

CHAPTER 2

LITERATURE REVIEW

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CHAPTER: II

REVIEW OF LITERATURE

This chapter deals with literature review of the related studies. An attempt is made to present available research on socio-economic conditions, health conditions, family and social support system that are affecting psycho-social conditions of the elderly. Industrialization and urbanization have made tremendous changes in the family support system. Due to the development of science and technology, as a result life span of the elderly is increasing. Unfortunately, longevity of life has made a burden to family members. As most of the family members are career oriented, family members move out either for study or job opportunity in the metropolitans' city from home so most of the aged members stay at home alone with or without caretaker. Problems of old age have many facets. There is a need to understand the different areas which influence in creating psycho-social problems of the elderly.

The study on the elderly is an emerging area of interest for all the disciplines around the world. It is recently gaining interest in Manipur. This will help in understanding the different aspects of problems in relation with "Psycho-social problems" of the elderly. Literature has been collected from books and journals to cover different areas of problems that are faced by the elderly. An attempt is also made to include literature review related to social work intervention with the elderly.

2.1 Global Issues on the elderly Related Reviews

This section tries to cover the different aspects of literature review related to the elderly at global level. The outlook of the elderly in relation to its different aspects has been discussed for better understanding of the problems of elderly.

2.1.1 Reviews related to socio-economic conditions of the elderly

Paul (1998) demonstrated that the socio-economic environment such as income and education continue to have direct and indirect effects on the elderly health status which remained an important determinant of health amongst Canada's senior population. The

study revealed that the elderly endangers themselves by misunderstanding instructions on medication or misreading consent forms that may affect their medical expenditures for misusing the medical services. The study further observed that higher-literacy seniors were more likely to obtain information from a wider section of sources than their lower-literacy counterparts. The study also supported that literacy is being considered an important policy for health promotion. The study confirmed that most of the elderly people considered home as a place where they could derive greatest emotional satisfaction. But regarding the elderly abuse, the study found that care givers who looked after the elderly in the home were indirectly or directly responsible for the abuse of the elderly in their home.

Zanget al. (2005) assessed that income and its utilization is associated with the mental health of elderly of Chinese in Hong Kong. The study further revealed that cognitive impairment is closely associated with deficiencies in activities of daily living (ADLs). It also found that deficiencies in ADLs significantly contribute to the costs of long term care such as nursing facilities and home health care for the elderly. Further, elderly are likely to get depressed due to high expenditures in medical care and other treatment.

2.1.2 Review related to health conditions and psychological problems of the elderly.

Zuckerman et al. (1984) studied the role of psycho-social variables in predicting mortality of the elderly amongst poor residents of New Haven, Hartford, and West Haven, Connecticut, in 1972–1974. The study analyzed religious beliefs, social contacts, and feelings of well-being of the elderly. It has been found that variables like religiousness, happiness and presence of living offspring are associated with the mortality of the elderly. The first two reduced the risk of mortality primarily amongst the elderly who were in poor health, while the third one did not show any relation with health status.

Gold and Quirouette (1992) examined the psychological well-being of the elderly couples. The study highlighted the gender differences on psychological well-being where marital adjustment for the psychological well-being of older wives is

influenced by perception of marriage. positive dimension of well-being and physical health. It further showed that women experience were of more negative effect and less satisfaction in their marriage than their men counterparts.

Kocken et al. (1993) examined the prevalence of psycho-social problems amongst the elderly in order to plan prevention-programs of the city of Rotterdam aged from 65-79 years living on their own. The study showed that one third of the elderly experienced psycho-social problems and groups at risk were women, men who lived alone, those with a low socio-economic status, people who lived on their own but received limited support from institutions. Risk-indicators for psycho-social problems of elderly were the performance of activities of daily living (ADI.) and household activities (HHA) as well as decreased social support. The study found that the relationship between psycho-social problems and its associated environment were affected by these risk-indicators.

Peters et al. (1997) examined life course of old age in the Netherland. The study highlighted that well-being of the elderly was influenced by marital status. their partner's history, with partner or without partner. Further, the study examined that loneliness were found to be more severe for males who were living without partner than female without partner whereas there was no difference seen in loneliness between widow and divorced elderly.

