them somewhat, so they refuse to say anything against the old age home. Majority of the respondents were receiving inadequate medical facilities and the facilities that were present in old age home was not that much good for them. The old age home had only basic medical facility that was available there like that of cough, cold, fever and other regular normal diseases. Majority of the inmates in government as well as in private old age homes were dissatisfied with the availability of medical facilities because nothing was available to take care for emergencies, for intense problems this was one of the most serious problems in old age homes. While analyzing their present health status it was found that majority of the respondents had bad health condition and there was nothing they can do to deal with it and it was common in both government as well as private old age homes. But most of the elderly people felt satisfied after coming to old age home because now they can share their things to other people of their own age. So, they feel and live like a family. Respondents of private old age homes were more satisfied as compare to government old age homes because of the better facilities. An overwhelming number of respondents were very friendly with other inmates.

In short, through Second chapter we came to know about that there is high differentiation between male elderly people and female elderly people. The elderly people have lack of knowledge and awareness about the policies, they have heard some of the policies but they don't know how to access it. The elderly people who are in government sector they have some sort of relaxation, because they know that they have some sort of income. But for the other elderly people who were in private sector or were jobless are facing problems for their day to day life, according to elderly people the government policies are not implemented as they shown. At root level it is not successful as many elderly people have sold their house because they don't have any source of income and with that money they are bearing their expenses and accommodation in old age homes. And through data we can see that there is dissatisfaction among elderly people about the policies and schemes as most of them can't be enjoyed by elderly freely. The government should be more concerned about elderly people problems as they are excluded by their family and society and it's hard for them to sustain their lives without the intervention of government for poor elderly. The government should spend more money on the welfare of the elderly people especially the female elderly people who have lack of knowledge about the policies; female elderly suffers more in comparison to elderly male people. The objective of this

chapter is the government policies and welfare schemes meant for the elderly people in India and the hypothesis of this chapter is the government policies and welfare schemes of elderly people are inadequate and through the data it was found the hypothesis is partially accepted.

Third chapter talks about problems of elderly people and what the physical problems and biological problems they are facing in old age. There are so many problems the aged are facing since starting of human civilization but it's getting worse and worse day by day with recent modernization like there are social, psychological, economical and medical in nature, with the impact of the modernization among the young of the community, the traditional norms and values have been affected. The attitude and behavior of the younger generation have also been changing, as of now they are objecting to follow the traditional norms of joint family. From the changing dimensions of family and society it can be concluded that the elderly people are no more enjoying the love, affection and respect from the other members of the family. Through deep analysis we can clearly see that the elderly people are facing problem in one way or other like within their family, they are beaten and abused by the family, they are consider as burden and no one want to take care of them, they are forced to shift in the old age home. The elderly people are so much depressed about their old age as half of the elderly people are facing some kind of diseases that makes it difficult for them to continue living on their own that's why old age homes are better for them rather than living alone or being abused by others. The data reveals that the female elderly people whose health is in bad condition, they are not even aware of their disease and can't take care of themselves in comparison to males. The objective of this chapter is problems faced by the elderly people in the urban areas and the hypothesis of this chapter is elderly people face less problems in the urban areas and it was found that the hypothesis is rejected.

This study made an effort to understand the health conditions of the elderly people. The elderly people were suffering from various problems; this chapter gives brief outline of the elderly people's health conditions and their problems in old age. Mostly female elderly do not know about their health status in compare to male elderly people males much aware of their health status and hence are more capable to look after themselves as they know the condition of their body as they aware of what kind of disease they are suffering from and they are taking proper medical treatment according to it. In old age elderly care is more likely to receive lesser

attention in the families because all the member of the family busy in their own stuffs, so it is very difficult for the elderly people to take care of themselves. There is a dire need to concern on health of elderly people and provide them better facility, a better life style in their old age. In this chapter Biological theories had been applied, as we can see from the above data that elderly people are facing many problems and one of those problems is the declining physical function of the body.

Fourth chapter is divided in two parts first part focuses on the impact of old age home on elderly people. And second part focuses on what kind of facilities are given by old age home to elderly people and types of accommodation. Old age home in urban areas are increasing and they imprint a very much good impact on elderly people. The elderly people who are vulnerable and helpless and have been thrown out of their homes, who've been abandoned by their very own loved ones, these kinds of people have always alternative to shift in the old age home. The female elderly people felt lack of emotional support from their own family and that's why they choose to shift in the old age home. The old age homes provides shelter and home to elderly people but up to some extent only because most of them have limited budget and elderly people are needy people they need more care and attention. And second part focuses on the features of old age homes as to what happens in them what are primary facilities provided by them. Private old age homes charges good amount of money to take care of the elderly to provide them proper facilities but in government old age home they provide free accommodation and some of the basic facilities though they are not as good as private ones. The impact of old age home on elderly people have some very much good aspect as we can see through analysis that elderly people are happy that in old age home there are so many people whom they talk, share their view, they do gossips. To some extent old age home gives a hope to overcome of boredom and to live life freely.