Wahab et al. (2012) examined the impact of exercise on the health and well-being of older persons in Nigeria. The study revealed that the elderly persons suffered from coronary heart disease (CHD), Strokes, type (iii) diabetes, obesity, hypertension, colorectal cancer, osteo-arthritis, low back pain, weakness and headaches. The study further added that these diseases and illness can be controlled and prevented through exercise.

2.1.3 Review related to family and social support system towards the elderly

Wilson et al. (1978) studied the condition of childlessness in relation to family satisfaction in old age. The study found that married elderly, who were living with the spouse and having children, were satisfied with family life. The study also found that

the elderly who were divorced, separated and childless were found to be least satisfied with the family life. Further, the family life satisfactions of the elderly were found to be with friends, living arrangement and having children.

Cooner et al. (1979) tried to explore the role of social interaction in relation to the life satisfaction and personal adjustment amongst the elderly who were 70 years and above in a non-institutionalized setting. The study indicated that frequency of social interaction were of little importance for the adjustment of the elderly. Further, the study highlighted the quality of interactions rather than the quantity of interaction that was crucial in understanding adaptation in old age.

Lee and Ellithorpe (1982) made an attempt to understand the relationship between intergeneration interaction and subjective well-being amongst the elderly. The study found that there was no relationship between the subjective well-being of the elderly and frequency of intergeneration interaction.

Hansson et al. (1990) in his study explored the factors predicting the likelihood, timing, and nature of intervention in care giving or decision making for older parents. The study indicated that a large majority of adult children (71 percent) showed their care and affection towards their parents at some point of time but such intervention has normally followed by a supportive and conservative profile. Further, the study showed that the issues of consciousness of aging and family involvement in care giving were related to parent's health status, psychological adjustment, personality, and support resources.

Tran (1991) studied the relationship between family living arrangement and social adjustment amongst the elderly in Indo-Chinese refugees in the United States. The study revealed that the elderly who lived within the nuclear or extended family had a better sense of social adjustment compared to the elderly living outside the family context. The study further revealed that the elderly who stayed at overcrowded household and those who stayed with children below 16 years had experienced poor adjustment.

Silverstein et al. (1996) conducted a study on the impact of intergenerational social support in relation to well-being of the elderly in Southern California. The study

highlighted that receiving support from family members had enhanced positive mood up to a certain extent whereas the greater involvement of support to the elderly led to reduce well-being of them. The finding also revealed that providing support to children reduced loneliness of being widow. The study suggested that intergenerational over-support was a more harmful phenomenon than intergenerational under-support. Further, excessive support from family members may increase distress by inducing dependence and eroding the autonomy of the elderly.

Phillips et al. (2000) examined elderly people's family and community networks in three urban areas of England. The study found that the elderly don't mobilize the whole of their social network when looking for support; instead, a section of the social network was drawn upon (mainly immediate family) to provide specific kinds of assistance.

Gupta (2002) studied the elderly people of the South Asian receiving care from family members in the Dallas-fort. The study provided empirical support for the argument that it was necessary to view the presence of strong beliefs in the South Asian cultural values as a valuable resource in reducing perceived burden amongst care givers of the elderly. The study found that first generation immigrant of the South Asian care givers experienced role conflict that called for attention from helping professions such as social work. Further, it mentioned that in case of the South Asian elderly, there was a belief of filial piety norms which played a significant role in lowering perceived levels of care giver burden and provision of culturally competent support services to the South Asian care givers with sound knowledge of the local culture as well as professional skills necessary for dispensing culturally relevant support.

Chan (2003) examined the relationship between state social security systems and family based support of the elderly in Singapore and Taiwan. The study focussed the effects of the presence of formal sources of support, like pension or retirement programmes on the probability of switching from private support to other income sources over time. For Singapore, it was found that the majority of older Singaporeans relied on private support; females were significantly more likely to be on private support than their male counterparts. Further, never married older adults were

significantly more likely to switch from private to other forms of economic support compared to married older adults, whereas in case of Taiwanese the elderly relied on pension/retirement income as a major income source. For Singapore, the Government has adopted the approach that economic support in old age was an individual responsibility while in Taiwan; the government had adopted a welfare-state approach and implemented a series of subsidized pension programs for older adults.

Schulberg et al. (2006) examined the associations between objective and subjective social support and suicidal ideation in older adults receiving home health care services in Westchester County, New York. The study found that amongst the elderly receiving home health care, those who were in lack of social support were more likely to endorse suicidal ideation which was due to two specific components of support that were associated with suicidal ideation in this frail elderly that was not being satisfied with the relationships and not feeling useful in others.

Burton (2008) presented an overview on the current constructions of carers. The study generated more meaningful constructions of the caring experience through a grounded approach. It reflected many aspects of the themes of relationship, contexts and perceptions which supported the calls for new constructions of carers. The study supported that support services must become more flexible and accommodating in understanding the eligible needs of carers for services. Further, it added that supporting carers will be able to do things that are meaningful or of great importance to carers in contributing a part of service to society.

Matthews et al. (2008) analyzed the understanding of family care giver to an older people by adult children and examined the provision of care. In-depth analysis of the data highlighted five themes of care giving: the presence and importance of absent care givers, the presence of multiple care recipients, the participation of men in helping and care giving, the balance of direct and assistive help, and the presence of paid helpers in care giving networks. The study found that government created policy for supporting families and care givers as it created a resource issue and the assumption was that families are best known for their knowledge of care for their older kin or that family care was the preference of older people and that government should not interfere within the domain of family. The study further mentioned of the

mechanism to increase government support for family care givers, and the development of appropriate care giver policy.

2.2 National and Local Issues on the elderly Related Reviews

This section attempted to highlight literatures on the elderly issues in India and will cover up three broad areas: 1) Reviews related to socio-economic conditions of the elderly, 2) Review related to health conditions and psychological problems of the elderly, and 3) Review related to family and support system towards the elderly.

2.2.1 Reviews related to Socio-economic conditions of the elderly

Sinha (1989) in his study examined amongst the pre and post retirement of the elderly in comparison with those in the middle age group of Bhagalpur city. The study analyzed the aging effects and focused on life satisfaction, determining impact of social and psychological factors on aging. The study found that the apprehension of retirement, and not the retirement itself, had a detrimental effect upon the life satisfaction of the age. The study showed that middle and old age had more number of problems in the area of 'economic status' and 'personal betterment'. However, the old people in comparison with middle aged persons had problems in the areas of 'occupation, religion, and leisure utilization'. It was also found that persons used different strategies of adjustment for their life satisfaction.

Dandekar (1996) made a comparison between the conditions of rural and urban elderly living in Maharashtra. The problems highlighted in the study were poor health, inability to work, loss of self esteem; loses' friends, spouses, jobs, status, power, influence, health, difficult in the family adjustment and even they tended to become short-tempered, rigid in their attitude, selfish and suspicious. The most affected were widows and widowers. The study found that many of the rural elderly were amazed at the idea of saving of their own old age for two reasons mainly: firstly, their earning capacity was barely adequate for their current needs and secondly, if there were any savings then it will be utilized for marriage or education for their children. In urban area, technological developments had caused tremendous changes like housing shortage which made the elderly felt lonely, deserted and guilty. The study further found that comparatively aging brought more miseries to women than men.

Akundy (2004) studied the socio-economic conditions, attitudes and health problems of aged population of Tirupati, Andhra Pradesh. The study showed the differences in the social, economic, and health problems among the gazetted retirees and non-gazetted. The study revealed that planning for retirement and old age was the prime concern of the gazetted and non-gazetted retirees. The study found that the problems of the gazetted and non-gazetted varied. For the gazetted retirees finance and personality were not greater problems than family life and health as they felt that retirement brought them with loss of status. Whereas, for the non-gazetted retirees finance, health and fear of insecurity were greater problems than family life. None amongst the non-gazetted retirees felt that retirement brought them with loss of status. Further, the problem of housing and its related issues were of greater concern to the non-gazetted than the gazetted retirees.