The objective of the study of this chapter is the impact of old age homes on elderly people in the urban areas and the hypothesis of this chapter is that there is some positive impact of old age homes on elderly people. it was observed in the study that the hypothesis is partially accepted and there is some positive impact of old age homes on elderly people, who were experiencing exclusion within the family or emotional insecurity, were more often likely to shift in old age homes has been proven by the data, the elderly people just wanted to be loved and

cared by the family and society. Thus, it may be concluded that elderly needed due respect and recognition from their family members and society.

The fifth chapter discusses about the case studies. There are many things which were dug out and observed in the study that old age is very good part of our life but when the family supports you in every situation. But numbers of cases are increasing day by day where the family throws elderly people out of their life when they become jobless and think of them as a burden. Many of the male and female members told that they were beaten by their own son and daughter in law or other close family members. This is shocking to hear but it's true that the elderly people are no longer safe within their own house. Old age is the last stage of life to which are attached some good or bad things. The good things as considered by the elderly. The good things as considered by the elderly is that by this time they became free from responsibilities and they have seen and experienced of all aspect of life and the bad thing is that with a changing time the priorities of the young generation has undergone change and they have started neglecting their parents in different matters like lack of respect, love and affection, exploitation, elderly abuse. On the basis of case studies it may be concluded that the basic reason for shifting to old age home was when elderly people felt that the family no longer gives importance to them and think of them as burden. Within family they face disrespect, isolation. And when there is no one to look after them. So, in that case they decide to shift in the old age home.

In the present study to complete the quantitative analysis an attempt was made to provide qualitative analysis as well. To obtain these information six case studies was undertaken. Each case study has its uniqueness, through case studies it was found that most of the respondents shifted to old age home because there was nobody to take care of them and also they have security reasons that took consideration to shift in the old age home and they also felt isolated within the family .Only certain elderly people were visited by their younger ones while most of the elderly people never got to meet anyone from their family as no one never ever paid visit to them.

In the present study Functionalist perspective is applied under which disengagement theory is used to verify out the fact that why the elderlies shifted to old age homes and why family was not able to take care of the elderly member? Why the elderly people are not participating in any of the activity in society? This perspective plays an important role for

understanding that how elderly people might deal with later life experiences. The elderly people withdraw themselves from the society and but most of the time society withdraws from the elderly people. This perspective highlighted that elderly people are getting more depressed day by day. Biological theories was applied to this research as when an individual grows up certain changes takes place in our body and these changes leads the elderly people in a situation where they are dependent on others and sometimes treated as burden. And the last theory which was applied in this research work that is modernization theory, due to changes in values, customs, industrialization people were changing their behaviors and thinking towards family, society and especially towards elderly people. Migration leads people apart from their family and values, so, in that case the elderly people of the family have to shift in the old age home as there is no one to take care of them.

Earlier the elderly people had better status within the family in making proper decisions but now that same kind of person holds fewer resources or without resources, often regarded as burden within the family as well as in the society. The resources affect the social relationship which in turn lowers the social circle of the individual and individual withdraw themselves from that society. As a consequence of all these things that individual starts to feel depressed and isolated so, they start to find all these things , friendly behavior in inmates of the old age home. The elderly people have been neglected by their children had low commitment to roles of family and obligations, assistance across generation, non-involvement of elderly people in social gathering and other recreational activities which in turn have negative impacts on elderly i.e., they suffered from feeling of loneliness, lack of respect and neglect during familial activity which force them to stay away from such an atmosphere and take place in shelters of institutional care. Children are considered to support their parents in old age but in the name of increasing modernization they are leaving their parents behind as we can see that the young generation is working on themselves and they did not care about their parents. There is an urgent need for a collective and substantial policy and improved amendments for the aged to be formulated. Along with proper and effective professional welfare services that needs to be evolved, counseling services both to the elderly and their family members should be done to ensure to minimize these losses to society as losing elderly is similar like losing experience, love and care. Through this research work it was found that the female elderly people who suffers most in their old age in

comparison to male elderly people, whether in case of pension, schemes and policies they have lack of awareness, whether it will be problems of old age.