Ramachandran et al. (2006) analyzed considerable variation of social and economic conditions of aged women between the Indian elderly and Japanese elderly on the level of personal income. In India, fewer employment opportunities and poor pension system deprived the elderly from regular income. The study revealed that a good majority of the elderly from Japan were financially independent. In India, lack of labour-saving devices particularly amongst the poor elderly necessitated family members to jointly complete various household chores whereas in Japan, majority of the elderly women used labour-saving devices. Health problems stood out to be the major problem in India, whereas in Japan 'fear of death' is a major problem. The elderly from Japan had membership in old age clubs and other welfare centers which functioned as a platform for bringing the elderly together, facilitated their interaction with one another, and provided information regarding the welfare of the elderly. The elderly women in India tended to be negatively affected with factors such as illiteracy or poor education, unemployment, widowhood, economic dependence, malnutrition, ill-health and other psychological problems.

Innamorati (2009) reviewed research concerns the socio-economic risk factors associated with suicide among the elderly. The review indicated that socio-economic inequalities were related to suicide rates, although the association was complex and may be different for male and female elderly. It also indicated that men were more

affected by socio-economic factors than women, who seemed to be less vulnerable to social factors than men. Some socio-economic factors, such as urban city, different labour market policies and income inequalities may affect suicide rates in elderly both directly, increasing the number of stressors that they had to face, and indirectly, affecting the level of social support from the younger caregivers. However, the association between suicide rates and socio-economic factors are likely to be overestimated when the effects of psychiatric status are not considered.

Dhak (2011) assessed the impact of consumption inequality, as a proxy of economic inequality or income inequality, with health of aged population in the context of India. The study observed that consumption inequality was associated positively with perceived poor health and that association was stronger for females. The association, however, remained significant only for middle economic group people, while no association was observed for low and high economic group people.

2.2.2 Review related to health conditions and psychological problems of the elderly

Vijayakumar (1991) investigated the health status of the elderly, aged 60 and above in relation to their marital status and living arrangements in Chittoor district. The study based on changes in the family system which had left the elderly in a neglected state. The study observed that there was difference in health status of the aged living in joint families compared to their counterparts in nuclear and post-parental families. The study further revealed that aged in joint families were getting better personal and health care from their family members.

Samat and Dhillon (1992) had conducted a comparative study on emotional states of the elderly in institutionalized and non-institutionalized elderly in Delhi. The study revealed that irrespective of institutionalization, female aged people were found themselves to be depressed, lonely and pessimistic than aged males. Further, the elderly living in the community with family member or independently had better emotional health in comparison to the elderly living in institutionalized setting.

Dhillon and Chhabra (1992) examined elderly males, who were from three socio-economic classes (high, middle and low) in Delhi. The study showed that the three social classes differed significantly in the degree of adjustment and satisfaction in life. Further, the most adjusted and satisfaction in life was found at high socio-economic class followed by middle class and low socio-economic class.

Rao et al. (1996) identified the psycho-social problems of the rural disabled elderly and their living arrangement through an intensive case study carried out in Chittoor. The study indicated that the elderly living with their spouses and children expressed greater satisfaction than those who stayed alone.

Sonar (2004) studied the socio-psychological, economic conditions and level of depression amongst old age pensioners in Karnataka. The study showed marital status, domicile, nature and composition of family, annual income, style of living, social contacts, having friends, involvement in decision making, adjustment with old age, feeling of isolation, time activities, recreation, sufficiency of food, satisfaction of needs, savings had directly or indirectly influence depression in the elderly.

Latiffah (2005) determined psychological well-being of the elderly people in Peninsular. The study focused on the prevalence of emotional disorders amongst the elderly. The factors found to be significantly associated with psychological well-being of elderly were urban-rural district classification, gender, ethnic group, marital status, number of years of education and current working status. As a result, primary care providers needed to be vigilant when treating elderly patients under their care as low psychological well-being was commonly found in this age group.

Sheela (2005) studied the socio-demographic dimensions of the elderly in Old Age Homes, to assess the mental health status of elderly people in Old Age Homes on three dimensions viz. psychological distress, depression and anxiety in relation to important socio-demographic variables. The study indicated that there was high prevalence of psychological distress. There were moderate level of depression amongst the elderly and even they were suffering from mild anxiety. Further, mental health of the elderly was affected by gender, occupation, marital status and

unemployed children. The study also found a positive correlation between all the aspects of mental health.