Suggestions though the services which are being provided to the elderly are playing an important role in minimizing the problems, there are still an urgent need to make a comprehensive programme for elderly care by creating awareness in the entire community, conducting surveys to know the extent of the problem, coordinating the available resources and to use them properly, to aware the elderly people for their rights, and making them mentally prepared to accept the challenges of old age as everyone had to go through this. There is also a need to rejuvenate and strengthen our social institutions; especially family ties so that the elderly may not only be made to live in family but also be must get proper care, protection and social importance. The family should pay attention, take care of them and give respect to elderly people. The most important thing for elderly people is that they just want to be loved by their love ones and want proper care from the family and don't want to be a burden to their family neither they want to be isolated. We have to aware the youth and make them realize that they should take care of their elderly people as they were once taken cared by those whom they are leaving behind today. This would require a sustained, wide ranged programme of re-socialization of the youth and the elderly. Further research also needed on the living conditions of the elderly; their problems, needs and evaluation of existing policies and programmes for their betterment and care.

**Keeping all the findings into consideration the following steps are recommended:
Suggestions for Government/ Policy Makers:**

1. The government needs to emphasize more on the concept of “institutional care” and prepare appropriate guidelines to safeguard the social, economic and medical care for the elderly people.
2. Government should modify the existing concept of old age home and provide more facilities and infrastructure to the old age homes and pay more attention towards vulnerable sections of the society. It should be made mandatory for family members to pay visit in old age homes once in a while.
3. There is need to create awareness about policies and programs among the elderly people. There is lack of awareness about their rights and policies due to the low

literacy level. Even those who were aware of such programmes were not able to access its benefits because the procedure of getting pensions and all the benefits are not that much easy to access. The elderly people want that the benefit should be easy accessible and they should be prioritize for availing the government schemes and services.

4. There is need to set up Geriatric Counseling for the elderly people, Day Care Centers for the elderly, to encourage them to participate in community related activities so that they feel much better can get rid of loneliness and participated in activities can increase their capabilities. Meetings should be set between elderly of old age homes and children of orphanages once in a while, this might rejuvenate their mind and goodwill both elderly and children.
5. The elderly population suffers a lot in day to day life. And that's why there is a need to pay greater attention to the increasing awareness on the aging issues and its socio-economic effects and promote development programmes and policies for dealing with an ageing society.
6. Government might make it mandatory that every person should take care of the elderly member of their family. So, that they could not run from their responsibilities i.e. to provide care for their elderly parents and spends some time with their parents and the children who did not follow the rules shall liable for fine.
7. The government might include elderly people in each and every activity of the society and their contribution. So, that the youth can understand the importance of the elderly people and consider elderly people as their role model.
8. The government might also provide parent's care leave. So, that when elderly people are in need their son/ daughter or family member can take care of them.
9. Each and every part of the society should work together for the betterment of the elderly people and make them center of the society as the elderly people need more care and attention.

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INTERVIEW SCHEDULE

1. General Information:

2. Name :

1.1 Age:

1.2 Gender (1= Male, 2= Female)

1.3 Social Category: (1- Gen, 2-OBC, 3-SC, 4-ST)

1.4 Education: (1- Illiterate, 2- primary, 3-Secondary, 4-High- School, 5- Inter-mediate, 6- Graduate, 7- Post graduate)

1.5 Total Annual Income1.Not earning, 2. 1000-10000, 3.10001-30,000, 4. 30001-50,000

1.6 Religion: 1. Hindu, 2. Muslim, 3. Sikh, 4. Christians, 5. Others

1.7 Previous Place: 1. Within State, 2. Outside State

1.8 Marital Status: (1-Married, 2- Unmarried, 3-Divorced, 4-Widowed)

1.9 How many children's do you have? (1. Son, 2.Daughter, 3. No children, 4.Both)

1.10 They are married? (.1Yes, 2. No, 3.No children)

1.11 Before you shifted to old age home, out of married sons how many of them were:

a) Staying with you

b) Staying apart from you

c) No children

1.12 Did you have your own house before coming to old age home? (1-Yes /2-No)

2. Socio- Economic Status:

2.1 Whether you were employed? (1.Yes / 2.No.)

a) In which sector you were working? 1. Government, 2. Private, 3. Business, 4. Others, 5. None

b) Specify your last designation if you were in govt.: 1. Teacher, 2. Business, 3. Banker, 4. Stenographer, 5. Account/ Section officer, 6. other

c) In which year you got retired? 1. 1985-1990, 2. 1991-1995, 3. 1996-2000, 4. 2001-2006, 5. 2007-2012, 6. 2013-2017, 7. 2018 and above.

d) Whether you got re-employment after retirement? 1. Yes/ 2.No

3. Health status:

a) How do you evaluate your present health status? (1-Excellent /2- Good /3- Bad/4-Average)

b) Are you suffering from any serious health problem? (1-yes / 2-No)

i) If yes, specify them: 1. Asthama, 2. Diabetes,3.Paraysis, 4. Heart Disease, 5. Blindness, 6. Spondylosis, 7. No health issue

d) Since how long are you suffering from above mentioned problem?