Konjengham et al. (2007) assessed the prevalence of disability in Activity of Daily Living (ADL) amongst the elderly above 60 years of age in the urban field practice area of the Department of Community Medicine, Regional Institute of Medical Sciences, Imphal. The study revealed the prevalence of disability in Activity of Daily Living (ADL) was found to be 12.2 percent and significant factor contributing to disability was the person's age. It was found that those elderly people who perceived their health as fair or poor reported significantly more disability in Activity of Daily Living (ADL). Further, the elderly who were unemployed, widowed and illiterate were more disabled in Activity of Daily Living (ADL).

Bala (2007) studied about the elderly on their "self-image", "social image" and the influence of "social image." The study found that the elderly accepted that they were old and there was a change in personality which was mostly due to their physical personality (aspects such as being physically less active, dependent and diagnosed with mental diseases that come with old age). The study highlighted that the elderly believed that financial position and culture in which one lived significantly influenced the attitudes and in general the respect to aged decline. Further, most of the aged were hesitant to talk on ageist attitudes and abuse, while they always had an incident of abuse to narrate and as for changes in life style appeared to be predominantly negative, people's perception of the aged was predominantly negative and age norms perceived by the aged were supportive of the societal perceptions.

Bhat et al. (2008) examined the type of lifestyle adopted by the elderly and its effects on their health conditions. The study found out that lifestyle such as alcohol consumption, regular smoking and tobacco chewing adversely affected health and increase morbidity condition amongst the elderly. The study indicated elderly population has been growing fast and its required far-reaching economic and social adjustments as aging was a major social issue.

Jain (2008) explored the possible solutions of increasing elderly abuse amidst changes in the functions of Indian family structure such as the transition in interaction

pattern, interpersonal relations and communication pattern that were leading to a serious threat for healthy aging. The study indicated that the elderly were encountering both physical and psychological distancing in joint as well as nuclear families. The study further mentioned that the new life style amongst the youth did not allow them to care for the personal, physical and emotional needs of elderly. Many a times they actively or passively abused them.

Raghani (2009) studied the problems faced by the retired elderly in Rajasthan. The study found that shortage of money, problems of passing time, widowhood, feeling of being physically weak, fear of death, mental tensions, feeling of social neglect, feeling of neglect by family and neglect by friends were the major problems face after retirement which had been ranked accordingly by the elderly. Further lack of companionship, creative activity and employment of leisure in socially useful manner were some of the most important factors leading to alienation and feelings of isolation of the aged. The study also found that the behaviour of family members with the elderly deteriorated after retirement in three areas: economic insecurity, loss of income and monetary problems that were important in the adjustment of the retired elderly.

Rathore (2009) compared emotional problems in old age and middle aged men in Jaipur, Rajasthan. The study found that with the administration of Karolinska Scale of Personality (KSP), old aged were characterized by several negative characteristics as higher levels of somatic anxiety, psychic anxiety, muscular tension, suspicion, inhibition of aggression, psychasthenia, and lower socialization in comparison with middle aged men.

Ramamurti (2009) studied change in attitude across life span 20 -80 towards future in Tirupati. The study indicated that there was a gradual reduction of favourable attitude in higher age group of 60-70. The study found that in older ages, particularly late in middle age or early in old age, the individual suffered shrinkage in the perception of his future.

Verma (2009) identified the pattern of subjective experience in terms of verbal abuse, physical abuse, and neglects amongst the elderly of different socio-economic conditions from Gorakhpur city. The study revealed that the victim of abuse and

neglect mostly belonged to lower socio-economic status but the experience of type of abuse and neglect varies in different socio-economic class. The study showed that the elderly in lower class family experienced physical as well as verbal abuse. middle class elderly experienced verbal abuse, but the higher class elderly showed the experience of neglect.

Verma et al. (2010) in their study assessed the eight psychological states of pre-retire and post retirement of elderly persons. The study found that anxiety, stress and guilt were higher in pre-retired people as compared to retired. It also found that when compared with males and females of pre-retirement group on eight psychological states showed males were more anxious than females. Further retirees were more extrovert than pre-retirees.

Krishnamachari (2010) examined the prevalence of health related disability in community dwelling of the elderly 65 years and above in a suburban of Bangalore, Karnataka, India. The study showed majority of urban elderly population had current medical conditions and the significant proportion did not experience any difficulties in ADLs. The study found that restriction of participation in ADLs was more influenced by increasing age and impairment in cognitive functions and less on current health status.

D'Souza (2011) analyzed health status with quality of life for the elderly (60 years and above) in rural Dakshina Kannada District of Karnataka. The study found the elderly were having asthma, anaemia, arthritis, cancer, diabetics, dental disorder, gastritis, hypertension, insomnia, spondilites and skin rashes. The study noticed three prominent types of physical disabilities of impaired eye sight, hearing impairment and gait disorder. The study found that the elderly consulted private practitioners for medical treatment and 46.25 percent of elderly had the habit of chewing paan or betel leaves.

2.2.3 Review related to family and support system towards the elderly

Ramchandran et al. (1981) studied family structure and its relationship to mental illness of the elderly over 60 years of age. The study found that functional disorder

was high amongst the elderly living in nuclear family and living alone. Further, family cohesion and living condition were significant factors affecting the mental health and adjustment of the elderly

McGhee (1984) studied the impact of qualitative assessment of the social and physical environment on the morality of rural elderly persons. The study examined correlation amongst all variables with exception of sex where independent variables-physical mobility, health, income, age, marital status, educational background were related to life satisfaction that was the criterion of morale. The study revealed that lower income group were more associated with lower education, reduced mobility and lower health status.

Jamuna (1984) examined familial factors related to adjustment of middle aged and older women in Andhra Pradesh. The findings indicated that there is a positive relationship between increasing age with level of communication and level of adjustment between husband and wife amongst middle and older women.

Randhawa and Bhatnagar (1987) investigated social adjustment amongst the retired persons in Punjab. The study showed that the better educated, economically well off and a person with an urban background had better social adjustment amongst the retired elderly.

Jamuna et al. (1996) examined the problems of adjustment in the area of family, economic, emotional, and social areas amongst widow and non-widow in age group of 60-70 years. The study observed that there were families, economic, emotional, social problems; moderate to poor physical and mental health problems; poor self-concept and greater intensity of survival needs of adjustment experienced by widow elderly while non-widows showed better adjustment in all the areas.

Cherian (2003) explored the impact of living arrangement, gender and family life satisfaction on adjustment of the elderly in Kerala, India. The study revealed that living arrangement predicted the emotional adjustment of the elderly. The study found that satisfaction derived out of family life and presence of immediate family were important for well-being of the aged which indicated for organizing programs for the elderly focusing on strengthening the familial bond with a particular focus on the widowed group.

Ramamurti et al. (2003) assessed the issues of the present and future perceptions of the elderly cared by caregivers and their dependent elderly within the family of both urban and rural area of Andhra Pradesh. The study showed that the caregivers were most adversely affected by financial need to support their parents, especially who were in lower economic levels. The study found that middle aged caregivers had more favourable attitudes towards elderly care than younger caregivers. Further, there was attitudinal difference found significantly between caregivers with dual responsibilities (domestic and employment) and caregivers with only domestic responsibility. The caregiver with dual responsibilities found it difficult to perform the roles at the domestic front as well as at the work fronts.

Srivastava et al. (2003) analyzed the perceived status of the old age persons living in Varanasi. The study found that because of old age elderly in their family had become powerless, alienated, loss of prestige and respect.

Irudaya et al. (2004) examined the pattern of intergenerational familial support amongst older men and women in three states of south India (Kerala, Tamil Nadu and Karnataka). The study found that widowhood was the most important trigger of receiving support; higher asset ownership was associated with higher likelihood of support, lending support to the power / bargaining model. The study implicated that familial intergenerational support was that of modernization factors which were not likely to erode familial support for older persons in India. Rather, general poverty or lack of assets was likely to make seniors more vulnerable. If modernization promotes prosperity, it may be associated with better support for older persons in India.

Khan (2004) traced the roots of vulnerability growing amongst the elderly out of rapid changes in the dynamics of family. Structurally it refers to the type of family (i.e. joint, nuclear, and extended) and functionally denoting to interaction, interpersonal relation and communication. The study delineated that migration causes physical distance; and it reduced occurrence of interactions between potential care givers and elderly parents, a situation of interactional deprivation that caused psychological distancing (e.g. decay in emotional attachment, loss of expectations, unconcerned state of mind, reactions of different nature). Further remote interaction

through letter, phone, and internet had its own limitation as far as emotional need satisfaction (ENS) of the elderly was concerned. The study emphasized that psychological distancing was occurring in both joint and nuclear families. The study mentioned that emotional vulnerability of the elderly could be managed by preparing them in advance to take up physical distance of care givers as a reality: to remain productive to buy the quality care and emotional satisfaction from other than family members in case of vulnerable situations.