1. Less than one year 2. 1-3 year 3.more than 3 year, 4.No health issue

e) Do you find your health is just beginning to be burden to you? (1- Always /2- Sometimes / 3.Never)

4. Institutional Care:

4.1 Why you shifted to old age home? Give three reasons in order to priority?

1. There is no one for take care

2. Lack of emotional support

3. Loneliness

4. Other reasons

4.2 How long have you been in this institution? 1. Less than one year, 2. 2 years to 5 years, 3. 6 years to 10 years, 4. 11 years to 15 years, 5. 16 years to 20 years, 6. 21 years and above.

4.4.1 Were you recommended by someone for joining the institution? (1-Yes /2-No)

4.4.2 If yes, by whom (1-Self-decision /2- Daughter /3-Son /4-Brother /5- Sister/6- Neighbors)

4.6.1 i) Do you have to pay the old age home for accommodation and food ? (1-yes / 2-No)

4.6.2 ii) If yes, how much do you pay (1. 1000 to 5000, 2. 6000 to 12000, 3. Free of cost

4.7 i) do you have other expenses in old age home? (1.Yes / 2.No)

4.8 Who pays for your expenses?

(1-yourself, 2-partly yourself & partly children, 3- son, 4-daughter, 5-other source, 6- Brother, 7. Sister.

4.9 Please state the nature of accommodation in old age home?

(1-single /2- double room /3- triple room/4- dormitory/5- common room/6- any other).

4.10 Whether you have separate attach bathroom for yourself in old age home? (1- Yes /2- No)

4.12 i) do you go for outing after coming to old age home? (1-yes /2- No)

4.12. ii) If yes, how often do you go out to the following places??

Visit to places and people	1.Once in a week	2.Twice in a week	3.Once in a month	Frequently
1.Relative				
2.Children				
3.friends				
4.picnic				
5.Temple				

4.13.1 A) Do you have adequate medical facilities available here? (1-yes /2- No)

4.13.2 B) if yes, do you agree that the medical facilities available in old age home are adequate?

(1- Strongly agree /2- Agree /3- Partly agree /4- Disagree /5- Strongly disagree).

4.14.1 A) How do you feel about your life after coming to old age home?

(1- Highly satisfied / 2-Satisfied / 3-Partially satisfied /4- Dissatisfied / 5-Highly dissatisfied)

4.14.2 B) If no, please state the reasons. ()

- i) You are staying away with your family members.
- ii) The atmosphere in old age home is different from house atmosphere.
- iii) You miss your friends and acquaintance
- iv) You are idle and nothing to do.

4.15 Has getting involved in small tasks in old age home helped you to get rid of loneliness? (1-yes / 2-No).....

4.16 i) how is your relationship with your residents?

(1-very friendly/2- friendly/3-unfriendly)

ii) If you have made friends, has it helped you to get rid of loneliness?

(1-yes /2 No)

5. Perceptions Regarding Policies And Programs Made By the Government for the elderly people:

		1.Strongly Agree	2. Agree	3.Neither agree nor disagreed	4.Disagree	5.Strongly Disagree
1	Are you satisfied with the policies made by the government for the elderly people?					
2	The government policies for the welfare of elderly people in Lucknow are inadequate					
3	Welfare of the elderly people is on the low priority of the state government.					
4	Due to budgetary constraints the governments spends less on the policies for the elderly people					
5	Many of the policies relating to elderly people are just on the papers.					
6	Governments is not taking initiative for providing awareness regarding policies and programmes related to elderly people in Lucknow					

6. Problems in OLD AGE HOME

6.1 Do you feel any problem in Old Age Home?

(1- yes /2-No)

6.2 If yes, specify the problems?

1.

2.

3.

6.3 To whom you report about the problems faced by you?

(1. Relatives, 2.Care taker of Old age home, 3. Inmates, 4. Social worker and others)

6.4 Whether you get the appropriate response to solve your problem?

(1-yes /2- No)