Chadha (2005) presented the nature and importance of social network and social relations amongst the old people residing in the National Capital Region (NCR) of Delhi, India. The study observed that the elderly living in joint families had a larger social support network and better advantage. The study further explained that the elderly in the joint family were nurtured by the advantage of having larger numbers of kith and kin for their reliable social support. On the other hand, it was observed that the elderly in the nuclear families had better advantage over the joint family system in terms of number of persons meeting, getting professional supports and social services, however, failed to provide day to day help to the elderly.

Prasad (2007) assessed socio-demographic data and the burden amongst the caregivers of the elderly in rural families of Visakhapatnam district, Andhra Pradesh. The study revealed that burden and satisfaction of care giving was associated with sex and age of caregiver, and family income. The study found that women caregivers expressed satisfaction about the care giving role as compared to men because the major burden of caring the elderly was actually shouldered by women rather than by men. The study found that women caregivers reported tiredness and worsening health due to stress arising out of their care giving roles. The study showed higher age and lower income was found to bring down the caregiver satisfaction significantly. Also the sex of the caregiver was one of the strong explanatory factors for caregiver stress. Women reported higher levels of caregiver stress as compared to men. The caregivers from nuclear households reported higher levels of burden when compared to joint or extended households. Further, caregiver burden was found to be increased with the increase in the age of the caregiver. Similarly, caregivers from lower income households reported higher levels of burden and it decreased as the income level of the caregiver increased. The study revealed that the age of the caregiver was an important

contributing factor than the family income. Further, the caregiver was likely to experience more stress irrespective of their income levels. It was also seen that lower the income of caregivers will have greater impact of burden on them.

Bansod (2009) explored living arrangement and its effect on health status of the elderly in rural Maharashtra. The study found elderly physical labour for their livelihood even if their health do not permit and those elderly that living with their sons/daughter were better when compared to those living alone. The study also highlighted 'Young old' category that enjoyed authority only a few years back, had problem in adjusting to the new environment and depended on others for their daily living requirement. It was found that one third of the elderly living alone or with their spouse needed various forms of assistance. Further, widowed/widower felt their living condition was the worst than the married elderly; elderly living alone perceived their living condition as 'uncomfortable' when compared to the elderly living in nuclear or joint families and standard of living affected the living conditions of elderly like health and well-being.

Ravishankar (2010) explored the prospects of population aging, the socio-economic profile of the elderly and the system of family support of the elderly in the southern region of India. The study mentioned that aged females were outnumbered both in rural and urban areas in all the parts of south India. The study indicated that higher expectancy of life for females was more than the male counterpart. The study revealed that in south India, the elderly who were fully dependent on others were more than 95 percent and were supported by their own spouse, children and grand children, irrespective of their place of residence and sex. The study further showed the strength of Indian customs and cultures of respecting and taking cares of the elderly people still exist in south India.

Bhattacharya et al. (2011) studied the attitude of the elderly persons towards the younger generation. The study revealed that the elderly people had negative attitude towards the younger generation. The study found that female elderly had comparatively better attitudes towards younger generation than male elderly. Further, the elderly persons who belonged to joint families had comparatively better attitude towards the younger generation than those who belonged to nuclear families. The

elderly persons opined that young generation had selfish and neglecting attitude towards the elderly such as lack of respect, responsibility and disobedience seemed to be present in them.

Chandra (2011) explored the plight of old age as well as their exclusion from the society at Kottaipatti village of Dindigul district of Tamil Nadu. The study addressed the approaches and paradigms of the social exclusion developed so far in different parts of the world and empirically apply the approaches to know the old age group based exclusion. Further, it analyzed that how the old aged persons are largely excluded from the society. The study mentioned that on one hand, they became a burden for their children while on the other many of them were still capable enough to sustain their livelihood without depending on their off springs or other members of their family.

Kumar et al. (2011) studied the awareness level of the elderly regarding Old Age Pension Scheme (OAPS) and the elderly benefited from the scheme according to their different socio-economic and demographic characteristics from the rural areas of northern and most populous state "Uttar Pradesh" of India in 2009. The study indicated that male, widow / widower, the elderly aged 80 and above, SC / ST's elderly with low socio-economic status and those who had bad health were more availing the Old Age Pension scheme; and this scheme had been supporting the elderly to live life with dignity and respect. The study also mentioned that in later life, being a non-productive member of the family was the main reason behind the poor status of the elderly in India. Due to this reason, family member treated them as a liability and the elderly started losing the respect in the family. The study mentioned that Old Age Pension scheme enabled the elderly to contribute in the family expenditure and leading their life with dignity.

Verma et al. (2012) explored the patterns of intergeneration relations in Indian family and the role of demographic variables like age, income and location in Uttar Pradesh. The study found that both male and female respondents of higher class family members in urban areas had experienced solidarity that was 41.8percent while middle class experience ambivalence that was 33.4 percent and lower class experience conflict that was 24.86 percent.

Social work intervention for the elderly are needed to be explored for understanding the extent, the profession had extended to know the problems of the elderly. So the researcher attempted to review.

Howard (1994) examined the professional standing of work with older persons amongst social work trainees in Israel. The study revealed concern regarding limited career options in this area of practice and single most influential factor was a traditional value orientation to the role of the elderly in society on the part of the social work trainees.

Roberts (2007) studied various types of agencies and social workers in individual practice, as well as public departments of social services. The study showed that social workers' knowledge of aging and the derivative factor, age bias, were similar to those of the general population and any age bias was to be considered deleterious to effective practice in any profession. The study revealed two important aspects of age biases amongst the social work population: 1. Age bias exists amongst social work practitioners 2. Family influences and television and other media significantly influence one's perception of aging. Further, risk for age biased attitudes showed that the on-going education and updating of basic knowledge about aging processes and expectations can be integral to the effective practice of current clinicians, and that they were not only important for students. The study found that inclusion of gerontology content in the social work curriculum was important and it may be even more needed to provide ongoing gerontological education for social work practitioners who were already in the field, as they were already engaging the burgeoning population of older individuals and their families. The study emphasized upon specific orientation of new staff provided for long time employees who had had a good deal of experience in working with the elderly and their families. Further, it mentioned that regardless of the methods used to shore up the skills for working with aging clients, social work administrators can play an increasingly significant role in assuring that older clientele received social work services based upon accurate, timely, unbiased assessments and plans of treatment.

Manthorpe et al. (2008) evaluated the impact of the English National Service Framework for Older People (NSFOP). The study focuses on the social workers' roles and activities in dealing with the elderly. The study found that the role and activities

of social workers were unclear amongst the elderly people but they appreciated 'person centered approach' for their specialist knowledge and building up a good relationship in dealing with the elderly people.

Reviews have expanded the knowledge to understand the different dimensions that were affecting the physical, psycho-social and socio-economic aspects of the life style pattern of the elderly people. There are a good number of studies related to marital status, family type of the elderly, socio-economic, health; living arrangement of elderly and adjustment. While, the literature on specific studies related to the psycho-social problems of aged living in home was not available; and none of this kind had been reported in Manipur. Thus, it is pertinent to study the psycho-social problems of the elderly in the context of Manipur. It is also important to understand the available welfare programs of elderly as welfare programs and social security measures for the aged are there but to what extent it has given benefit to the elderly in improving their social, economic and health status. It is further pertinent to go for in-depth study of the problems of care giving on issues like socio-economic problems, socio-cultural factors that may affect directly and indirectly to the psycho-social problems of elderly. Studies have to be conducted on the provision and extent of utilization of various social support programs and health care facilities provided by the government and voluntary organizations for the welfare of the elderly. Further, promotion of physical and mental health should be taken into consideration for enhancing the quality life for the elderly. Thus, it will ultimately help in social security measures for the aged, to improve their social, economic and health status in the study area.

Literature review has helped the researcher in designing the study, in the choice of the tools and in the interpretation of the results. A detailed description of the research methodology will be given in the following chapter.

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